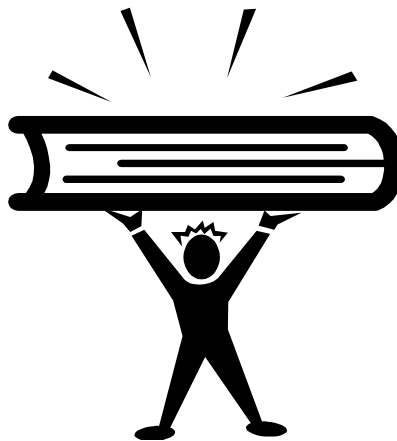




***The Institute for Medical Quality***  
*A Subsidiary of the California Medical Association*

**2008**  
**IMQ/CMA**  
**CME Accreditation Standards**  
A Guide to Continuing Medical Education in California



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# 2008

## **IMQ/CMA CME Accreditation Standards** **A Guide to Continuing Medical Education in California**

Reviewed and Approved by the  
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## Table of Contents

	<b>PAGE</b>
<b>CME Accreditation Overview</b>	<b>5</b>
Purpose of Continuing Medical Education	5
Definition of Continuing Medical Education	5
Examples of Courses Eligible for Category 1 Credit	6
Examples of Courses Ineligible for Category 1 Credit	6
<b>What's New in the 2008 IMQ/CMA CME Accreditation Standards Manual</b>	<b>7</b>
<b>IMQ/CMA CME Accreditation Standards</b>	<b>8</b>
Introduction	8
The Essential Areas and their Elements	8
Criteria	9
<b>Updated Accreditation Criteria</b>	<b>10</b>
<b>Current Essential Areas</b>	<b>12</b>
<b>Essential Area 1: Purpose and Mission</b>	<b>12</b>
Criteria for Essential Area 1	12
IMQ/CMA Policies and Guidelines for Essential Area 1	13
<b>Essential Area 2: Educational Planning and Evaluation</b>	<b>14</b>
Criteria for Essential Area 2	14
IMQ/CMA Policies and Guidelines for Essential Area 2	16
<b>Essential Area 3: Administration</b>	<b>20</b>
Criteria for Essential Area 3	20
IMQ/CMA Policies and Guidelines for Essential Area 3	22
Provider Compliance with Assembly Bill 1195	24
<b>ACCME Standards for Commercial Support<sup>SM</sup></b>	<b>26</b>
Policies and Guidelines for Commercial Support	30
<b>Supplemental Policies for Accredited CME Providers</b>	<b>33</b>
Authorized Wording for CME Activities	33
Recommended Certificate Language	33
Enduring Materials	34
Internet/Web Based CME	35
Journal Based CME	36
Regularly Scheduled Conferences/Series	36
Content Validation	37
Record Retention	37
Joint Sponsorship	38
Co-Sponsorship	38
National Versus State CME Programs	39

<b>Accreditation and Credit</b>	<b>39</b>
<b>Other CME Accreditation Requirements</b>	<b>40</b>
Annual Reports and Fees	40
Voluntary Withdrawal from the CME Accreditation Program	40
Informing IMQ/CMA of a Provider's Personnel or Organizational Changes	40
--Change in Contact Information	40
--Corporate Change	40
<b>Policies and Procedures for Obtaining and Maintaining CME Accreditation</b>	<b>41</b>
Eligibility	41
Initial Application Requirements	41
Initial Application Procedures	42
IMQ/CMA CME Committee Initial Accreditation Decision	42
Application for Reaccreditation	43
IMQ/CMA CME Committee Reaccreditation Decision	43
Post-Survey Procedures	43
Interim Reports	43
Reconsideration and Appeal of Adverse Accreditation Decisions	44
<b>IMQ/CMA Services for CME Providers/Resources</b>	<b>46</b>
IMQ Cultural and Linguistic Competency Program	46
CME Surveyors	47
IMQ/CMA Consultative Services	48
Annual CME Provider Conference	48
Samuel R. Sherman, MD, Awards for Meritorious Achievement in Continuing Medical Education	48
Newsletter, <i>The Accreditation Quarterly</i>	48
CME Certification Program	48
Further Information	49

## CME Accreditation Overview

IMQ/CMA's CME Accreditation Program is administered under the leadership of the Committee on Continuing Medical Education. This CME Committee makes final accreditation decisions.

Throughout this document the terms "organization" and "provider" are used broadly to include hospitals, professional societies and other entities that offer CME for physicians. The term "program" refers to the organization's overall CME effort while "activity" refers to individual courses, regularly scheduled conferences and enduring materials that collectively comprise the overall program.

In January 2006, the American Medical Association (AMA) published a revised version of its PRA booklet, *The Physicians Recognition Award and Credit System*. The booklet can be accessed online at <http://www.ama-assn.org/ama/pub/category/15889.html>. The AMA has trademarked the term *AMA PRA Category 1 Credit*<sup>™</sup>.

In this standards manual, the term "Category 1 CME" refers to continuing medical education that has been designated for *AMA PRA Category 1 Credit*<sup>™</sup>.

### Purpose of Continuing Medical Education

The overall goal of continuing medical education is to improve patient care. The physician's concern for this outcome is expressed through a process of life-long learning: from experience, professional relationships, reading, independent study and participation in organized educational activities. Planned CME activities developed in accordance with accreditation criteria enhance the physician's professional growth by giving systematic attention to learning needs.

### Definition of Continuing Medical Education

The California Legislature defines Category 1 continuing medical education as follows:

Continuing medical education activities that serve to maintain, develop or increase the knowledge, skills, and professional performance that a physician or surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

1. Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine
2. Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine
3. Concern bioethics, professional ethics
4. Designed to improve the physician/patient relationship

The definition expressly excludes:

Educational activities that are not directed toward the practice of medicine, or are directed toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing.

### **Examples of Courses Eligible for Category 1 Credit According to California Legislature**

CME committees may consider courses related to the following as eligible for Category 1 credit:

- Quality assessment and clinical outcome measurements
- Risk management relative to preventive care
- The evolving role of physicians in managed care, (i.e., leadership, management/administration, policy development)
- Various organizational models - how they work; steps required to develop a model and physicians' roles in them

### **Examples of Courses Ineligible for Category 1 Credit According to California Legislature**

CME committees should not consider courses related to the following as eligible for Category 1 credit:

- Medical office management in integrated healthcare delivery/group practice arrangements
- Marketing of integrated delivery systems/group practice arrangements
- Understanding corporate structure from a financial or legal perspective

If you have any questions about course content that is eligible for Category 1 credit, please contact the IMQ/CMA CME Accreditation Program Office.

## What's New in the 2008 IMQ/CMA CME Accreditation Standards Manual

The IMQ/CMA CME Accreditation Program and the IMQ/CMA CME Committee have updated the accreditation standards and policies as outlined below. If you have any questions, please contact the program office at (415) 882-5182.

### ***\*Most recently updated in January 2008\****

- Updated Accreditation Criteria—Page 10
- Policy for ACCME Standards for Commercial Support<sup>SM</sup> SCS1—Page 30
- ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship—Page 30
- Policy for ACCME Standards for Commercial Support<sup>SM</sup> SCS3—Page 32
- Enduring Materials—Page 34
- Internet Web Based CME—Page 35
- Journal-based CME—Page 36
- Record Retention—Page 37
- Accreditation and Credit—Page 39  
Please note:  
All CME educational activities developed and presented by a provider accredited by IMQ/CMA and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the IMQ/CMA accreditation process as verification of fulfillment of the IMQ/CMA accreditation requirements.

# IMQ/CMA CME Accreditation Standards

## Introduction

The Institute for Medical Quality/California Medical Association (IMQ/CMA) recognizes that the professional responsibility of physicians requires continuous learning as appropriate to individual learning needs. IMQ/CMA also recognizes that physicians choose CME activities in accordance with perceived and documented needs, individual learning styles and practice setting requirements and evaluate their own learning achievements. The IMQ/CMA CME Accreditation Standards are therefore designed to encourage accredited CME providers to consider the needs and interests of physician participants and promote physician involvement in the planning process.

IMQ/CMA strives to increase physician access to quality CME by accrediting organizations whose overall CME programs meet or exceed established criteria for educational planning and quality. These criteria, the IMQ/CMA CME Accreditation Standards, are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME activities. Accreditation is granted on the basis of an organization's demonstrated ability to plan and implement CME activities in accordance with the IMQ/CMA CME Accreditation Standards.

IMQ/CMA's Committee on Continuing Medical Education has adopted the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and their Elements as its accreditation standards. The IMQ/CMA CME Accreditation Standards also include California-specific policies and guidelines that IMQ/CMA's Committee on Continuing Medical Education and CME committees throughout the state feel are important to the development and maintenance of an effective continuing medical education program.

## The Essential Areas and Elements

The CME accreditation standards are divided into Essential Areas that address the purpose, processes and policies of the organization's CME program. The IMQ/CMA CME Accreditation Program surveys organizations for compliance with three Essential Areas: Purpose and Mission, Educational Planning and Evaluation and Administration. Within each Essential Area are required Elements for which decision-making criteria have been established. The criteria describe the levels of performance and/or accomplishment for each Element. Each accredited provider is responsible for compliance with these Elements.

Essential Area I, Purpose and Mission, focuses on:

- The reason the organization is providing continuing medical education
- The overall commitment of the parent organization to the CME program

Essential Area II, Educational Planning and Evaluation, is the core of the standards. These standards require organizations to:

- Use a planning process linking educational needs with desired results
- Determine the educational needs of physicians
- Use scientific information to plan educational content
- Design education for physician behavioral change
- Communicate learning objectives to the physicians
- Evaluate the effectiveness of each educational activity

- Evaluate the effectiveness of the overall CME program

Essential Area III, Administration, outlines the requirements for organizational management of the CME program, which must:

- Have a CME committee or advisory panel that is representative of the CME audience
- Operate by business and management policies (as they relate to human resources, financial affairs and legal obligations) so that its obligations and commitments are met
- Abide by specific commercial support standards that ensure the independence of CME from the influence of commercial interests.

IMQ/CMA surveyors and the CME Committee will review information collected for the three Essential Areas to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every accreditation term.

### **Criteria**

Criteria for each Element in the Essential Areas are designed to measure the provider's compliance with the standards. A provider's documentation of the measurement criteria will be the primary source of information for determining compliance with the Essential Elements.

The following categories of compliance will be used:

- Noncompliance
- Partial Compliance
- Compliance
- Exemplary Compliance

## Updated Accreditation Criteria

On September 5, 2006, the Accreditation Council for Continuing Medical Education (ACCME) announced updates to its Accreditation Criteria. **All IMQ/CMA Accredited providers whose accreditation term expires on or after November 01, 2008, will be surveyed on the updated criteria.** As always, IMQ will work to ensure that resources and support are available to help all accredited CME providers understand and transition their CME Programs to the Updated Accreditation Criteria.

### 2006 Updated Decision-Making Criteria

Relevant to the Essential Areas and Elements

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be 'In Compliance.'

Essential Area and Element(s)	Criteria for Compliance
<p style="text-align: center;"><b>Essential Area 1: Purpose And Mission</b></p> <p>The provider must, <b>E 1</b> Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</p>	<p><b>C 1</b> The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</p>
<p style="text-align: center;"><b>Essential Area 2: Educational Planning</b></p> <p>The provider must, <b>E 2.1</b> Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. <b>E 2.2</b> Use needs assessment data to plan CME activities. <b>E 2.3</b> Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity. <b>E 3.3</b> Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p><b>C 2</b> The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. <b>C 3</b> The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. <b>C 4</b> The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities. <b>C 5</b> The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. <b>C 6</b> The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). <b>C 7</b> The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6). <b>C 8</b> The provider appropriately manages commercial support (if applicable, SCS 3). <b>C 9</b> The provider maintains a separation of promotion from education (SCS 4). <b>C 10</b> The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
<p>[Note: Regarding E 3.3 and C7 to C10 - The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on <a href="http://www.accme.org">www.accme.org</a>.]</p>	

Essential Area and Element(s)	Criteria for Compliance
<p style="text-align: center;"><b>Essential Area 3: Evaluation and Improvement</b></p> <p>The provider must,  <b>E 2.4</b> Evaluate the effectiveness of its CME activities in meeting identified educational needs.  <b>E 2.5</b> Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions</p> <p>C 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.</p> <p>C 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.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>
<p style="text-align: center;"><b>Accreditation with Commendation</b></p> <p>In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

## **CURRENT ESSENTIAL AREAS**

Providers whose accreditation term expires before November 01, 2008, will be surveyed on the following current Essential Areas.

### **ESSENTIAL AREA 1: PURPOSE AND MISSION**

The provider must:

Element 1.1	Have a written statement of the CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.
Element 1.2	Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

### **CURRENT CRITERIA FOR ESSENTIAL AREA 1: PURPOSE AND MISSION**

#### **Element 1.1**

The provider must have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided and expected results of the program.

Noncompliance	Has no mission statement.
Partial Compliance	Has mission statement, but omits one or more of the components or has not been approved by the governing body.
Compliance	Has a mission statement that includes all of the basic components and is approved by the provider's governing body.
Exemplary Compliance	Has a mission statement that includes all of the basic components with a strong emphasis on assessment of results and is approved by the provider's governing body.

**Element 1.2**

The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

Noncompliance	CME not mentioned in the parent organization mission statement and no support provided.
Partial Compliance	CME mentioned in the parent organization mission statement but no support provided <u>or</u> not mentioned in the parent organization mission statement but support provided.
Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility <u>and</u> human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.
Exemplary Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility <u>and</u> human resources, plus promotion of the function; and a CME mission statement that is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.

**IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 1**

Accreditation requires an organization-wide commitment to the overall CME program. The CME mission statement defines what the organization, as a whole, intends to accomplish through its CME program and sets parameters for the implementation and evaluation of both individual activities and the overall CME effort.

Approval of the CME mission by the organization's governing body facilitates full organizational agreement with the CME program's purpose and facilitates allocation of resources needed to accomplish these goals.

The ultimate purpose of CME is optimum care. Therefore, the mission statement purpose should focus on the types of patient problems actually encountered by the organization's physician audience. These may be derived from such sources as public health statistics, community screening program data, current research relative to the respective patient population, or new modalities, diagnosis or treatment.

Expected results would include the accomplishments the CME program might expect with the implementation of the activities provided in the CME mission.

If a parent organization exists, its mission statement should refer to the CME function of the component accredited CME entity. There should be evidence of how the parent organization supports the CME program.

## ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

The provider must:

2.1	Use a planning process that links identified educational needs with a desired result in its provision of all CME activities.
2.2	Use needs assessment data to plan CME activities.
2.3	Communicate the objectives of the activity so the learner is informed before participating in the activity.
2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

### CURRENT CRITERIA FOR ESSENTIAL AREA 2 – EDUCATIONAL PLANNING AND EVALUATION

#### Element 2.1

The provider must use a planning process that links identified educational needs with a desired result in its provision of all CME activities.

Noncompliance	A planning process is not used.
Partial Compliance	A planning process is used inconsistently or does not reflect a link between identified educational needs and desired result.
Compliance	A planning process is used consistently that link(s) identified educational needs and desired result.
Exemplary Compliance	Innovative and creative planning process(es) used consistently, with documentation that identified needs contribute to appropriate methodology and desired results for the offered activities.

**Element 2.2**

The provider must use needs assessment data to plan CME activities.

Noncompliance	Needs assessment data are not used.
Partial Compliance	Needs assessment data are inconsistently used.
Compliance	Needs assessment data are consistently used.
Exemplary Compliance	Needs assessment data from multiple sources are consistently used to plan and evaluate activities.

**Element 2.3**

The provider must communicate the objectives of the activity so the learner is informed before participating in the activity.

Noncompliance	Objectives of the activity are not communicated to the learner and the faculty.
Partial Compliance	Objectives of the activity are inconsistently communicated to the learner and the faculty.
Compliance	Objectives of the activity are consistently communicated to the learner and the faculty.
Exemplary Compliance	Objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner and the faculty.

**Element 2.4**

The provider must evaluate the effectiveness of the CME activities in meeting identified educational needs.

Noncompliance	Educational activities are not evaluated.
Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.
Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.
Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.

### Element 2.5

The provider must evaluate the effectiveness of its overall CME program and make appropriate improvements to the program.

Noncompliance	No mechanism in place to measure the program's effectiveness or make improvements.
Partial Compliance	Mechanism in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.
Compliance	Mechanism in place to measure the effectiveness of the program with evidence that improvements have been made.
Exemplary Compliance	Innovative and creative mechanism(s) in place to measure the effectiveness of the program with evidence of improvement being made on a regular basis.

## IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 2 – EDUCATIONAL PLANNING AND EVALUATION

### Needs Assessment

Identification and analysis of CME needs provide the basis for developing educational activities and planning effective CME activities. Therefore, needs assessment is the first step in educational planning. Educational needs and interests are knowledge, skills or attitudes that physicians should, or may wish to, acquire, develop or reinforce. Needs may be demonstrated, expressed or presumed, and may be derived from a variety of sources.

### Physician Target Audience

All Category 1 CME activities must be planned for physicians. Assessment of needs, development of educational objectives and evaluation of activities must be from the perspective of a physician learner.

IMQ/CMA recognizes that providing continuing education to a multidisciplinary team of healthcare professionals is an important method used in improving patient care. IMQ/CMA also acknowledges that CME activities contribute to the education of all healthcare providers, not just physicians. However, since continuing medical education must remain relevant to physicians, a significant portion of participants at each Category 1 CME activity must be physicians.

### Demonstrated Needs

Demonstrated needs usually are based on objective data sources. Hospital and non-hospital health-related organizations must seek quality-driven information, which go beyond the opinions of the CME committee and the expressions of the physician constituency and reflect a gap between current practice and best practice.

Demonstrated needs commonly are derived from:

- Epidemiological data
- Hospital or PRO medical audit or continuous quality improvement data
- Committee studies of hospital care
- Re-credentialing review

- Hospital morbidity and mortality data
- County and regional health department statistics
- National trends arising from national association studies
- Professional literature review
- United States health survey statistics
- Joint Commission's Patient Safety Standards.

### **Expressed Needs/Interests**

Expressed needs usually are based on the opinions and experiences of potential participants. Expressions of need should be distinguished from expressions of interest. Needs may be expressed from a physician's sense of responsibility to maintain or improve professional performance, or to close a recognized gap in understanding, knowledge or skill. Interests may be expressed from a physician's desire to learn about an area of medicine not directly applicable to his or her medical practice. Expressed needs and interests are commonly derived from:

- Requests submitted on participants' activity evaluation forms
- Formal written surveys of potential participants
- Informal verbal comments
- Patient problem inventories compiled by potential participants
- Consensus of medical staff members within a department or service area

### **Presumed Needs/Interests**

Presumed needs are usually based on the opinions and experiences of program planners. Presumed needs are commonly derived from:

- New methods of diagnosis or treatment
- Availability of new diagnosis or treatment
- Development of new technology
- Input from experts regarding advances in medical knowledge
- Legislative or regulatory changes affecting patient care

Needs assessment sources are likely to yield more relevant topics than can realistically be addressed through available time and resources. Therefore, criteria should be developed to prioritize those topics likely to improve patient care and supported by several sources.

### **Educational Objectives**

The purpose of educational objectives is to guide the CME planner in selecting appropriate teaching methods and educational design; provide a means by which the activity's effectiveness can be evaluated; and assist physicians in judging whether the activity will meet their needs or interests.

Identifying the target audience is a crucial step in program planning and design. It is impossible to determine specific content, objectives and teaching methods without knowing the characteristics and needs of the learners.

Objectives typically fall under the following general categories of identified need: 1) updating existing medical knowledge or skills; 2) acquisition of new concepts or methods; and 3) sharing of ideas to stimulate development of knowledge or skills. Well-written objectives should be specific, short-range, action-oriented and from the perspective of the learner.

## **Planning**

After the needs have been translated into specific educational objectives, the activity must be designed on the basis of what is likely to be most effective in accomplishing the objectives. The planning process should consist of needs assessment, identification of target audience, educational objectives, subject content to address the objectives, teaching methods and format, faculty selection, facilities arrangements, communication with faculty and potential participants and evaluation methods. One way to document the planning process is in minutes of CME committee meetings.

## **Communication with Faculty**

IMQ/CMA's CME Committee believes that, after the organization's CME committee has identified the need, objectives and target audience for the activity, the committee must communicate the need, objectives and target audience to the faculty in writing so that the speakers will clearly understand the committee's expectations. Any verbal communications with faculty should be followed by written communications.

## **Communication with Potential Participants**

The Essential Areas for accreditation fully subscribe to the principle that physicians are responsible for choosing their own CME based on their own perceived needs and educational preferences. To uphold this principle, it is essential that potential participants be given enough information to allow them to make informed choices about which CME activities to attend.

Various types of preliminary notices such as a calendar of listings or "mark your calendar" flyers may be distributed before all details of the activity are confirmed. These notices contain only general, preliminary information about the activity such as the date, location and title. If more specific information is included, such as the faculty and objectives, all information below should be included. Final brochures and activities advertised by only one promotional piece should include the following information:

- Description of the *specific* audience for whom the program is designed
- Prerequisites or special background required for effective participation
- Names and credentials of program faculty
- Correct CME authorized wording

The following information must be included in program advertisements:

- Title of the activity and topics to be presented
- Statement of *specific* educational objectives
- The CME accreditation and credit designation statement
- Acknowledgement of educational grants or other financial contributions (if known at the time of the publication)

## **Activity Evaluation and Overall Reappraisal**

Evaluation is a process that measures the degree of achievement of a purpose or objectives. Evaluation is addressed from two perspectives: (1) reappraisal of the overall CME program; and (2) evaluation of individual activities, which collectively comprise the program. Reappraisal of the overall CME program is measured against criteria established in the organization's CME mission statement and overall goals, while activities are measured against the needs assessment and specific objectives formulated in the planning of these respective activities.

Activity Evaluation: Evaluation tools must assess the extent to which the need and objectives were met. Evaluation methods also must be consistent in scope with the educational activity and its objectives. For those activities based on expressed or presumed needs, questions may address the extent to which participants feel the activity will improve their effectiveness, what changes they will make in their practice as a result of the activity or the quality of the activity.

Providers are encouraged to attempt assessment of the effect of their CME activities on medical care.

In the hospital setting, review and tracking of clinical performance, performance improvement and utilization trends, changes in referral patterns, etc., can be useful evaluation tools. In the specialty society, or other non-hospital setting, follow-up of conference attendees, review of county and other regional health statistics and discussions with hospital-based CME committee members can be useful in determining any changes in clinical practice. Both hospital and non-hospital based CME committees are encouraged to use program evaluations in developing future activities.

Overall Reappraisal: Appropriate evaluation of CME activities should give the provider sufficient data to later assess the overall program against criteria established in the CME mission and goals. Reappraisal of the overall CME program should ideally occur at least yearly or continuously, but must occur at least once during the accreditation term. Conclusions from the annual assessment then should be used to improve the CME program for the future.

Annual reappraisal of the overall program and its effectiveness in accomplishing the CME mission can be reflected in the CME committee minutes. If no minutes are kept, the reappraisal and future directions should be recorded and used to help direct the overall program.

## ESSENTIAL AREA 3: ADMINISTRATION

The provider must:

3.1	Have an organizational framework for the CME unit, including a CME committee or advisory panel representative of the target audience, which provides the necessary resources to support its mission. If a parent organization exists, that organization must also support the mission.
3.2	The 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.
3.2.1	The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195 <sup>1</sup> , effective July 1, 2006.
3.3	The provider must present CME activities in compliance with the Standards for Commercial Support <sup>SM</sup> . See page 26.

### CURRENT CRITERIA FOR ESSENTIAL AREA 3 – ADMINISTRATION

#### Element 3.1

The provider must have an organizational framework for the CME program including a CME committee or advisory panel representative of the target audience, which provide the necessary resources to support its mission. If a parent organization exists, that organization must also support the mission.

Noncompliance	Organizational framework does not exist for the CME unit.
Partial Compliance	Organizational framework does exist for the CME unit but not all components of the Elements (resources and support) are present.
Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.
Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.

**Element 3.2**

The 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.

Noncompliance	Business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.
Partial Compliance	Not Available Option.
Compliance	Business and management policies and procedures are in place and are effectively used by the CME administration to meet its obligations and commitments.
Exemplary Compliance	Business and management policies and procedures are in place and are effectively used by the CME administration to meet its obligations and commitments in an innovative and creative manner.

**Element 3.2.1**

The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006.

Noncompliance	Provider demonstrates no evidence of compliance with, or intent to comply with, AB 1195.
Partial Compliance	Provider meets the minimum requirements for AB 1195 by providing some information on cultural and linguistic competency in non-exempt CME activities (generic resource list and announcement of AB 1195 without integration in activity or program).
Compliance	Provider exceeds minimum requirements of AB 1195 by providing activity specific tools and resources on cultural and linguistic competency in non-exempt CME activities (e.g., data or statistics on disease burden among minority or at risk communities, <b>or</b> assessment tools for physicians on cultural competency, <b>or</b> resource list specific to CME activity topic, <b>or</b> utilization of IMQ technical assistance resources prior to activity).
Exemplary Compliance	Provider shows exemplary compliance by fully addressing cultural and linguistic competency in their CME program planning, CME curriculum, and CME program administration. Provider addresses most of the following measures: provider includes relevant CLC data in activities, CME committee plans activities with CLC as measurable outcome, provider integrates CLC into all administrative aspects of program including notification of AB 1195 to speakers, provider includes CLC in CME program policy and mission statement, provider assesses demographics of physician and patient populations to inform direction of CME, provider selects speakers with concurrent expertise in CLC and activity topic.

## **IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 3 – ADMINISTRATION**

### **Organizational Framework**

#### **CME Committee**

Responsibility for the operation, continuity and oversight of the CME program must be designated to a committee within the organization. This committee must be clearly identified as an official component of the organization's overall committee structure. The committee's responsibilities and authority in the program's operation, procedures for appointment and member tenure also must be clearly identified.

The committee should be composed of members who have an active interest in CME and must be representative of the physician constituency.

To provide continuity for the CME program, tenure on the committee should exceed one year, and terms should be staggered so that no more than 50% of the members will change each year. The committee chair should serve at least two years.

Providers who do not have members or a medical staff must have a physician CME advisory committee composed of physicians who represent the potential audience to be served.

Many organizations, particularly large hospitals and medical centers, are involved in educational efforts which may include undergraduate and graduate medical education, allied health, nursing and patient education, as well as physician CME. The physician CME program should be distinctly separate from the organization's other educational endeavors.

#### **Administrative Support**

The CME committee can be effective only to the extent that it has adequate administrative assistance, as well as organizational support. Therefore, responsibility for the operation, continuity and oversight of the administrative aspects of the program should be clearly designated to appropriate personnel within the organization.

CME personnel must be officially identified within the organization's administrative structure and their responsibilities and authority for CME well defined.

#### **Program Continuity**

The organization must establish appropriate operating procedures and demonstrate that those designated responsibility for the program do, in fact, maintain effective control and oversight of CME planning, implementation and evaluation. The organization should develop strategies to assure committee member participation. Possible strategies include selecting a core committee, reminding committee members of meetings via telephone and e-mail, scheduling conference call meetings and requesting regular input from members who attend meetings infrequently.

The organization must not overly rely on the expertise of any one individual to maintain continuity in the program's planning or administration. The organization must provide for adequate back up in both the committee and personnel structures to assure that the program will not falter during staff and committee member absence and turnover.

### **Financial Resource Allocations**

The size of the organization's budget and resource allocations must be sufficient to accomplish the organization's stated CME mission, to support activities as planned and to maintain the program in accordance with the Essential Areas. The provider should establish a separate budget specifically for the CME program. If extenuating circumstances make this impossible, the organization must at least be able to document a system of financial accountability that clearly and accurately identifies major areas of revenue and expenditures. CME revenue includes registration fees charged to participants, medical industry or other financial grants and the organization's own budget allocations.

IMQ/CMA recognizes that medical industry support can contribute significantly to the quality of CME activities. When such support is accepted, the organization must adhere to the ACCME Standards for Commercial Support of Continuing Medical Education, as outlined in this document. An over-reliance on medical industry funds to support the CME program, however, may indicate insufficient commitment from the organization's administration and is, therefore, discouraged.

### **CME Records**

The provider must maintain an accurate record of the credit earned by physician participants at its activities and be able to verify attendance and credit hours when authorized by the participant to do so.

Attendance records should be maintained for a minimum of six years. If an organization should become non-accredited, it still has the responsibility to retain physician attendance records for the minimum of six years. Other CME records, such as committee minutes, evaluation summaries, needs assessment data and activity files should be kept for the length of the last accreditation period or 12 months, whichever is longer, to document the application for accreditation.

### **CME Committee Minutes**

CME committee minutes can provide documentation helpful for accreditation, but are not required. If done well, minutes can demonstrate compliance with nearly all of the Essential Areas and their Elements within a concise, official record.

The primary purpose of minutes is to show that the committee:

- Has appropriate control and oversight of the overall CME program
- Assesses that activities and their objectives are appropriate within the context of the CME mission, needs assessment data and the target audience
- Assures that the activities are appropriately designed to meet the Essential Areas
- Reviews and utilizes evaluation data
- Annually reviews the CME mission and annually evaluates the overall CME program in terms of its accomplishment of the mission

Minutes should fully reflect meeting attendance and discussions relative to CME planning, implementation and review, not just motions and resulting actions.

When needs are identified through medical audit, committee minutes should reflect receipt and utilization of this input but need not compromise confidentiality or legal defense with specific details or cases.

### **Facilities and Arrangements**

Selection of appropriate facilities, arrangements and scheduling also are important factors in the offering of CME activities. Appropriate is defined as “conducive to learning.” Appropriate facilities and arrangements assure the comfort of the audience, enhance the learning experience and facilitate the accomplishment of the objectives.

Facilities that offer the opportunity for recreation and relaxation may facilitate the learning experience. Leisure activities, however, should complement rather than detract from the educational experience.

### **Legal Obligations**

CME providers should have policies and procedures in place to comply with their obligations as a business, e.g., laws such as the American Disabilities Act, Equal Opportunity Employer, and OSHA, as applicable.

### **Compliance with Assembly Bill 1195 -- Continuing Education: Cultural and Linguistic Competency**

On October 4, 2005, Governor Arnold Schwarzenegger signed Assembly Bill 1195 (AB 1195) into law. AB 1195, “Continuing Education: Cultural and Linguistic Competency,” goes into effect July 2006. The law mandates that the CME accrediting agencies (the ACCME and IMQ/CMA) must develop standards for compliance.

On and after July 1, 2006, all continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine. California-based providers planning courses must comply with this law.

#### Exempt Courses

This law does not apply to all CME courses. A continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine. All other courses are considered nonexempt.

#### Nonexempt Courses

Since CME activities often include a direct patient care component, IMQ/CMA expects that many of the CME courses offered by IMQ/CMA-accredited providers will not be exempt from AB 1195.

- Nonexempt courses will be expected to have an educational component that addresses cultural and linguistic competency.
- The term "course" refers to any continuing medical educational activity designated for *AMA PRA Category 1 Credit(s)*<sup>™</sup> by an accredited provider.
- All activities planned after July 1, 2006, must comply.
  - Live activities (e.g., live courses/meetings/conferences, regularly scheduled conferences, live Internet/Intranet activities, test item writing, performance improvement activities, Internet searching and learning activities, journal-based CME, and journal-based manuscript review).
  - Enduring materials that are approved after July 1, 2006 (e.g., Internet activities, journal-based CME, journal-based manuscript review and any

other enduring material). Any enduring material approved prior to July 1, 2006, must comply when activity is renewed for credit.

- Note: regularly scheduled conferences (RSCs) are activities presented by hospitals and other types of providers that have a professional staff. Examples of RSCs include tumor boards, M&Ms, grand rounds, etc., that often are presented weekly, biweekly or monthly. RSCs often are approved as a series and each series is considered one educational activity. In this case, rather than requiring a cultural and linguistic competency component at each session, IMQ/CMA expects cultural and linguistic competency will be included in the overall activity planning. This can be done by incorporating cultural and linguistic competency into appropriate sessions or by sessions dedicated to cultural and linguistic competency.

### Educational Requirements for Nonexempt Courses

Nonexempt continuing medical education activities must address at least one or a combination of the following:

1. Cultural competency. For the purposes of this section, “cultural competency” means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:
  - a. Applying linguistic skills to communicate effectively with the target population.
  - b. Utilizing cultural information to establish therapeutic relationships.
  - c. Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
  - d. Understanding and applying cultural and ethnic data to the process of clinical care.
2. Linguistic competency. For the purposes of this section, “linguistic competency” means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient’s primary language.
3. A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the Government Code).

### Expectations

IMQ/CMA expects that accredited providers will make a good-faith effort to comply with Assembly Bill 1195. When developing CME activities, it is important to assess the need for cultural and linguistic competency issues as suitable to each educational subject. Not all issues will apply to all CME activities. However, IMQ/CMA expects some evidence that the provider has made an effort to incorporate appropriate cultural and linguistic competency topics into the educational content of CME activities.

Providers will be asked on the accreditation/reaccreditation application about their process to comply with this law. In addition, IMQ/CMA surveyors will expect to see in the program planning documentation evidence of the provider's efforts to address cultural and linguistic competency issues in CME activities.

# **Standards for Commercial Support of Continuing Medical Education**

## **OVERVIEW**

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose.

Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards for Commercial Support is to describe appropriate behavior of accredited providers in planning, designing, implementing and evaluating CME activities for which commercial support is received.

In September 2004, the ACCME officially adopted the following updated standards for commercial support, which became effective immediately and adopted by IMQ/CMA.

# THE ACCME STANDARDS FOR COMMERCIAL SUPPORT<sup>SM</sup>

*Standards to Ensure Independence in CME Activities*

## **STANDARD 1: INDEPENDENCE**

**1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See [www.accme.org](http://www.accme.org) for a 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.

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

## **STANDARD 2: Resolution of Personal Conflicts of Interest**

**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.

**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.

**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**

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

**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.

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

**Written agreement documenting terms of support**

**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 sponsor.

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

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

**Expenditures for an individual providing CME**

**3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-

pocket expenses for planners, teachers and authors.

**3.8** The provider, the joint sponsor, 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.

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

**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.

## **Expenditures for learners**

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

**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 sponsor or educational partner.

## **Accountability**

**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**

**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.

**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.
- 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.

**4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message

**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.

**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**

**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.

**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**

##### **Relevant financial relationships of those with control over CME content**

**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.

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

##### **Commercial support for the CME activity.**

**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.

**6.4** 'Disclosure' must never include the use of a trade name or a product-group message.

##### **Timing of disclosure**

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

## **Policies and Guidelines for Commercial Support**

These policies and definitions supplement the 2004 updated ACCME Standards for Commercial Support<sup>SM</sup>: Standards to Ensure the Independence of CME Activities ("SCS").

### **Relevant to SCS1 (Ensuring Independence in Planning CME Activities):**

**NEW (08/2007)** 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 accreditation. Within the context of this definition and limitation, the ACCME 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 screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, 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

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

### **ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship**

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

The ACCME's deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact IMQ and they will contact the ACCME on your behalf. Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact IMQ for information in this regard.

### **Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):**

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, 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. **(added March 2005)**

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. **(added November 2004)**

**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. **(added March 2005)**

The ACCME considers **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. **(added November 2004)**

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. **(added November 2004)**

### **Relevant to SCS3 (Appropriate Use of Commercial Support)**

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

**NEW (08/2007)** 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. (Effective immediately.)

**NEW (08/2007)** 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 requirements of the ACCME's Elements, Policies and Standards. (Effective January 1, 2008.)

Element 3.12 of the ACCME's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. **(added November 2004)**

### **Relevant to SCS4 (Appropriate Management of Commercial Promotion)**

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.

### **Relevant to SCS6 (Disclosure to Learners)**

Disclosure of information about provider and faculty 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 ACCME 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).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

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

## Supplemental Policies for Accredited CME Providers

### AUTHORIZED WORDING FOR CME ACTIVITIES

Providers are **required** to include both an accreditation statement and a credit designation statement on all publicity. The accreditation statement attests that the organization is accredited and indicates who accredits it. The credit designation statement specifies the number of credits granted by the accredited organization's CME committee for the educational activity. These statements should be included on all promotional material except brief "save-the-date" type of announcements. The phrase, *AMA PRA Category 1 Credit(s)*<sup>™</sup>, must be italicized and include the trademark symbol.

- o Accreditation Statement:  
The [**name of accredited provider**] is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The [**name of accredited provider**] takes responsibility for the content, quality and scientific integrity of this CME activity.
- o Credit Designation Statement:  
The [**name of accredited provider**] designates this educational activity for a maximum of [**number of credits**] *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Please note: under no circumstances can an activity be advertised for CME credit (pending, applied for, expected, authorized, desired, etc.) until the CME Committee has approved it.

Please note: any publicity that mentions CME credit must contain the accreditation statement identifying the accredited provider as well as the credit designation statement listing the amount of *AMA PRA Category 1 Credit(s)*<sup>™</sup> offered for the activity. There are no exceptions to this rule.

### RECOMMENDED CERTIFICATE LANGUAGE

Only **physicians** (MD's and DO's) may receive certificates of credit. All others receive certificates of attendance or participation. Please note that the provider is not required to issue certificates, only to keep track of attendance.

- o Credit Certificate Language (for Physicians):  
Must contain the phrase *AMA PRA Category 1 Credit(s)*<sup>™</sup>, italicized and including the trademark symbol.
- o Attendance Certificate Language (for Non-physicians):  
Must contain *AMA PRA Category 1 Credit(s)*<sup>™</sup>, including the trademark symbol. The provider may state that the participant has participated in the educational activity and reference *AMA PRA Category 1 Credit(s)*<sup>™</sup>, but the participant does not receive credit.

## ENDURING MATERIALS

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required IMQ/CMA information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME's policies regarding disclosure in the Standards for Commercial Support). All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

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 certified for credit 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.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

IMQ/CMA policy does not require 'post-tests' for enduring materials. IMQ/CMA records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, IMQ/CMA considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all

IMQ/CMA requirements, and the enduring material activity must comply additionally with all IMQ/CMA policies that relate specifically to enduring materials.

### **INTERNET/WEB BASED CME**

CME activities delivered via the Internet or Intranet are expected to be in compliance with the IMQ/CMA CME Accreditation Standards. In addition, the accredited provider must adhere to the following provisions.

Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

*Activity Location:* IMQ/CMA accredited providers may not place their CME activities on a website owned or controlled by a 'commercial interest.'

*Links to Product Websites:* With clear notification that the learner is leaving the educational website, links from the website of an IMQ/CMA accredited provider to pharmaceutical and device manufacturers' product websites 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.

*Transmission of information:* For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required IMQ/CMA information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

*Advertising:* 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.

*Hardware/Software Requirements:* The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

*Provider Contact Information:* The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

*Policy on Privacy and Confidentiality:* The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

*Copyright:* The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

## **JOURNAL BASED CME**

Journal-based CME is a form of enduring material; therefore, all accreditation requirements for enduring materials must be met.

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.

The IMQ/CMA considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

The educational content of journal CME must be within the IMQ/CMA's Definition of CME.

Journal CME activities must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The IMQ/CMA does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.
2. None of the elements of journal-based CME can contain any advertising or product group messages of 'commercial interests.' Disclosure information cannot contain trade names. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

## **REGULARLY SCHEDULED CONFERENCES/SERIES**

A Regularly Scheduled Conference/Series (RSC or RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSCs because each of these organization types has in-house professional staff. RSCs are only offered as directly-sponsored activities to the accredited organization's professional staff.

Examples of regularly scheduled conferences/series are Grand Rounds, Tumor Boards, and M&M Conferences. Joint-sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers.

When presenting daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's professional staff, the provider must describe and verify that it has a system in place to monitor the activities' compliance with the IMQ/CMA CME Accreditation Standards, including the Standards for Commercial Support.

The provider must verify its system to monitor for compliance to assure that the activity:

- Is based on real performance data and information derived from the regularly scheduled conferences that describe compliance (in support of Elements 2.1-2.5 and 3.1-3.3), and Results in improvements when called for by this compliance data (in support of Elements 2.4-2.5 and 3.1), and
- Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3)

The provider must make available and accessible to the learners an information management system (examples include paper, web or database systems) through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include:

- Learner identifier
- Name/topic of activity
- Date of activity
- Hours of credit designated or actually claimed

Note: IMQ/CMA limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.

### **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.

Providers are not eligible for IMQ/CMA accreditation 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 be ineffective in the treatment of patients.

### **RECORD RETENTION**

Specific CME activity records for physician participation and activity documentation must be maintained by all accredited providers.

#### Physician Participation

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. IMQ/CMA does not require sign-in sheets.

#### 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. Maintenance of this documentation enables the provider to, at the time of reaccreditation, show IMQ/CMA how the activities it provided during its current

term of accreditation were compliant with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies.

### **JOINT SPONSORSHIP**

Joint sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider that must be reported to IMQ/CMA.

Please note: organizations whose accreditations are on probationary status are not allowed to participate in joint sponsorships.

While the accredited provider is not obligated to enter into such relationships, the following requirements will apply if it chooses to do so.

The jointly sponsored activity must be planned and presented in accordance with the mission of the accredited provider. The accredited provider must develop and utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities.

The accredited provider must be able to document that the activity was planned and presented in compliance with the IMQ/CMA CME Standards. In order to acceptably do so, the accredited sponsor must enter the joint sponsorship arrangement prior to the printing and dissemination of promotional materials containing registration information for the activity.

All promotional materials for jointly sponsored activities must carry the following statements:

- o Accreditation Statement:  
This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The [name of accredited provider] takes responsibility for the content, quality and scientific integrity of this CME activity.
- o Credit Designation Statement:  
The [name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the *CMA Certification in Continuing Medical Education*.

### **CO-SPONSORSHIP**

If two or more accredited providers jointly plan and present CME activities, one accredited provider must assume responsibility for documentation and assurance that the Essential Areas and Policies of IMQ/CMA are met.

CME activities that are co-sponsored should use the directly sponsored accreditation statement naming the one accredited provider that is responsible for the activity.

## NATIONAL VERSUS STATE CME PROGRAMS

IMQ/CMA, in an attempt to foster continuing medical education of high quality at a reasonable cost, available to all physicians in California, specifies the following criteria of eligibility for accreditation.

- Organizations which offer a program of continuing medical professional medical education on a regular and recurring basis to physicians, and who serve registrants of whom more than 70% are from within California and its bordering states.
- Organizations that offer regular and recurring activities to registrants of whom more than 30% are from beyond California and its bordering states, should apply for national accreditation.

## Accreditation and Credit

All CME educational activities developed and presented by a provider accredited by IMQ/CMA and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

IMQ/CMA accreditation and *AMA PRA Category 1 Credit™* have long been linked as markers of quality continuing medical education. The AMA credit system requires that providers be accredited by the IMQ/CMA, in order to designate activities for credit. The IMQ/CMA accreditation process reviews activities, designated for credit, in order to determine a provider's level of compliance and therefore award initial or reaccreditation.

Over the years, what is recognized as a CME activity has broadened in format and method of learner participation, first due to the incorporation into CME of regularly scheduled conferences, enduring materials and the Internet, and more recently due to the actions of the AMA credit system with its new definitions of activities (e.g., test-item writing, manuscript review, and committee learning).

At the same time, the AMA was directly granting *AMA PRA Category 1 Credit™* for certain professional activities (as described in the 2005 AMA PRA Booklet, "Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for learning that occurs as a result of teaching in live CME activities, poster presentations, published articles, medically related advanced degree or American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC)").

In March 2006, the AMA issued a revision to its Physician's Recognition Award Booklet. In it, the AMA allowed "*assigning credit for teaching at Category 1 live activities*" from a direct credit awarded by the AMA to one involving ACCME accredited providers who would be able to award credit to their faculty for the learning involved in preparing to teach in live CME activities. The AMA wrote,

*Providers may also award AMA PRA Category 1 Credit to their faculty for teaching at the provider's designated live activities. This credit acknowledges the learning associated with the preparation for an original presentation. Assigning credit for teaching at Category 1 live activities*

- *Faculty may be awarded two (2) AMA PRA Category 1 Credits for each hour they present at a live activity designated for such credit.*
- *Faculty may not claim simultaneous credit as physician learners for sessions at which they present; however, they may claim participant credit for other sessions they attend as learners at a designated live activity.*

- *Credit may only be claimed once for repeated presentations.*

The ACCME has taken formal action to affirm the linkage between accreditation and credit, which IMQ/CMA has adopted.

## **Other CME Accreditation Requirements**

### **ANNUAL REPORTS AND FEES**

Every accredited provider must complete an annual report summarizing its CME program and remit annual fees each year to keep their accreditation in good standing. Annual report data will be collected and forwarded to the ACCME. The data will be aggregated and analyzed by the ACCME for publication later in the year.

In addition to this annual report data, every accredited provider is required to remit the IMQ Annual Report fee as well as the ACCME Annual fee. Please note: at the end of the year in which your organization was awarded accreditation, the IMQ Annual Report fee will be waived. However, you will still be required to complete the annual report form and remit the ACCME Annual fee.

Failure to submit either the annual report or annual fees by the due date will result in late fees and may result in suspension of the organization's CME accreditation.

### **VOLUNTARY WITHDRAWAL FROM THE CME ACCREDITATION PROGRAM**

Organizations that decide to cease offering CME as a CMA-accredited provider must notify the CME Accreditation Program in writing of their decision. Organizations seeking to restore their ability to offer CME credit as IMQ/CMA-accredited CME providers will be considered initial applicants and must follow the procedures for applying for initial accreditation as outlined in the Initial Application Requirements section.

### **INFORMING IMQ/CMA OF A PROVIDER'S PERSONNEL OR ORGANIZATIONAL CHANGES**

#### **Contact Information:**

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, IMQ/CMA requires providers to promptly inform IMQ/CMA of any personnel or organizational changes that could impact our ability to contact them. These types of changes include changes of e-mail, address or phone number, and changes to either the CME coordinator or the CME Chair.

Changes may be reported by contacting the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182.

The IMQ/CMA considers the names and contact information for providers accredited by both the ACCME and IMQ/CMA to be public information, and provides lists of these names to the public, accordingly.

#### **Corporate Change:**

If an IMQ/CMA accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the IMQ/CMA expects to be made aware of the change as soon as possible so that IMQ/CMA can work through the transition with the organization.

Keep in mind that IMQ/CMA accreditation was awarded to the organization that sought the accreditation and was able to demonstrate compliance with Accreditation

Requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes **significant** organizational change, for example, becoming partially owned by a commercial interest or losing its 501(c) IRS tax status, the IMQ/CMA considers the provider to be significantly different than the organization which was accredited. Therefore, in these cases, the IMQ/CMA will expect the provider to cease providing CME as an IMQ/CMA accredited provider. IMQ/CMA will set a date of non-accreditation for these providers. IMQ/CMA will also withdraw a provider's accreditation if the provider is dissolved, or ceases to exist as a result of a merger, acquisition or dissolution.

When two or more IMQ/CMA accredited **providers merge**, the IMQ/CMA will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged. New providers created through corporate change must contact the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182 as a first step towards initial IMQ/CMA accreditation.

The IMQ/CMA considers the names of providers that are no longer accredited due to corporate change to be public information, and provides lists of these names to the public, accordingly.

## **Policies and Procedures for Obtaining CME Accreditation**

### **ELIGIBILITY**

Organizations eligible for IMQ/CMA CME accreditation include:

- Hospitals, clinics and other patient care facilities whose CME activities are directed toward their own constituency and physicians in the surrounding communities
- Medical organizations with a local, area wide or statewide scope.
- Health-related organizations whose primary goal is to educate, support or represent physicians such as professional liability insurance companies, bio-ethics groups, etc.

### **INITIAL APPLICATION REQUIREMENTS**

To apply for accreditation, an organization must complete and submit an application for accreditation with appropriate documentation appended. **Prior to application**, the organization must have established a track record of providing continuing medical education activities under the auspices of a Committee on Continuing Medical Education either on its own, or in cooperation with another organization which is accredited to provide CME. This track record shall include the planning and presentation of at least four CME activities under the auspices of the CME Committee. To be considered for accreditation, the application submitted to IMQ/CMA must include an application fee and the following documentation:

- A CME Program Mission Statement

- A list of the most current CME activities provided within the previous 6-12 months.
- Four monthly or one annual calendar of CME activities.
- Planning/evaluation procedures and actions from at least four CME Committee meetings immediately preceding the application.
- Program announcements from four CME activities immediately preceding the application.
- A representative sample of evaluation forms from the four CME activities immediately preceding the application.
- A line-item budget **expressly for the CME program** outlining the major categories of income (i.e., registration fees, funds from administration, commercial support grants, etc.) and expenses (i.e., speaker honoraria, printing, postage, facility and audio-visual equipment rental, if applicable, etc.).
- A policy on the managing and monitoring of commercial support and sample faculty disclosure (conflict of interest) forms.

**Please note:** while CME Committee meeting minutes are no longer required, they can be very beneficial in documenting the CME program planning and evaluation processes.

### **INITIAL APPLICATION PROCEDURES**

Upon receipt of a completed application, an IMQ/CMA CME surveyor is assigned and the organization notified of the name of the surveyor. The organization has the right to request a change of surveyor only if a potential conflict of interest exists. The organization and surveyor set a mutually convenient time for a survey that may last approximately four hours.

The following individuals should be available for the survey: 1) Director of Medical Education; 2) Chair of the CME Committee; 3) CME Coordinator; 4) Chair of the Performance Improvement Committee (if a hospital or other patient care facility); 5) Chief Executive Officer; and 6) Medical Librarian (if a hospital or other health-related organization).

The survey is conducted onsite if it is a hospital and sometimes at an off-site location if it is a non-hospital health-related organization (this is called a “reverse-site” visit.) Certain large, non-hospital organizations may receive an onsite visit.

### **IMQ/CMA CME COMMITTEE INITIAL ACCREDITATION DECISION**

Following the survey, the surveyor’s report is reviewed at the next regularly scheduled IMQ/CMA CME Committee meeting. The IMQ/CMA CME Committee meets six times a year. The IMQ/CMA CME Committee may reach the following decisions:

- Initial Accreditation – two years
- Initial Accreditation – one year provisional
- Action Deferred – pending receipt of additional information
- Accreditation Denied

On occasion, an interim report will be required that addresses recommendations noted in the organization’s accreditation award letter. This interim report is typically due one year after the organization's accreditation.

## **APPLICATION FOR REACCREDITATION**

Six months prior to the expiration date of an organization's CME accreditation, IMQ/CMA mails a letter to the organization requesting completion of an application for reaccreditation. The organization is required to complete and return this application for reaccreditation to IMQ/CMA within sixty days of the date of this letter and provide documentation that the organization has addressed previous recommendations.

**Timely submission** of the application for reaccreditation is necessary for continuity of accreditation. If IMQ/CMA has not received the application for reaccreditation within the stated time period, IMQ/CMA will send a letter to the organization requesting submission of the application. Failure to respond to these communications in a timely manner may result in cancellation of the organization's accreditation. **In addition, the provider will be charged a fee for a late application.**

The IMQ/CMA CME Accreditation Program keeps organizations informed of their accreditation status through the application process, including times when there may be lapses in accreditation. If an organization's application was received by IMQ/CMA within sixty days of the date of IMQ/CMA's letter of request for a reapplication, and a surveyor could not survey the organization on time, a temporary accreditation status shall be granted. If an organization's application is not received on time, a temporary accreditation status shall not be granted.

Applications for reaccreditation are assigned to an IMQ/CMA CME surveyor for review. Hospitals are reviewed onsite, and certain, large, non-hospital organizations may receive an onsite visit. Other health-related organizations are sometimes reviewed in a "reverse-site" visit, in which the organization representatives attend a meeting with the surveyor at an off-site location.

The following individuals should be available for the survey: 1) Director of Medical Education; 2) Chair of the CME Committee; 3) CME Coordinator; 4) Chair of the Performance Improvement Committee (if a hospital or other health-related organization); 5) Chief Executive Officer; and 6) Medical Librarian (if a hospital or other health-related organization).

## **IMQ/CMA CME COMMITTEE REACCREDITATION DECISION**

Following the survey, the surveyor's report is reviewed at the next scheduled IMQ/CMA CME Committee meeting. The IMQ/CMA CME Committee meets six times a year. The Committee may reach the following decisions:

- Reaccreditation – two years with or without an interim report
- Reaccreditation – four years with or without an interim report
- Probationary reaccreditation– one year (cannot be extended beyond two consecutive probationary reaccreditations)
- Action Deferred – pending receipt of additional information
- Accreditation Denied

On occasion, an interim report will be required that addresses recommendations noted in the organization's accreditation award letter. This interim report is typically due one year after the organization's accreditation.

## **POST-SURVEY PROCEDURES**

IMQ/CMA mails the organization's accreditation award packet within thirty days of the IMQ/CMA CME Committee meeting. The packet includes the organization's award

letter, official accreditation decision report, accreditation certificate and authorized wording instructions. The official accreditation decision report also may include specific recommendations for improvement.

### **INTERIM REPORTS**

Accredited providers may be required by the IMQ/CMA CME Committee to submit an interim report by a specified date during their accreditation period. **Appropriate documentation on how the provider addressed the accreditation recommendations must accompany the report.**

Interim reports may be called for if significant changes are occurring or have taken place in the organization; when successive CME surveyors have noted an area of concern; or when a specific recommendation(s) for improvement has not been addressed. The provider may be notified at the time of accreditation of any interim report requirement, including the need to address specific issue(s), as appropriate.

The original surveyor will review the interim report and make recommendations to the IMQ/CMA CME Committee. The CCME may make final decisions on all interim reports:

- Accept the interim report
- Reject the interim report -- require additional interim report in one year
- Reject the interim report -- address at next survey if less than one year away
- Reject the interim report -- adverse accreditation (immediate revocation/probation)

Note: If sufficient improvement has not been made, the IMQ/CMA CME Committee also may recommend an onsite survey. If the IMQ/CMA CME Committee recommends an onsite survey, the organization will be notified and the onsite survey scheduled.

### **RECONSIDERATION AND APPEAL OF ADVERSE ACCREDITATION DECISIONS**

An **adverse accreditation decision** is a decision by the Institute for Medical Quality and the California Medical Association's Committee on Continuing Medical Education to deny or withdraw a hospital or other health-related organization's CME accreditation or to place the organization on probation.

When this **adverse accreditation decision** occurs, the institution will be notified of the basis for the decision and of its right to request reconsideration in accordance with the following procedures:

#### **Step 1: Reconsideration Process**

Requests for reconsideration should be filed only under one or more of the conditions listed below. **The request must specify the condition(s)** under which the request is being filed and provide written documentation to substantiate the request.

Conditions under which a request for reconsideration may be filed:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written documentation of the IMQ/CMA CME Accreditation Standards, as published and available to all accredited CME providers.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The request must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in reconsideration of the Committee's decision.

To begin the reconsideration process, the applicant must submit a written request for reconsideration within 60 calendar days of the date of the Committee's decision letter. Requests must be addressed to the CME Program Administrator at the following address:

CME Accreditation Program  
The Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105

If a request for reconsideration is properly filed, the organization's status will remain as it was prior to the adverse decision until the Committee has completed action upon the request.

Upon receipt of the request, a member of the IMQ/CMA CME Committee who was not the original surveyor will be asked to review the request. This reviewer will be provided with all material used in the accreditation decision as well as documentation submitted with the request for reconsideration. The reviewer may request additional information from the original surveyor. The IMQ/CMA CME Committee may request an additional on-site survey to discuss the Committee's action and the request for reconsideration.

The reviewer will submit a report of his/her findings to the IMQ/CMA CME Committee for action at its next regularly scheduled meeting. If the CCME decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the CCME originally took action. If the CCME decides to non-accredit the organization, this action will be effective immediately.

Within 10 working days of the Committee's action, the organization will be notified in writing of the Committee's decision.

## **Step 2: Appeals Process**

A request for an appeal will be accepted only in cases where the adverse decision is first upheld under the reconsideration process. If the IMQ/CMA CME Committee sustains its adverse decision, the organization may request a written hearing before an appeals board.

Requests for appeal should be filed only under one or more of the conditions listed below. **The request must specify the condition(s)** under which the appeal is being filed and provide written documentation to substantiate the appeal.

Conditions under which a request for appeal may be filed:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written documentation of the IMQ/CMA CME Accreditation Standards, as published and available to all accredited CME providers.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.

- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The request for appeal must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in appeal of the Committee's decision.

To file an appeal, the organization must submit a written request for appeal within 20 calendar days of the date of the letter notifying the organization of the Committee's decision. Appeals should be addressed to the chairperson of IMQ Board of Directors. The appellant should also send documentation to support the appeal to the following address:

Chairperson, IMQ Board of Directors  
The Institute for Medical Quality  
221 Main Street  
San Francisco, CA 94105

If a request for an appeal is properly filed, the organization's status will remain as it was prior to the adverse decision until the IMQ Board of Directors has taken final action on the appeal.

The chairperson of the IMQ Board of Directors or designee will forward a copy of the appeal to the IMQ/CMA CME Committee. The IMQ/CMA CME Committee shall provide a written response to the IMQ Board of Directors within 15 working days. A copy of this response will also be sent to the appellant.

The IMQ Board of Directors will review the appeal and make a final decision based upon the original application for accreditation/reaccreditation. No material developed after the survey is to be introduced. In addition, the identity of the organization making the appeal to the IMQ Board of Directors will be anonymous.

The decision of the IMQ Board of Directors will be final. If the IMQ Board of Directors decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the IMQ/CMA CME Committee originally took action. If the IMQ Board of Directors decides to non-accredit the organization, this action will be effective immediately.

## **IMQ/CMA Services for CME Providers/Resources**

### **IMQ CULTURAL AND LINGUISTIC COMPETENCY PROGRAM**

#### **Cultural and Linguistic Competency (CLC) Program Services**

IMQ was awarded a grant by the California Endowment to provide technical assistance and other resources to providers of CME, to effectively integrate CLC into the planning, development, and implementation of courses and materials offered to physicians in California. This grant funds a full-time Project Administrator dedicated to the CLC program. Priorities of this position are to work directly with CME providers and community experts to inform and facilitate the sharing of best practices. Services include:

- Technical assistance to over 400 CME providers in California
- Clearinghouse of CLC materials and tools on IMQ website
- A Cultural and Linguistic Competency Newsletter
- Plenary and break-out sessions devoted to CLC at the IMQ conferences.
- Small regional CLC workshops for CME providers
- Featured sessions on CLC at IMQ CME Essentials workshops

### **IMQ Cultural and Linguistic Competency Award**

IMQ was awarded a grant by The California Endowment (TCE) to provide cultural and linguistic competency related technical assistance and other resources to providers of CME in California. In conjunction with its goal of promoting cultural and linguistic competency (CLC) in CME, IMQ has created an award for CME providers. This award will be presented at the Annual CMA/IMQ CME Provider Conference to providers who most creatively and effectively incorporate cultural and linguistic competency into specific CME activities or their overall CME program. The IMQ Cultural and Linguistic Competency Program encourages all providers to submit an application. For more information about this award, please call Alecia at (415) 882-5178

### **CLC Newsletter, *The Circular***

The IMQ CLC Program distributes a newsletter on available CLC technical assistance, CLC resources, and upcoming CLC events. Visit the IMQ website for more information.

### **IMQ CLC Website**

The IMQ website contains relevant materials and resources addressing cultural and linguistic competency that CME providers can access in planning and evaluating live CME activities and enduring materials. The CLC website is organized by subcategories designed to allow the breadth of CME program staff, including physicians, CME committee members, CME coordinators, and other staff to quickly access resources. Subcategories are physician specialties, health risks or diseases, Limited English Proficiency resources, patient populations, national CLC resources, state and regional CLC resources, CLC for hospital-based CME programs, CLC for organization-based CME programs, and examples of CME on CLC. Synopses from IMQ CLC Regional Workshops will also be posted on the IMQ website for CME provider use.

### **Further Information**

For more information on the Cultural and Linguistic Competency Program, please call, email, or write:

Cultural and Linguistic Competency Program  
 Institute for Medical Quality  
 221 Main Street, Suite 210  
 San Francisco, CA 94105  
 (415) 882-5178

### **CME SURVEYORS**

Physicians are selected to be members of IMQ/CMA's CME Surveyor Committee based upon their extensive knowledge and experience in continuing medical education. They include members of IMQ/CMA's Committee on Continuing Medical Education and physicians who have been recommended by component medical societies. All surveyors are CMA members.

CME Surveyors are considered for reappointment every year by IMQ/CMA's Committee on Continuing Medical Education based upon their attendance at an annual surveyor

training session and IMQ/CMA's annual CME provider conference, and a consideration of other ongoing qualifications. Surveyors receive communications and assistance from CMA's Committee on Continuing Medical Education throughout the year to enhance their understanding of CME, sensitivity to CME providers, and surveying skills.

### **IMQ/CMA CONSULTATIVE SERVICES**

IMQ/CMA's Committee on Continuing Medical Education offers consultative assistance to CME providers who seek help establishing a new CME program or strengthening an existing one. CME consultations assist CME providers in understanding the IMQ/CMA Accreditation Standards for CME and their particular application to individual CME programs.

An experienced CME surveyor provides consultations onsite. They are confidential and do not impact an organization's next accreditation survey.

For information regarding a CME consultation, please contact the CME Accreditation Program at (415) 882-5182 or online at [www.imq.org](http://www.imq.org).

### **ANNUAL CME PROVIDER CONFERENCE**

An annual educational conference is offered for CME providers focusing on state and national trends affecting CME, an understanding of the IMQ/CMA CME Accreditation Standards and hands-on practical sessions in program planning techniques. For information regarding this conference, call the CME Accreditation Program at (415) 882-5182 or online at [www.imq.org](http://www.imq.org).

### **SAMUEL R. SHERMAN, MD, AWARDS FOR MERITORIOUS ACHIEVEMENT IN CONTINUING MEDICAL EDUCATION**

You are encouraged to submit an application for the Samuel R. Sherman, M.D. Award that will be presented at the Annual CME Provider Conference. The Chair of IMQ/CMA's Committee on Continuing Medical Education will present this award for outstanding achievement in continuing medical education. This award honors Samuel R. Sherman, M.D., who was a San Francisco surgeon and noted pioneer in continuing medical education.

Sherman awards are given in two areas: 1) demonstration of the linkage between performance improvement and CME and 2) evidence of innovation in program planning. For more information about the Sherman Award, please contact (415) 882-3370. For an application, please visit our web site.

### **NEWSLETTER, *THE ACCREDITATION QUARTERLY***

IMQ/CMA offers a newsletter to accredited CME providers to assist them in understanding state and national issues affecting continuing medical education.

### **CME CERTIFICATION PROGRAM**

The Institute for Medical Quality and the California Medical Association offer physicians and organizations a CME certification program which verifies and records physicians' individual Category 1 credit hours. Physicians enrolled in the program have ready access to their individual Category 1 credit hours and information regarding the Medical Board of California's CME requirements to maintain medical licenses. Physicians enrolled in the program qualify for CMA's Certificate in Continuing Medical Education and satisfy the American Medical Association's Physician's Recognition Award requirements.

IMQ/CMA's CME Certification Program was designed to promote and document physicians' commitment to continuing medical education, to demonstrate to the public physicians' dedication to high quality medical care, and to acknowledge a variety of methods by which learning occurs. Over 15,000 physicians are enrolled in this program.

#### **FURTHER INFORMATION**

For more information on the CME Accreditation Program, please call or write:

CME Accreditation Program  
Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105  
(415) 882-5182 / (415) 882-3370

For more information on the Cultural and Linguistic Competency Program, please call or write:

Cultural and Linguistic Competency Program  
Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105  
(415) 882-5178

For more information on the CME Certification Program, please call or write:

CME Certification Program  
Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105  
(415) 882-3387

Be sure to visit the Institute for Medical Quality's website at: [www.imq.org](http://www.imq.org).

#### References

1. California Business and Professions Code. Ch. 5, Article 10, § 2190.1 (2005). Retrieved September 10, 2007. <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=bpc&codebody=&hits=20>