



## GUIDE TO THE PROCESS FOR KMS INITIAL ACCREDITATION: AN OVERVIEW AND SUBMISSION REQUIREMENTS

### Overview and Background Information

#### Conducting Your Self-Study for Initial Accreditation

The self-study process provides an opportunity for the initial applicant to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

As an initial applicant, your organization is expected to provide narrative and evidence for Level 1 Criteria (C1-3 and C7-12). Your organization may choose to submit narrative and evidence for Level 2 (C4-6 and C13-15) and Level 3 Criteria (C16-22). The KMS will give a compliance finding and feedback for evidence submitted for Level 2 and Level 3 Criteria, but these findings will not affect your organization's accreditation status.

The KMS has specific requirements for the *Self-Study Report* content outline, but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process.

#### Data Sources Used in the Initial Accreditation Process

The KMS's reaccreditation process is an opportunity for each accredited provider to demonstrate that its practice of CME is in compliance with the KMS's accreditation requirements through three primary sources of data about the provider's CME program:

#### Self-Study Report

Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to KMS Criteria and Policies. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.

#### Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with KMS Criteria and Policies through the documentation review process. The initial applicant will present evidence to the KMS for documentation review from at least two recently completed educational activities.

## Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors who are colleagues from the CME community, trained by the KMS.

## Expectations about Materials

Materials submitted to the KMS, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (Self-Study Report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

## Missing or Incomplete Information

Providers that meet all of the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the KMS. Please note, if the KMS is unable to render a decision due to missing or incomplete information, the KMS reserves the right to request additional information, the expenses for which will be borne by the provider.

## Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. KMS surveyors will be assigned to review the self-study materials you submit to the KMS. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted to the KMS. You can expect KMS surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the KMS's Accreditation Criteria and Policies, and 3) communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

The KMS utilizes an on-site meeting at your organization's offices or the site of an activity. Interviews typically average 90 minutes in length.

To ensure the validity of the process and based on circumstances and available resources, the KMS reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team.

The KMS will provide information about the process of scheduling the accreditation interview. The KMS will confirm your assigned surveyor(s) and the interview date and time in advance via email. Your organization will be asked to confirm receipt of this communication.

Please note, your organization must have an **on-site interview**, at your organization's administrative offices or at the site of a CME activity and your organization must have a CME activity reviewed. An **activity review** entails the observation of one of your organization's CME activities by an KMS volunteer surveyor. These requirements must be fulfilled as a part of your organization's initial interview or as part of your organization's subsequent reaccreditation review process.

## Decision-Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the KMS based on the data and information collected in the accreditation process. The KMS will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the KMS CME Committee. The committee makes the decision on findings and status.

The fairness and accuracy of KMS decisions are also enhanced by the KMS's use of a criterion-referenced decision-making system. Accreditation decision letters are sent to providers via mail following the KMS CME Committee meeting.

The KMS's review and initial accreditation decision will be based on your organization's demonstration of compliance with **Level 1 Criteria** (C1-3 and C7-12) and all applicable KMS Accreditation Policies. Compliance with Level 1 Criteria will lead to an accreditation outcome of Provisional Accreditation with a two-year accreditation term. However, if any of the Level 1 Criteria are found to be in Noncompliance, the accreditation outcome will be Nonaccreditation.

At the end of the two-year term of Provisional Accreditation, your organization would be eligible for reaccreditation. If successful in reaccreditation, your organization would be eligible for a status of either Accreditation (with a four-year term) or Accreditation with Commendation (with a six-year term).

## Requirements for Organizing and Formatting Your Self-Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

The cover of each of the three Self-Study Report binders should clearly identify your organization by name. Use the full name of your organization as it is known to the KMS (no acronyms or abbreviations).

1. Each page in the binder, including the attachments, must be consecutively numbered. The name (or abbreviation) of your organization must appear with the page number on each page.
2. The Self-Study Report must be organized using divider tabs as specified by the KMS.
3. Narrative, attachments, and examples must be provided as indicated in the KMS Self-Study Report Outline.
4. The Self-Study Report must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
5. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc).
6. The Self-Study Report must be submitted in a three-ring binder. The rings may not be more than 1½ inches in diameter, and the materials may not be more than 1 ½ inches in thickness.
7. Three hard copies of the Self-Study Report must be submitted to the KMS. Keep a separate duplicate copy for your reference at any time during the accreditation process, but especially at the time of the accreditation interview.

## Regarding Self-Study Report Divider Tabs

The Self-Study Report must be organized using divider tabs to separate the content of the report in the seven sections of the KMS Self-Study Report Outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

- I) **Prologue**
- II) **Purpose And Mission (C1)**
- III) **Educational Activities (C2-7 and Policies)**

- IV) **CME Program and Educational Activities (C8-9)**
- V) **Content of Educational Activities (C10 and Content Validation)**
- VI) **Evaluation and Improvement (C11-15)**
- VII) **Engagement with the Environment (C16-22)**

**Please pay careful attention to the requirements for organizing and formatting the Self-Study Report.**

These requirements facilitate the review of your CME program. If they are not fulfilled, then: 1) The initial accreditation process will be suspended, and the provider's review will be deferred to the next cohort with new deadlines and milestones established; 2) A fee that is equal to twice the standard extension fee will be required; and, 3) All self-study materials will be discarded by the KMS, and another complete set will be required by the KMS by the new deadline.

## **The KMS's Review of Performance-in-Practice**

The KMS's performance-in-practice review allows providers to demonstrate compliance with the KMS's expectations and offers providers an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the KMS's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the KMS's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

The KMS's review of a provider's performance-in-practice entails the following process:

- 1) The initial applicant's selection of at least two recently completed CME activities for performance-in-practice review
- 2) The initial applicant's submission of CME activity data for the activities selected
- 3) The initial applicant's submission of evidence of performance-in-practice for the activities selected

### **Selecting Activities for Performance-in-Practice Review**

The initial applicant will select two educational activities, completed within the last 24 months, for performance-in-practice review. These activities may have been conducted in joint sponsorship with an accredited KMS provider or may be activities offered by the initial applicant without CME credit. It is important to note, in all cases, the evidence of performance-in-practice presented from these activities will be an important data source upon which the initial applicant's accreditation findings and decision will be based.

The initial applicant is expected to provide labeled evidence that will demonstrate compliance with applicable KMS Level 1 Criteria (C1-3 and C7-12) and applicable KMS Accreditation Policies. The initial applicant may choose to submit labeled evidence for applicable Level 2 Criteria (C4-6) and for applicable Level 3 Criteria (C16-22). However, that evidence will not be used to determine the initial accreditation decision.

## Requirements for Assembling and Submitting Performance-in-Practice Materials

### Submitting Evidence for Performance-in-Practice Review

The KMS utilizes the review of performance-in-practice, as seen in materials from CME activities, to verify that the initial applicant meets the KMS's expectations.

The requirements for assembling and submitting performance-in-practice materials to the KMS for the accreditation process are outlined in this section.

### Utilize the Labels

Utilize the KMS Performance-in-Practice Review Labels which may be found on [www.KMSonline.org](http://www.KMSonline.org) under the About Us/Services tab. This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*.

### Labeling Evidence to Support Compliance

- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Apply the corresponding label to the first page of the evidence or on a coversheet. Cover sheets also help to organize and separate your documentation.
- Use discretion in selecting evidence that relates specifically to the criterion or policy and do not include documentation not required by the KMS, such as faculty CVs, all completed participant evaluation forms, or handouts in their entirety.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff. The best strategy is to submit all related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons in control of content. If an activity has an extraordinarily large number of persons in control of content, and the paperwork involved would pose a challenge, contact the KMS staff to discuss possible alternate strategies.
- Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.
- Once you have affixed the label to the evidence or coversheet, use highlighting, arrows, circles, or callout boxes to pinpoint in the materials your demonstration of compliance.

## To Demonstrate Compliance with Requirements for RSS

A regularly scheduled series (RSS) is an educational activity that is presented as a series of sessions which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by, and presented to, the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

A provider that produces RSS must ensure that they are designed and implemented in compliance with the KMS's requirements (C2-C11 and any applicable accreditation policy requirement) – just like any other activity type. For the performance-in-practice review, a provider may demonstrate compliance with RSS in one of two ways:

- 1) Present a four-part data set to demonstrate compliance within the context of an RSS monitoring system:
  - a description of a monitoring system used to collect and analyze data regarding the compliance of the selected RSS, including descriptions of what was monitored and how the process was executed, identifying, for example, sampling strategies and tools used;
  - a summary of the RSS monitoring data collected presented in summary or aggregated;
  - your analysis and compliance conclusions drawn from the data; and,
  - your itemization and description of activity or program improvements needed and implemented.
- OR--**
- 2) Present evidence using the KMS Performance-in-Practice Review Labels for each annual series selected.

\*If a provider chooses to implement a monitoring system, data must be collected from at least 10-25% of sessions within each series across the term of accreditation.

### **Assembling Evidence of Performance-in-Practice**

1. Submit labeled evidence for each activity selected in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
  - Full name of your organization (no acronyms or abbreviations)
  - Activity title
  - Activity date and location
  - Type of activity
  - Directly or jointly sponsored activity
  - If commercial support was accepted

### **Enclosing the CME Product**

If the activity for which you are labeling evidence is an enduring material, journal, or Internet CME activity, you are required to demonstrate that the activity is in compliance with the KMS Policy that is specific to its activity type, in addition to demonstrating compliance with the Accreditation Criteria and other KMS Policies.

Where possible, affix the KMS performance –in-practice labels to hard copy evidence to show how these activities comply with the applicable policy. In addition, you must submit the CME product in its entirety for each Internet, journal-based and/or enduring material CME activity selected. In the product, you may also highlight, flag, note, describe, or otherwise provide written directions to ensure that you are showing where you are meeting the policy requirements.

For Internet activities, provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived Web site. If KMS surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs, and passwords must be made available for the duration of your organization's current accreditation review.

## Submitting Materials to the KMS

**The following materials must be shipped, using a method that has a reliable electronic, web-enabled delivery tracking system, for the KMS's receipt by the published due date:**

- Three copies of the Self-Study Report in binders formatted and organized as specified
- One set of your evidence of performance-in-practice for selected activities
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review

**Do not ship original documents.** Activity files will not be returned. Retain a duplicate set of materials including the Self-Study Report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the KMS may ask for a second copy of a file or set of files.

### **SHIP TO:**

**Kansas Medical Society  
ATTN: Nancy Sullivan  
623 SW 10<sup>th</sup> Avenue  
Topeka, Kansas 66612  
Phone: (785) 235-2383**