



# Accreditation Requirements and Descriptions for ISMS Providers of Continuing Medical Education

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*January 2019*

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# NOTES FOR THE JANUARY 2019 EDITION

## SIMPLIFICATION

We have updated this document to reflect the changes adopted by the ACCME and ISMS through November 2017. These changes include the simplification, elimination and modification of some of the accreditation requirements, additions to the Standards for Commercial Support, simplification and alignment by the AMA and ACCME regarding their expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™* and the ACCME's Menu of New Criteria for Accreditation with Commendation.

The American Medical Association (AMA) and the ACCME have simplified and aligned their expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™*. This simplification went into effect September 29, 2017. For more information, please visit the [AMA/ACCME Alignment webpage](#). As part of the alignment, the AMA and ACCME produced a shared glossary of terms and definitions to clarify terminology for accredited CME providers and learners. This shared glossary, the [AMA/ACCME Glossary of Terms and Definitions](#), is available on the ACCME website.

## INTEGRATION

We have incorporated several operational policies and a [glossary](#) of CME terminology so that all accreditation requirements are in one document. **This document replaces all previous versions of the ISMS *Essential Areas and Elements* resource and the ACCME Standards for Commercial Support dated prior to November 2017.**

## ACCREDITATION CRITERIA

Criterion 1 has been simplified. Criteria 4, 14, and 15 have been eliminated. The criteria that have been eliminated have been so noted. To avoid confusion, the numbering of the criteria has not changed. The criteria related to achievement of Accreditation with Commendation (Criteria 16-22) remain the same. An additional option for achievement of Accreditation with Commendation (Criteria 23 – 38) is available.

## STANDARDS FOR COMMERCIAL SUPPORT (SCS)

**Standard 1, Definition of a Commercial Interest:** This document incorporates the most current ACCME definition of a commercial interest. Providers are responsible for adhering to and reflecting this information on all activity materials, e.g., disclosure forms and policies related to the standards for commercial support. **Providers will be found noncompliant with Criterion 7/SCS 1.1 if their materials do not reflect usage of the most current definition of a commercial interest.** (See page 7 of this document.)

**Standard 4.2:** Standard 4.2 incorporates the requirements related to Internet CME and journal-based CME that previously were included in the policies.

**Standards 4.3 and 6.4:** Standards 4.3 and 6.4 incorporate the prohibition against using logos of ACCME-defined commercial interests in disclosures of commercial support.

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## TERMINOLOGY

The term “joint sponsorship” has been replaced with “joint providership” throughout the requirements, including in the Standards for Commercial Support and in the Joint Providership Accreditation Statement Policy. The term “Essentials” in the joint providership accreditation statement has been replaced with the term “accreditation requirements.” **Providers are expected to incorporate the current joint providership terminology and accreditation statement on all relevant materials.**

## POLICIES

### CME PROGRAM AND ACTIVITY ADMINISTRATION

The CME Program and Activity Administration section now includes the following policies which were moved from other requirements into this section:

- English As Official Language for Accreditation Procedures
- HIPAA Compliance Attestation
- Administrative Deadlines

This section also includes the following policy, which was moved from the Enduring Materials Policy, so that it now accompanies other policies related to content validation:

- Content Validity of Enduring Materials

### CME ACTIVITY TYPES

Some of the special requirements for Internet CME, Enduring Materials, Regularly Scheduled Series and Journal Based CME were eliminated as part of the simplification process. The remaining requirements are related to the Standards for Commercial Support and have been incorporated into the Standards. Previously, these policies also included descriptions of these activity types. These are not requirements – but rather, ACCME descriptions, used by accredited providers for annual reporting of CME activities into the ACCME Program and Activity Reporting System (PARS). The ACCME incorporates these descriptions into their annual reports to present the diversity of accredited CME. These descriptions have been incorporated into the ISMS Glossary of Terms at the end of this document, along with other terminology used by the ACCME & ISMS accreditation programs.

The recent simplification and alignment of the ACCME/AMA expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™* was designed to encourage innovation and flexibility in accredited CME while continuing to ensure that certified activities meet education standards and are independent of commercial influence. Learning formats have been simplified and now include an “Other activity” format for activities that meet core and credit requirements but do not fit within one of the previously existing formats.

The revised “Requirements for educational activities eligible for *AMA PRA Category 1 Credit™*” can be found in the most recent **AMA PRA booklet**. This includes the AMA core requirements, format-specific requirements, requirements for designating and awarding credit, and instructions about the credit designation statement.

### POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

**The Commercial Support Acknowledgments Policy has been modified to incorporate the prohibition against using logos of ACCME-defined commercial interests in commercial support acknowledgments.**

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# INTRODUCTION

The Accreditation Council for Continuing Medical Education (ACCME) recognizes the Illinois State Medical Society (ISMS) as the authorized body for conducting a voluntary accreditation program for institutions and organizations providing intrastate continuing medical education (CME) in the state of Illinois. As a condition of continued recognition by the ACCME, the ISMS adheres to the ACCME Markers of Equivalency. The purpose of the Markers is to ensure the equivalency of accreditation decision-making across the national system, and to streamline and strengthen the recognition process. The [Markers of Equivalency](#) were developed by the ACCME in collaboration with Recognized Accreditors and the ACCME's Advisory Committee on Equivalency, a group comprised of state medical society leaders from across the country.

The ISMS seeks to improve the quality of CME and to assist physicians in identifying CME programs that meet acceptable standards by evaluating and granting recognition to those organizations whose CME programs substantially comply with the requirements. Institutional accreditation is granted on the basis of the provider's demonstrated ability to plan, implement and evaluate CME activities in accordance with the Accreditation Criteria, Policies and Standards for Commercial Support.

It is important to note that as a recognized accreditor of intrastate CME, ISMS does not certify the individual CME activities of its providers for credit. Rather, accredited provider organizations are accredited for their **overall program** of CME. A provider's overall CME program consists, at least in part, of one or more educational activities developed according to the accreditation criteria and policies. The designation of credit for specific CME activities is not within the purview of ACCME or ISMS as accrediting bodies, but is the responsibility of the accredited provider. Questions related to this document should be directed to: ISMS Education Department, 20 North Michigan Avenue, Suite 700, Chicago, IL, 60602, or 800-782-4767.

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# ACCREDITATION CRITERIA

The Accreditation Criteria are divided into three levels: Provisional Accreditation, Full Accreditation and Accreditation with Commendation.

To achieve Provisional Accreditation, a two-year term, providers must comply with Criteria 1, 2, 3 and 7–12. Providers seeking Full Accreditation, a four-year term, must comply with Criteria 1–13. Providers also have the option to aim to achieve Accreditation with Commendation, a six-year term. Providers seeking commendation must comply with Criteria 1-13 and the Menu of New Commendation Criteria, Criteria 23 – 38.

**CRITERION 1** The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

**CRITERION 2** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**CRITERION 3** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**CRITERION 4** **This criterion has been eliminated effective February 2014.**

**CRITERION 5** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**CRITERION 6** The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

**CRITERION 7** The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).

**CRITERION 8** The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support<sup>SM</sup>).

**CRITERION 9** The provider maintains a separation of promotion from education (SCS 4).

**CRITERION 10** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

**CRITERION 11** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

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**CRITERION 12** The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

**CRITERION 13** The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

**CRITERION 14** **This criterion has been eliminated effective February 2014.**

**CRITERION 15** **This criterion has been eliminated effective February 2014.**

## ACCREDITATION WITH COMMENDATION

**CRITERION 16 - 22** **This criteria has been replaced by Criterion 23 – 38 effective November 2019.**

## MENU OF NEW CRITERIA FOR ACCREDITATION WITH COMMENDATION

**CRITERION 23** Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

**CRITERION 24** Patient/public representatives are engaged in the planning and delivery of CME.

**CRITERION 25** Students of the health professions are engaged in the planning and delivery of CME.

**CRITERION 26** The provider advances the use of health and practice data for healthcare improvement.

**CRITERION 27** The provider addresses factors beyond clinical care that affect the health of populations.

**CRITERION 28** The provider collaborates with other organizations to more effectively address population health issues.

**CRITERION 29** The provider designs CME to optimize communication skills of learners.

**CRITERION 30** The provider designs CME to optimize technical and procedural skills of learners.

**CRITERION 31** The provider creates individualized learning plans for learners.

**CRITERION 32** The provider utilizes support strategies to enhance change as an adjunct to its CME.

**CRITERION 33** The provider engages in CME research and scholarship.

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**CRITERION 34** The provider supports the continuous professional development of its CME team.

**CRITERION 35** The provider demonstrates creativity and innovation in the evolution of its CME program.

**CRITERION 36** The provider demonstrates improvement in the performance of learners.

**CRITERION 37** The provider demonstrates healthcare quality improvement.

**CRITERION 38** The provider demonstrates the impact of the CME program on patients or their communities.

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# ACCME STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

## STANDARD 1: INDEPENDENCE

**STANDARD 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See the Policies Supplementing the Standards for Commercial Support for the definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

**STANDARD 1.2** A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

## STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

**STANDARD 2.1** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "'relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**STANDARD 2.2** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

**STANDARD 2.3** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

## STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

**STANDARD 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.

**STANDARD 3.2** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

**STANDARD 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

**STANDARD 3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

**STANDARD 3.5** The written agreement must specify the commercial interest that is the source of commercial support.

**STANDARD 3.6** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

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**STANDARD 3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

**STANDARD 3.8** The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

**STANDARD 3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

**STANDARD 3.10** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

**STANDARD 3.11** Social events or meals at CME activities cannot compete with or take precedence over the educational events.

**STANDARD 3.12** The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

**STANDARD 3.13** The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

## **STANDARD 4: APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION**

**STANDARD 4.1** Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

**STANDARD 4.2** Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- **For print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- **For computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.

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- **For audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
  - **For live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
  - **For Journal-based CME**, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**STANDARD 4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**STANDARD 4.4** Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

**STANDARD 4.5** A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

## **STANDARD 5: CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS**

**STANDARD 5.1** The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

**STANDARD 5.2** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

## **STANDARD 6: DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS**

**STANDARD 6.1** An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

**STANDARD 6.2** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

**STANDARD 6.3** The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

**STANDARD 6.4** 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**STANDARD 6.5** A provider must disclose the above information to learners prior to the beginning of the educational activity.

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# POLICIES SUPPLEMENTING THE ACCME STANDARDS FOR COMMERCIAL SUPPORT (SCS)

## DEFINITION OF A COMMERCIAL INTEREST

A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME or ISMS accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the ACCME/ISMS considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME/ISMS screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME/ISMS system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME and ISMS reserve the right to modify this definition and this list of eligible organizations from time to time without notice.

## FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

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With respect to personal **financial relationships**, *contracted research* includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME and ISMS consider **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

### DISCLOSURE OF FINANCIAL RELATIONSHIPS TO THE ACCREDITED PROVIDER

Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

### COMMERCIAL SUPPORT: DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity.

When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

An accredited provider can fulfill the expectations of SCS 3.4 - 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the accreditation requirements.

### VERBAL DISCLOSURE TO LEARNERS

Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the ISMS with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
  - a. that verbal disclosure did occur; and
  - b. itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).

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2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

#### COMMERCIAL SUPPORT: ACKNOWLEDGMENTS

The provider's acknowledgment of commercial support as required by SCS 6.3 and SCS 6.4 may state the name, mission, and areas of clinical involvement of the company or institution but may not include corporate logos and slogans.

#### COMMERCIAL EXHIBITS AND ADVERTISEMENTS

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be *commercial support*. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

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# ACCME & ISMS POLICIES

The ACCME and ISMS issue policies that supplement the Accreditation Criteria and ACCME Standards for Commercial Support. Accredited providers must adhere to the policies that are relevant to their organizations, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support.

## ACCME AND ISMS PRACTICES

### PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS

The following information is considered *public information*, and therefore may be released by the ACCME or ISMS. Public information includes certain information about accredited providers. The ACCME and ISMS reserve the right to publish and release to the public, including on the ACCME or ISMS Web sites, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
  - Number of activities;
  - Number of hours of education;
  - Number of physician participants;
  - Number of designated *AMA PRA Category 1 Credits™*;
  - Competencies that activities were designed to address;
  - Number of nonphysician participants;
  - Accepts commercial support (yes or no);
  - Accepts advertising/exhibit revenue (yes or no);
  - Participates in joint providership (yes or no);
  - Types of activities produced (list).

Note: Neither the ACCME nor the ISMS will release any dollar amounts reported by individual accredited providers for income, commercial support, or advertising/exhibits.

4. Aggregated accreditation findings and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and
7. Any other data/information that ACCME or ISMS believes qualifies as "public information."

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The ACCME reserves the right to use and/or share anonymized PARS data for research purposes, in keeping with the guidance of the ACCME Board of Directors.

The ACCME and ISMS will maintain as *confidential information*, except as required for accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME or ISMS by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from ACCME or ISMS relating to the accreditation process for a provider; and
3. ACCME or ISMS proceedings (e.g., Board or Committee minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.
4. Individual activity reviews and summary reports generated by ISMS Surveyors' during the site survey.

In order to protect confidential information, the ACCME and ISMS and its volunteers are required to:

1. Not make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or ISMS or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME or ISMS purposes.

## CME PROGRAM AND ACTIVITY ADMINISTRATION

### CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

### ENGLISH AS OFFICIAL LANGUAGE FOR ACCREDITATION AND RECOGNITION PROCEDURES

The ACCME and the ISMS conduct their affairs in English. ACCME and ISMS standards do not require that providers or accreditors conduct all of their business or CME activities in English. However, the standards do require that:

1. All written or electronic correspondence with ACCME and ISMS (irrespective of medium) is in English.
2. All applications and/or follow up reports for accreditation be submitted to ACCME or ISMS in English.
3. ACCME or ISMS is provided with English translations of any written materials requested by ACCME or ISMS in the course of its accreditation, recognition, or monitoring process.
4. All ISMS interviews for accreditation be conducted in English, or have the services of an English interpreter, acceptable to ISMS, provided and paid for by the applicant organization.

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## HIPAA COMPLIANCE ATTESTATION

Every provider applying for either initial accreditation or reaccreditation must attest to the following:

*“The materials we submit for reaccreditation (application, self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”*

## ACCREDITATION STATEMENT

All CME providers accredited by the Illinois State Medical Society must use the appropriate accreditation statement, which includes the ISMS logo, for those CME activities conducted as part of the provider’s accredited CME program. **Providers are expected to incorporate the current joint providership terminology and accreditation statement on all relevant materials.**

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included. AMA PRA Credit Designation Statements are required by the American Medical Association and should be used in conjunction with a provider’s ISMS Accreditation Statement.

There is no longer a "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement (shown below), naming the one accredited provider that is responsible for the activity. The ISMS has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME or ISMS accredited providers in their CME activities. By January 2015, providers are expected to incorporate the updated joint providership terminology and accreditation statement on all relevant materials.

Depending upon whether an activity is directly or jointly provided, the ISMS accreditation statement is as follows:

**For directly provided activities:** “The (name of accredited provider) is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians.”

**For jointly provided activities:** “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Illinois State Medical Society (ISMS) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ISMS to provide continuing medical education for physicians.”

The ISMS logo must always be displayed in conjunction with the above statements and may be obtained from the **ISMS Division of Education and Accreditation.**

## CME CONTENT: DEFINITION AND EXAMPLES

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

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## CME CLINICAL CONTENT VALIDATION

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ISMS accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners or practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ISMS accreditation.

## CONTENT VALIDITY OF ENDURING MATERIALS

Providers that produce enduring materials must review each enduring material at least once every three years, or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

## CME CONTENT AND THE AMERICAN MEDICAL ASSOCIATION PHYSICIAN'S RECOGNITION AWARD (AMA PRA)

All CME educational activities developed and presented by an ISMS accredited provider and associated with *AMA PRA Category 1 Credit*<sup>™</sup> must be developed and presented in compliance with all ACCME/ISMS accreditation requirements **and** all requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ISMS accreditation process as verification of fulfillment of the accreditation requirements. For further information on the requirements of the AMA PRA program, please consult the most recent version of the [AMA PRA credit system booklet](#) or [ISMS education staff](#).

## CME ACTIVITY AND ATTENDANCE RECORDS RETENTION

**ACTIVITY DOCUMENTATION:** An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.

**ATTENDANCE RECORDS:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for **six years** from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ISMS does not require sign-in sheets.

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## FEES AND DEADLINES FOR ISMS-ACCREDITED PROVIDERS

ISMS accredited providers are accountable for timely submission of the materials and fees that are required either to attain or maintain accreditation. Failure to meet ISMS deadlines could result in an immediate change of status by the ISMS Committee on CME Accreditation to Nonaccreditation. Information regarding fees can be obtained from the [ISMS Division of Education and Accreditation](#).

## ACCME ACCREDITED PROVIDER MARKS

ISMS accredited providers are welcome to use the ACCME Accredited mark for educational and identification purposes, and in announcements related to their attainment of ACCME accreditation. While the mark may be resized, the original aspect ratio should be maintained (it should not be stretched or condensed in a way that causes it to become distorted). Except for resizing, no other changes can be made.

ISMS accredited providers that have achieved Accreditation with Commendation may also use the ACCME Accredited with Commendation mark for educational and identification purposes and in announcements related to their attainment of Accreditation with Commendation.

## CULTURAL COMPETENCE REQUIREMENT

The ISMS requires providers to assess the need for cultural competence as part of its planning process. During the site visit, surveyors will review a provider's materials for evidence showing the provider considered whether there were gaps in cultural competence that should be addressed during their CME activities. Based upon the information reported by surveyors, the Committee on CME Accreditation will determine if the provider has met the ISMS Cultural Competence Requirement.

## ISMS LOGO USAGE

All CME providers accredited by the Illinois State Medical Society must use the appropriate accreditation statement, which includes the ISMS logo, for those CME activities conducted as part of the provider's accredited CME program. Contact the [ISMS Division of Education and Accreditation](#) to obtain the logo artwork.

## JOINT PROVIDERSHIP

The ISMS defines joint providership as the providership of a CME activity by one accredited and one or more non-accredited organizations. Therefore, ISMS accredited providers that plan and present one or more activities with non-ACCME or non-ISMS accredited providers are engaging in "joint providership." Please note: the ISMS does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ISMS does not include the words 'partnership' or 'partners' in its definition of joint providership or description of joint providership requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement. **Providers are expected to incorporate the current joint providership terminology and accreditation statement on all relevant materials.**

## INFORMING LEARNERS

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement.

The ISMS logo must always be displayed in conjunction with a provider's joint providership accreditation statement and may be obtained from the [ISMS Division of Education and Accreditation](#). Providers are expected to incorporate the current joint providership terminology and accreditation statement on all relevant materials.

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All printed materials for jointly provided activities must carry the appropriate accreditation statement and logo, as follows:

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Illinois State Medical Society (ISMS) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ISMS to provide continuing medical education for physicians.”

#### JOINT PROVIDERSHIP FEES

The ISMS has no policy that requires or prevents accredited providers from charging a joint providership fee.

#### COMPLIANCE AND NONCOMPLIANCE ISSUES

The ISMS expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the ISMS accredited provider’s responsibility to be able to demonstrate, through written documentation, this compliance to the ISMS. Materials submitted that demonstrate compliance may be from either the ISMS accredited provider’s files or those of the nonaccredited provider.

#### PROVIDERS ON PROBATION

If a provider is placed on Probation, it may not jointly provide CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform the ISMS of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.

# ISMS GLOSSARY OF TERMS

<p>The terms and descriptions below refer to organizations, programs, and activities within the ACCME and/or ISMS accreditation systems. Some terms relate specifically to the reporting requirements of the ACCME’s Program and Activity Reporting System (PARS). Hyperlinks that support the PARS system have been included in many entries. Additional terminologies shown relate to the American Medical Association’s Physician Recognition Award (AMA PRA) or the ISMS accreditation system.</p>	
ACCME accredited provider	An organization accredited by the ACCME as a provider of continuing medical education. ACCME accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. See also <i>state accredited providers</i> .
Accreditation	The decision by the ISMS that an organization has met the requirements for a CME provider as outlined by the ISMS.
<a href="#">Accreditation Criteria</a>	The standards that must be met by an organization in order to receive and/or maintain the privilege of certifying CME activities for <i>AMA PRA Category 1 Credit</i> .™
Accreditation Decisions	<p>There are five types of accreditation awarded by the ISMS:</p> <ol style="list-style-type: none"> <li>1) <a href="#">Provisional Accreditation</a>, with a two-year term. (Initial applicant in compliance with C1-3, 7-12)</li> <li>2) <a href="#">Accreditation</a>, with a four-year term. (Provider in compliance with C1-3, 5-13)</li> <li>3) <a href="#">Accreditation with Commendation</a>, with a six-year term. (Provider in compliance with C1-3, 5-13, 16-22)</li> <li>4) <a href="#">Probation</a>, where the provider receives a four-year term with a maximum of two years on Probation.</li> <li>5) <a href="#">Nonaccreditation</a>, where the provider’s accreditation is terminated, or in the case of an initial applicant, when accreditation is not awarded. An initial applicant that receives one or more noncompliance findings in the requirements for Provisional Accreditation automatically receives a decision of Nonaccreditation.</li> </ol>
Accreditation Site Survey	A form of data collection by the ISMS that includes a review of the organization (mission, relationships), documentation, and CME activities of the accredited provider. The ISMS accreditation site survey may be conducted in-person, at the site of the accredited organization or a live CME activity. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the elements of the <a href="#">Accreditation Criteria</a> were met by the accredited provider during their most recent accreditation term.

<p>Accreditation Statement</p>	<p>The designated statement that must be used by all CME providers to indicate that their organization is accredited to award <i>AMA PRA Category 1 Credit</i>.™ Depending upon whether an activity is directly or jointly provided, the ISMS accreditation statement is as follows:</p> <p><u>For directly provided activities:</u> “The (name of accredited provider) is accredited by the Illinois State Medical Society (ISMS) to provide continuing medical education for physicians.”</p> <p><u>For jointly provided activities:</u> “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Illinois State Medical Society (ISMS) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ISMS to provide continuing medical education for physicians.”</p> <p>The ISMS logo must always be displayed in conjunction with the above statements and may be obtained from the <a href="#">ISMS Division of Education and Licensure</a>.</p>
<p>Accreditation Terminology</p>	<p>In order to ensure that the Committee on CME Accreditation and site surveyors have the same understanding of the quality of the a provider’s CME program, the Committee on CME Accreditation has developed standard accreditation terminology and definitions to be used in the Surveyors’ Report and Committee Decision Report.</p> <ol style="list-style-type: none"> <li>1) <u>Best Practice</u> – A formal citation recognizing an exemplary or innovative process, procedure or activity which might serve as a model for others.</li> <li>2) <u>Recommendations</u> – Statements of specific changes in activities, policies and/or procedures necessary to bring an area of noncompliance up to full compliance with ISMS Accreditation Criteria and the related policies.</li> <li>3) <u>Suggestions</u> – Statements of change for the provider that are educational in nature and the committee deems will enhance the provider’s CME program. Suggestions do not affect the accreditation term.</li> <li>4) <u>Comments</u> – Positive or negative suggestions or observations which are not factors in the accreditation, but which are offered to improve some aspect of the program or to compliment the provider for activities which are above average.</li> <li>5) <u>Deficiency</u> – A recommendation from the previous site survey that was not fully addressed by the accredited provider results in a deficiency. Deficiencies often have a significant adverse impact on the process of providing continuing medical education. Deficiencies require corrective actions, which are stated in the form of recommendations.</li> </ol>
<p>Accreditation with Commendation</p>	<p>The decision by the ISMS that an organization has met all of the <a href="#">Accreditation Criteria</a> in effect at the time of reaccreditation. Accreditation with Commendation is a six-year term of accreditation.</p>
<p>Accredited CME Provider</p>	<p>An organization that is accredited by the ACCME, or an ACCME recognized state accreditor, e.g., ISMS, for the purposes of providing continuing medical education to physicians.</p>

Action Plan or 90 Day Action Plan	A plan submitted to the ISMS by the accredited provider 90 days after receipt of the Committee Decision Report issued after the site survey. The 90 Day Action Plan must identify strategies the provider intends to implement to: 1) address the recommendations received from the Committee; and 2) bring it into full compliance with the Accreditation Criteria and Standards for Commercial Support. The Action Plan forms the basis for the Committee's evaluation of the provider's Progress Report.
Activity Review	The form of data collection that allows the ISMS to observe an activity and document compliance with the requirements for accreditation. This required review is conducted by site surveyors and/or ISMS staff, and usually occurs during the accreditation site visit.
<a href="#">Advertising and exhibits income</a>	Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are <b>not</b> considered to be <a href="#">commercial support</a> .
<i>AMA PRA Category 1 Credit</i> <sup>TM</sup>	The American Medical Association Physician's Recognition Award (AMA PRA), describes a set of requirements that must be followed by accredited CME providers in order to certify activities for <i>AMA PRA Category 1 Credit</i> <sup>TM</sup> . Consult the most recent edition of the <a href="#">AMA PRA credit system booklet</a> for additional information.
Certify or Certify for Credit	The process an accredited provider undertakes that allows a CME activity to be designated for <i>AMA PRA Category 1 Credit</i> <sup>TM</sup> .  In order to certify educational activities for <i>AMA PRA Category 1 Credit</i> <sup>TM</sup> , an organization must be accredited as CME provider. Organizations may be accredited by either the ACCME or a recognized state medical society, e.g., ISMS. Activities certified for AMA PRA credit must meet both the AMA PRA and the accreditor's requirements.
<a href="#">CME activity</a>	Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. (AMA definition) Consult the <a href="#">AMA PRA credit system booklet</a> for the types of CME activities.
<a href="#">Commercial interest</a>	A <a href="#">commercial interest</a> , as defined by the ACCME and ISMS, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME/ISMS accreditation.
<a href="#">Commercial support</a>	<a href="#">Commercial support</a> for a CME activity is monetary or <a href="#">in-kind</a> contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the <a href="#">ACCME Standards for Commercial Support</a> <sup>SM</sup> . Advertising and exhibit income are <b>not</b> considered commercial support.
Commercial supporter	A commercial interest (as defined by the ACCME) providing monetary or in-kind contributions that are used to pay all or a part of the costs of a CME activity.

Committee Decision Report	The formal report issued following a provider's site visit that contains the decision made by the ISMS Committee on CME Accreditation about a provider's accreditation status and compliance with the Accreditation Criteria.		
<a href="#">Committee learning</a>	<a href="#">Committee learning</a> is a CME activity that involves a learner's participation in a committee process addressing a subject that would meet the <a href="#">ACCME definition of CME</a> if it were taught or learned in another format.		
Committee on CME Accreditation	The Committee on CME Accreditation, comprised of ISMS physician members, is responsible for the ISMS intrastate accreditation program.		
Competence	Knowing how to do something; a combination of knowledge, skills and performance; the ability to apply knowledge, skills and judgment in practice. The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting.		
Competencies or Core Competencies	<p>The characteristics which are required to deliver medical care that will provide the most benefit to the patient population being served. For compliance with <a href="#">Criterion 6</a>, CME activities must be developed in the context of these desirable physician attributes, also referred to as "core competencies." The Institute of Medicine (IOM) has designated five core competencies; the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have designated six. CME providers may choose whichever attribute(s) best fit the planning process/objectives/goals for their activities.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>IOM Competencies</u></p> <ul style="list-style-type: none"> <li>• Provide patient-centered care.</li> <li>• Work in interdisciplinary teams.</li> <li>• Employ evidenced-based practice.</li> <li>• Apply quality improvement.</li> <li>• Utilize informatics.</li> </ul> </td> <td style="vertical-align: top; padding-left: 20px;"> <p><u>ABMS/ACGME Competencies</u></p> <ul style="list-style-type: none"> <li>• Patient care</li> <li>• Medical knowledge</li> <li>• Self-assessment and practice-based learning</li> <li>• Interpersonal and communications skills</li> <li>• Professionalism</li> <li>• Systems-based practice</li> </ul> </td> </tr> </table>	<p><u>IOM Competencies</u></p> <ul style="list-style-type: none"> <li>• Provide patient-centered care.</li> <li>• Work in interdisciplinary teams.</li> <li>• Employ evidenced-based practice.</li> <li>• Apply quality improvement.</li> <li>• Utilize informatics.</li> </ul>	<p><u>ABMS/ACGME Competencies</u></p> <ul style="list-style-type: none"> <li>• Patient care</li> <li>• Medical knowledge</li> <li>• Self-assessment and practice-based learning</li> <li>• Interpersonal and communications skills</li> <li>• Professionalism</li> <li>• Systems-based practice</li> </ul>
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Compliance	Designation that the provider is meeting the required standard of practice for a judged accreditation criterion, policy or standard.		
Conflict of interest	Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a <a href="#">commercial interest</a> with which he/she has a financial relationship.		

Continuing Medical Education (CME)	<p>Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.</p> <p>A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.</p> <p>Not all continuing educational activities which physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME.</p>
Co-provided activities	<p>Co-provided activities are directly provided CME activities offered by two or more accredited providers. One provider must ensure compliance with the accreditation criteria, standards for commercial support and policies. There is no "co-provided" accreditation statement; the directly provided activity statement of the provider awarding the credit should be used on activity materials, and the details of the activity reported in the ACCME <a href="#">PARS</a> record of the provider awarding the credit.</p>
<a href="#">Course</a>	<p>A <a href="#">course</a> is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meetings, conference, lecture, seminar.</p> <p>For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions.</p> <p>If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.</p>
Credit	<p>The "currency" amount assigned to CME activities, most often based on time. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., the American Medical Association's <i>AMA PRA Category 1 Credit</i><sup>™</sup>. Consult the <a href="#">AMA PRA credit system booklet</a> for additional information on the types of activities for which credit may be assigned.</p>
Credit designation statement (AMA PRA credit statement)	<p>The American Medical Association (AMA) requires all CME activities certified for credit in the Physician's Recognition Award (PRA) to specify the number of credits designated for the educational activity. Consult the <a href="#">AMA PRA credit system booklet</a> for the most current wording of the <i>AMA PRA Category 1 Credit</i><sup>™</sup> designation statement.</p>

Criteria	The ACCME/ISMS standards that must be met by an organization in order to receive and/or maintain the privilege of certifying CME activities for <i>AMA PRA Category 1 Credit</i> <sup>™</sup> . See <a href="#">Accreditation Criteria</a>
Cultural Competence	Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).
Designation of CME credit	The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. For correct wording of the credit designation statement, contact the appropriate organization, such as the American Medical Association's <a href="#">AMA PRA credit system booklet</a> .
Desirable Physician Attributes	See <i>Competencies/Core Competencies</i>
<a href="#">Directly provided</a>	A <a href="#">directly provided activity</a> is one that is planned, implemented, and evaluated by the ISMS accredited provider. This definition includes co-provided activities (offered by two accredited providers), that are reported by whichever accredited provider awards the credit to the learners for their participation in the activity.
Documentation review	The form of data collection that allows ISMS to determine if the requirements of the Accreditation Criteria, Policies and Standards for Commercial Support have been adhered to during the planning and implementation of CME activities and/or as part of a provider's overall CME program. This review occurs in conjunction with a provider's accreditation survey process.  During documentation review, a selection of the provider's CME activity files, committee correspondence, policies and other materials will be requested and reviewed by accreditation site surveyors on behalf of the ISMS Committee on CME Accreditation.

<p><a href="#">Enduring material (other)</a></p>	<p>An <a href="#">enduring material</a> is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.</p> <p>Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME/ISMS considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements.</p> <p>Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME/ISMS would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.</p>
<p>Exhibitors</p>	<p>Commercial exhibits or advertisements that are promotional in nature and separate from continuing medical education activities. Monies paid by <a href="#">commercial interests</a> to providers for promotional activities are not considered <a href="#">commercial support</a>.</p>
<p>Expenses</p>	<p>Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.</p>
<p>Gap</p>	<p>See <i>Professional Practice Gap</i></p>
<p><a href="#">Hours of instruction</a></p>	<p><a href="#">Hours of instruction</a> represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8.</p> <p><a href="#">Hours of instruction</a> may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. Accredited providers have the <a href="#">option</a> to report the number of <i>AMA PRA CATEGORY 1 CREDITS™</i> designated for activities but they are not required to do so.</p>
<p><a href="#">In-kind commercial support or contributions</a></p>	<p><a href="#">In-kind contributions</a> are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.</p>

<p><a href="#">Internet enduring material activity</a></p>	<p>An <a href="#">Internet enduring material activity</a> is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.</p> <p>Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.</p>
<p><a href="#">Internet live activity</a></p>	<p>An <a href="#">Internet live activity</a> is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.</p>
<p><a href="#">Internet searching and learning</a></p>	<p><a href="#">Internet searching and learning CME</a> is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.</p> <p>Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed.</p> <p>For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.</p>
<p>ISMS Accredited Provider</p>	<p>An organization accredited by the ISMS as a provider of continuing medical education.</p>
<p><a href="#">Jointly provided</a> or Jointly provided activity</p>	<p>A <a href="#">jointly provided activity</a> is planned, implemented, and evaluated by the accredited provider and a nonaccredited entity.</p>
<p>Joint providership</p>	<p>Joint providership is defined as the providership of a CME activity by one accredited and one or more nonaccredited organizations.</p>

<p><a href="#">Journal-based CME</a></p>	<p>A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.</p> <p>The ACCME/ISMS does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.</p> <p>Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.</p>
<p>Journal Club</p>	<p>A live activity format, typically structured as a Regularly Scheduled Series (RSS). During a journal club activity, participants discuss information gleaned from the reading of a peer-reviewed journal article of relevance to their learner's professional practice. In the ACCME PARS system, this would be reported as an <a href="#">RSS</a> activity.</p>
<p><a href="#">Learning from teaching</a></p>	<p><a href="#">Learning from teaching activities</a> are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the <i>AMA PRA CATEGORY 1 CREDITS™</i> awarded directly to physicians for "Teaching at a live activity."</p> <p>To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 learning from teaching CME activity with 10 physician participants and 2 hours of instruction.</p>
<p>Letter of Agreement</p>	<p>Under the ACCME Standards for Commercial Support, CME providers are required to have written agreements in place whenever funds or in-kind support are received from a <a href="#">commercial interest</a>. All commercial support must be provided to accredited providers in the form of an educational grant. See Standard 3 of the Standards for Commercial Support (pages 6-11 of this document) for additional requirements.</p> <p>Commercial exhibits or advertisements that are promotional in nature and separate from continuing medical education activities do not require a Letter of Agreement, as monies paid by commercial interests to providers for promotional activities are not considered commercial support.</p>

<a href="#">Manuscript review</a>	<p><a href="#">Manuscript review CME</a> is based on a learner’s participation in a manuscript’s pre-publication review process.</p> <p>When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed.</p> <p>For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.</p>
Mock Site Survey	An ISMS consultative visit to a provider’s site that is designed to prepare the provider’s CME team for the actual Site Survey. See <i>Site Survey</i>
Needs assessment/Data	A process of identifying and analyzing information or data that reflects the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, quality or patient outcome data, identified new skills, public health data, etc. Needs assessment data provide the basis for identifying the professional practice gaps of the learners, and for developing learning objectives for the CME activity. See <i>Professional Practice Gap</i>
Noncompliance	Designation that the provider is not meeting the required standard of practice for a judged accreditation criterion, policy or standard for commercial support.
<a href="#">Nonphysician participants</a>	<a href="#">Nonphysician participants</a> are activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Residents are also included in this category.
Objectives	Behaviorally-oriented statements that clearly describe what the learner will know or be able to do after participating in the CME activity. These statements must result from the needs assessment data and the identification of professional practice gaps.
<a href="#">Other income</a>	<a href="#">Other income</a> includes all income the accredited provider received for its CME activities and CME program that does not fall under <a href="#">commercial support</a> or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider’s parent organization or other internal departments to pay for the CME unit’s expenses.
Performance	What one actually does, in practice. Performance is based on one’s competence, but is modified by system factors and the circumstances.

<a href="#">Performance improvement</a>	<p><a href="#">Performance improvement CME</a> is based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.</p> <p>To report performance improvement CME, accredited providers count each learning project as 1 performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as 1 performance improvement CME activity with 3 physician participants and 20 hours of instruction.</p>
Periodic basis	Once per accreditation cycle or term, unless otherwise specified.
<a href="#">Physician participants</a>	<a href="#">Physician participants</a> are activity attendees who are MDs or DOs. Residents are <i>not</i> included in this category, but are included under nonphysician participants.
Planning process(es)	The method(s) used to identify needs and practice gaps for a CME activity in order to ensure that the design of the educational intervention produces the desired result(s).
Probation	One of the five types of accreditation decisions that can be awarded to a CME provider. A provider that receives this type of accreditation receives a four-year term with a maximum of two years on Probation.
Professional practice gap	The difference between actual and ideal performance and/or patient outcomes. The difference between present treatment success rates and those thought to be achievable using best practice guidelines. A quality gap in areas that includes, but also can go beyond, patient care, e.g., systems’ base practice, informatics, leadership and administration.
Program of CME or Overall Program	All of the functions and activities of a CME provider, taken as a whole.
Progress Report	A report or series of reports, prepared by the accredited provider at designated intervals, which is submitted to the ISMS. This report must communicate the changes made by the provider to demonstrate compliance with the Accreditation Criteria that were found in noncompliance during the most recent accreditation review.
Provider	The institution or organization that is accredited to certify and present CME activities.
Provisional accreditation	One of the five types of accreditation decisions that can be awarded to a CME provider. A provider that receives this type of accreditation receives a two-year term after showing initial compliance with <a href="#">Criteria 1-3 and 7-12</a> .

<p><a href="#">Regularly scheduled series</a></p>	<p>The ACCME/ISMS defines a Regularly Scheduled Series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, journal clubs and morbidity and mortality conferences.</p> <p>Accredited providers report each RSS as 1 activity. In addition, accredited providers follow the following guidelines:</p> <ol style="list-style-type: none"> <li>1) The cumulative number of hours for all sessions within a series equals the number of hours for that activity, and</li> <li>2) Each physician is counted as a learner for each session he/she attends in the series.</li> </ol> <p>For example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.</p>
<p>Site survey</p>	<p>A form of data collection by the ISMS that includes a review of the organization (mission, relationships), documentation, and CME activities of the accredited provider. The site survey is conducted in-person, at the site of the accredited organization or its activity. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the elements of the <a href="#">Accreditation Criteria</a> were met by the accredited provider.</p>
<p>Standards for Commercial Support</p>	<p>ACCME rules governing the conduct of CME activities to ensure independence in CME activities. (See pages 6-11 of this document.)</p>
<p><a href="#">State-accredited provider</a></p>	<p>State-accredited providers are accredited by a state/territory medical society, e.g., ISMS, that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states, as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.</p>
<p>Surveyor or Site surveyor</p>	<p>A trained individual tasked with representing the ISMS Committee on CME Accreditation during a review of a provider’s CME program and accreditation materials.</p>
<p>Surveyors’ Report</p>	<p>The formal report issued following a provider’s site visit that contains the observations and data collected by surveyors during their review of a provider’s CME program and accreditation materials. This report is given to the ISMS Committee on CME Accreditation and is an integral part of the decision making process of the committee.</p>

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<p><a href="#">Test-item writing</a></p>	<p><a href="#">Test-item writing</a> is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.</p> <p>Test-item writing CME activities may consist of either of the following processes:</p> <p>1) When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as 1 activity. Examples: the Pediatric Item Writing Committee of the National Board of Medical Examiners or the second year clerkship exams at a medical school, or 2) When questions, items, or cases are created for 1 specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics.</p> <p>For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write.</p> <p>For example, an accredited provider planned a CME activity where 5 physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with 5 physician participants and 10 hours of instruction.</p>
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