



## ACCREDITATION APPLICATION

APRIL 2019

**Providing ISMS with Information about your CME Program**

**ORGANIZATION:** [Click here to enter text.](#)

**DATE:** [Click here to enter text.](#)



## ACCREDITATION APPLICATION

### CME Program Background

**ADDRESS OF ORGANIZATION:**

**Mailing address:** [Click here to enter text.](#)

**Telephone number:** [Click here to enter text.](#)

**Fax number:** [Click here to enter text.](#)

**Website address:** [Click here to enter text.](#)

**PRIMARY CME CONTACT:**

**Name:** [Click here to enter text.](#)

**Title:** [Click here to enter text.](#)

**Mailing address:** [Click here to enter text.](#)

**Telephone number:** [Click here to enter text.](#)

**Fax number:** [Click here to enter text.](#)

**Email address:** [Click here to enter text.](#)

**CHIEF EXECUTIVE OFFICER:**

**Name:** [Click here to enter text.](#)

**NUMBER OF PHYSICIANS MEMBERS/SIZE OF MEDICAL STAFF:** [Click here to enter text.](#)

**WHICH OF THE FOLLOWING MOST ACCURATELY DESCRIBES YOUR ORGANIZATION? (Use mouse to check/uncheck boxes.)**

<input type="checkbox"/> Hospital/health care system	<input type="checkbox"/> Med. education company	<input type="checkbox"/> Health or liability insurance company
<input type="checkbox"/> Physician membership organization	<input type="checkbox"/> Managed care company	<input type="checkbox"/> Government or military organization
<input type="checkbox"/> Other (Describe): <a href="#">Click here to enter text.</a>		

**PLEASE INDICATE THE SIZE OF YOUR CME PROGRAM BASED ON THE NUMBER OF CME ACTIVITIES THAT YOUR CME PROGRAM HAS OFFERED IN THE CURRENT ACCREDITATION TERM:**

***S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250.***

[Click here to enter text.](#)

## CME Program Background (cont.)

A) Describe your CME program, including how it fits within the structure of your overall organization.

[Click here to enter text.](#)

## SECTION 2: CME Mission Statement (Criterion 1)



Attach a copy of your CME mission statement with the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes highlighted, and provide the following review/approval dates:

Reviewed by:	Date of Last Review/Approval:
CME Committee/Program leadership	<a href="#">Click here to enter text.</a>
Executive Committee of Medical Staff, if applicable	<a href="#">Click here to enter text.</a>
Organizational Governing Body, Board of Directors or Trustees	<a href="#">Click here to enter text.</a>

## SECTION 3: CME Activity Planning (Criteria 2-7)

Briefly describe your planning process for a recent CME activity by responding to questions A through F below.

A) What were the professional practice gaps and educational needs for the activity and how were they identified? (C2)

[Click here to enter text.](#)

B) What was the activity designed to change: competence and/or performance and/or patient outcomes? (C3)

[Click here to enter text.](#)

C) Describe why you chose the type of format used for the activity and why it was appropriate for the setting, objectives and desired results of the activity. (C5)

[Click here to enter text.](#)

D) Describe how physician competencies were used, e.g., IOM Competencies, ACGME Competencies, as you developed and planned the activity. (C6)

[Click here to enter text.](#)

E) Describe your process for identifying and resolving conflicts of interest for everyone in control of content, e.g., planners, presenters, authors, reviewers and committee members. (C7 SCS 1 & 2)

[Click here to enter text.](#)

- F) Describe your process for disclosing to learners the relevant financial relationships, or lack thereof, for everyone in control of content. (C7 SCS 6)

Click here to enter text.



Attach copies of the completed forms, tools or mechanisms used in conjunction with the CME activity described in Section 3 (A-F), as applicable:

- The marketing material used for the activity, e.g., flyer, brochure, email invitation or other publicity.
- The mechanisms used to identify conflicts of interest for everyone in control of content.
- Verification of resolution of conflict of interest, if present, for everyone in control of content.
- Verification of how disclosure information for everyone in control of content was communicated.

## SECTION 4: CME Activity Planning (Criteria 8-9)



- A) Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers and authors. Describe how these policies were adhered to during one of your CME activities. (C8 SCS 3.3; 3.9)

Click here to enter text.



- B) Attach an example and describe your process for disclosing to learners any support received from commercial interests – or enter below, “We did not accept commercial support for any of our CME activities.” (C8 SCS 6)

Click here to enter text.

- C) Describe your process for the receipt and disbursement of commercial support – or enter below, “We did not accept commercial support for any of our CME activities.” (C8 SCS 3.1)

Click here to enter text.

- D) Describe the policy, procedure or communications you employ to ensure that all commercial support is given with your organization’s full knowledge and approval – or enter below, “We did not accept commercial support for any of our CME activities.” (C8 SCS 3.3)

Click here to enter text.



- E) Attach the Letter of Agreement used for a CME activity that was commercially supported, if applicable. (C8 SCS 3.4-3.6)

F) Describe the practices, procedures or policies you have implemented to ensure that social events or meals at CME activities do not compete with or take precedence over educational events. (C8 SCS 3.11)

Click here to enter text.

G) Do you organize commercial exhibits in association with any of your CME activities? If yes, describe below how you ensure that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities –or enter below, “We do not provide commercial exhibits in association with any of our CME activities.” (C9 SCS 4.1)

Click here to enter text.

H) Do you arrange for advertisements in association with any of your CME activities? If yes, describe below how your organization ensures that advertisements, logos or other product-promotion materials are kept separate from the education for each of the following types of CME activities, as applicable: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face –or enter below, “We do not arrange for advertisements in association with any of our CME activities.” (C9 SCS 4.2, 4.4)

Click here to enter text.

## SECTION 5: CME Activity Planning (Criterion 10 and Policy on Content Validation)

It is an expectation of the ISMS that:

<i>The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias);</i>	<i>(C10 SCS 5.1)</i>
<i>CME activities give a balanced view of therapeutic options; and that</i>	<i>(C10 SCS 5.2)</i>
<i>The content of CME activities is in compliance with the ISMS’s content validity policy statements.*</i>	<i>(Policy on Content Validation)</i>

\*ISMS’s Policy on Content Validation: All of 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. 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. Providers are not eligible for ISMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of 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.


A) Describe how your CME program monitors and takes action (when necessary) in regard to these three expectations.

Click here to enter text.

## SECTION 6: CME Program Evaluation and Improvement (Criteria 11-13)


- A) Based on the data and information derived from your program's activities/educational interventions, provide an analysis of changes achieved in learners' competence, performance, or patient outcomes. (C11)

Click here to enter text.

- B)  Attach two examples of mechanisms used to evaluate CME activities for changes in competence, performance or patient outcomes, e.g., summaries of participant evaluation forms or follow up surveys, pre- and post-activity quality data, or other evaluation data. (C11)

- C) Based on data and information gathered, provide an overall program-based analysis as to the degree to which the expected results of your CME mission have been met through the conduct of your CME activities. (C12)

Click here to enter text.

- D)  Attach an example of the data or information used during this accreditation term to determine whether the expected results of your CME mission have been met through the conduct of your CME activities, e.g., periodic overall program summaries, CME committee analysis recorded in meeting minutes or other information. (C12)

- E) Describe the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions or other changes), required to improve on your ability to meet your CME mission that you have identified, planned and implemented. (C13)

Click here to enter text.

## SECTION 7: Accreditation with Commendation Criteria

*If your organization chooses to pursue the Menu of New Criteria for Accreditation with Commendation, please continue completing the application. Should you decide not to pursue the New Criteria for Accreditation with Commendation, please note below and skip to Section 8 and 9.*

Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.

### Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)

*You must demonstrate compliance with any seven criteria from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Please do not include descriptions/evidence for more than eight criteria.*

*At the beginning of this section of your self-study report, you indicated the size of your CME program based on the number of CME activities that your CME program has offered in the current accreditation term:*

*S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250.*

*The size of your CME program will determine the number of activities for which you must submit evidence, for some of the criteria, as indicated in the outline that follows.*

Click here to enter text.

#### CATEGORY: Promotes Team-Based Education

**(C23)** If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, please:

**A)** Attest: Include the following statement, with the name of your organization and the individual responsible for your CME program.

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 23](#) in at least 10% of the CME activities (but no less than two activities) during the accreditation term. [INDIVIDUAL NAME, title]*

**B)** Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8)<sup>1</sup>.

For each example activity you present, please provide the name/date/type of the activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of the competence or performance of the healthcare team (maximum 250 words per example).

Click here to enter text.

<sup>1</sup> Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

(C24) If your organization engages patient/public representatives in the planning and delivery of CME, please:

**A)** Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program.

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 24](#) in at least 10% of the CME activities (but no less than two) during the accreditation term.  
[INDIVIDUAL NAME, title]*

**B)** Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**):

For each example activity you present, please provide the name/date/type of the activity and describe in what way the planners and presenters of the activity represent the patient or public, along with the role they played in the planning/presentation of your CME activity (maximum 250 words per example).

[Click here to enter text.](#)

(C25) If your organization engages health professions' students in the planning and delivery of CME, please:

**A)** Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 25](#) in at least 10% of the CME activities (but no less than two) during the accreditation term.  
[INDIVIDUAL NAME, title]*

**B)** Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

For each example activity you present, please provide the name/date/type of the activity and describe the health professions' students involved in the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity (maximum 250 words per example activity).

[Click here to enter text.](#)

## **CATEGORY: Addresses Public Health Priorities**

(C26) If your organization advances the use of health and practice data for healthcare improvement, please submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

**A)** Describe how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.

**B)** Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

For each activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data and how the activity used health/practice data to teach about healthcare improvement (maximum 250 words per activity description).

[Click here to enter text.](#)



- (C27) If your organization addresses factors beyond clinical care that affect the health of populations, please:
- A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 27](#) in at least 10% of the CME activities (but no less than two) reported during the accreditation term.  
[INDIVIDUAL NAME, title]*

- B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health (maximum 250 words per example).

[Click here to enter text.](#)

- (C28) If your organization collaborates with other organizations to more effectively address population health issues, please describe four collaborations with other organizations during the current term of accreditation and show how these collaborations augmented your organization's ability to address population health issues (maximum 250 words per collaboration).

[Click here to enter text.](#)

## CATEGORY: Enhances Skills

- (C29) If your organization designs CME to optimize communication skills of learners, please submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

For each example activity you present, please provide the name/date/type of the activity and describe the elements of the activity that were designed to improve communications skills. In addition, please describe the evaluation of communications skills used for learners in this activity (maximum 250 words per example). For each activity, include an example of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).

[Click here to enter text.](#)

- (C30) If your organization designs CME to optimize technical and procedural skills of learners, please submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (**small: 2; medium: 4; large: 6; extra-large: 8**).

For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners (maximum 250 words per example). For each activity, include an example of the formative feedback provided to a learner about technical or procedural skills. This may be a written description if the feedback was provided verbally.

[Click here to enter text.](#)

- (C31) If your organization creates individualized learning plans for learners, please submit evidence of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (**small: 25; medium: 75; large: 125; extra-large: 200**).

Please provide a description of the types of individualized learning plans that you have offered (maximum 250 words).

[Click here to enter text.](#)

**(C32)** If your organization utilizes support strategies to enhance change as an adjunct to its CME, please:

**A)** Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 32](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]*

**B)** Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the support strategy(ies) that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategy(ies) and describe planned or implemented improvements (maximum 250 words per example).

[Click here to enter text.](#)

### **CATEGORY: Demonstrates Educational Leadership**

**(C33)** If your organization engages in CME research and scholarship, please:

**A)** Describe at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, manuscript) (maximum 250 words for each project).

**B)** For each project described above, include, the project itself (e.g. poster, abstract, presentation, manuscript).

[Click here to enter text.](#)

**(C34)** If your organization supports the continuous professional development of its CME team, please describe your organization's CME team, the CPD needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated (maximum 500 words).

[Click here to enter text.](#)

**(C35)** If your organization demonstrates creativity and innovation in the evolution of its CME program, please present four examples of innovations implemented and describe each innovation and how it contributed to your organization's ability to meet your mission (maximum 250 words per innovation).

[Click here to enter text.](#)

## CATEGORY: Achieves Outcomes (at least one required)

(C36) If your organization demonstrates improvement in the performance of learners, please:

**A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

*On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 36](#) in at least 10% of the CME activities (but no less than two) during the accreditation term.  
[INDIVIDUAL NAME, title]*

**B) Submit a description(s) of the method(s) used to evaluate learner performance.**

**C) Submit evidence for the number of activities that match the size of your CME program, (small: 2; medium: 4; large: 6; extra-large: 8).**

For each example include the following information:

1. Activity title
2. Activity date
3. Activity type
4. Mechanism to determine change in performance of learners
5. Number of learners that participated in the activity
6. Number of learners that participated in the evaluation
7. Number of learners that improved their performance

[Click here to enter text.](#)

(C37) If your organization demonstrates healthcare quality improvement related to its CME program please:

**A) Describe at least two examples in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted (maximum 500 words per collaboration).**

**B) Include data (qualitative or quantitative) that demonstrates those improvements.**

[Click here to enter text.](#)

(C38) If your organization demonstrates the impact of its CME program on patients or their communities, please:

**A) Describe at least two examples of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted (maximum 500 words per collaboration).**

**B) Include data (qualitative or quantitative) that demonstrates those improvements.**

[Click here to enter text.](#)

## SECTION 8: Other Accreditation Policies and Requirements

### A) HIPPA Compliance Attestation

Every provider applying for reaccreditation must attest to the following statement. (Use mouse to check box below.)

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

**We attest that the materials submitted on behalf of our organization comply with the HIPPA statement above.**

### B) ISMS Cultural Competence Policy

**Describe how your organization considered learners’ cultural competence needs while planning and conducting its CME activities.**

Click here to enter text.

### C) Physician Participation Policy



**Attach an example of the report or transcript your organization can produce for an individual physician to verify their participation in CME activities for the preceding six years.**

## SECTION 9: CME Program Summary

**In paragraph form, please provide a summary that includes an assessment of your CME program, its strengths and weaknesses, and the future direction of your CME program.**

Click here to enter text.

## List of Attachments

PAGE(S) or "N/A"	ATTACHMENTS:
Click here to enter text.	Section 2: Your CME mission statement.
Click here to enter text.	Section 3 (A-F): The marketing material used, e.g., flyer, brochure, email invitation or other publicity for the activity described.
Click here to enter text.	Section 3 (E): The mechanisms used to identify conflicts of interest for everyone in control of content for the activity described.
Click here to enter text.	Section 3 (E): Verification of resolution of conflict of interest, if present, for everyone in control of content for the activity described.
Click here to enter text.	Section 3 (F): Verification of how disclosure information was communicated to learners for the activity described.
Click here to enter text.	Section 4 (A): Attach your written policies and procedures governing honoraria for planners, teachers, reviewers and/or authors.
Click here to enter text.	Section 4 (B): Attach an example of how you disclosed to learners any support received from commercial interests for an activity, <u>or enter "N/A" if not applicable.</u>
Click here to enter text.	Section 4 (E): Attach a Letter of Agreement that was used when commercial support (funds or in-kind support) was accepted for a CME activity, <u>or enter "N/A" if not applicable.</u>
Click here to enter text.	Section 6 (B): Attach two examples of mechanisms used to evaluate CME activities for changes in competence, performance or patient outcomes, e.g., summaries of participant evaluation forms or follow up surveys, pre- and post-activity quality data, or other evaluation data.
Click here to enter text.	Section 6 (D): Attach an example of the data or information used during this accreditation term to determine whether the expected results of your CME mission have been met through the conduct of your CME activities, e.g., periodic overall program summaries, CME committee analysis recorded in meeting minutes or other information.
Click here to enter text.	Section 7 (B): Attach <u>two</u> examples of any non-education strategies you have implemented, <u>or enter "N/A" if not applicable.</u>
Click here to enter text.	Section 8 (C): Attach an example of the report or transcript your organization can produce for an individual physician to verify their participation in CME activities for the preceding six years.