



OUTLINE FOR THE SELF-STUDY REPORT FOR KMS REACCREDITATION

I) Self Study Report Prologue

- A) **Provide** a brief narrative that tells the KMS the history of your continuing medical education (CME) Program.
- B) **Describe** the leadership structure and organizational structure of your CME Program in an organizational chart.

II) Purpose And Mission (Criterion 1)

- A) **Attach** your CME mission statement.
- B) **Highlight** each of the required components (i.e., (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. (C1)

III) Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the KMS's requirements into your program of continuing medical education.

- A) Tell us the 'story' of how you develop continuing medical education. Pick **two** of your CME activities as examples. Using these examples, within the context of your organization's processes and mechanisms, describe for us all of the steps you went through to create these educational activities.

In your narrative for Section III (A) the KMS will be looking for,

1. The professional practice gap that the activities were addressing	(C2)
2. The educational need(s) that you determined were underlying the gap(s) for your learners	(C2)
3. What competence or performance or patient outcome the activity was designed to change.	(C3)
4. How the activity matched the current or potential scope of professional practice (research, educational, administrative or clinical) of your learners.	(C4)
5. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
6. The desirable physician attribute(s) you associated with the activity	(C6)

<p>7. The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content).</p>	<p>(C7 SCS2)</p>
<p>8. i. A description of your planning process that is independent of the control of any KMS-defined commercial interest and the mechanisms implemented to ensure that you, as provider, retain complete control of the CME content. Relate your description to each element of SCS 1.</p> <p>ii. Under very rare circumstances, an accredited provider might choose to develop activities that include the presentation of discovery, research or new knowledge by employees of KMS-defined commercial interests. When that happens, it is important that you demonstrate through your description that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. If your organization is involved in these rare circumstances, please:</p> <p>a.) Describe the factors you consider in determining an appropriate role of an KMS-defined commercial interest employee in planning and/or presenting accredited CME; and</p> <p>b.) Describe the mechanisms implemented to ensure that you, as provider, retain complete control of the CME content.</p>	<p>(C7 SCS1)</p>
<p>9. Your organization’s process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content.</p>	<p>(C7 SCS 6.1</p>
<p>10. Your organization’s process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including “in-kind” support.</p>	<p>– 6.5)</p>

B) You may feel that the two examples in Section III **(A)** do not provide you with adequate opportunity to sufficiently describe how you apply the KMS’s requirements in the development of your CME activities. Please feel free, in Section III **(B)**, to provide other examples and descriptions that provide the KMS with DIFFERENT information or DIFFERENT strategies that were not available in the two examples chosen in Section III **(A)**, above. This is especially important for a description of your implementation of the **KMS Standards for Commercial Support: *Standards to Ensure Independence in CME Activities*SM**.

Recording and verifying physician participation

- A) Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- B)** Using the information from one of the example activities in Section III **(A) or (B)**, above, **show** the KMS the information or reports your mechanism can produce for an individual participant.

IV) Regarding your Program of CME, your Educational Activities and the KMS Standards for Commercial Support: Standards to Ensure Independence in CME Activities (Criteria 8 -9)

- A) **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors – or enter here, **“We do not provide honoraria in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- B) **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors – or enter here, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- C) **Describe** what policy, procedure, or communications you employ to ensure that no direct payment from an KMS-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint sponsor, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- D) **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**
- E) **Describe** what policy, procedure or communications you employ to ensure that all commercial support is given with your organization’s full knowledge and approval). (C8 SCS 3.3) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**
- F) **Describe** the practices or procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities or enter here, “We do not provide social events or meals for any of our directly or jointly sponsored and commercially supported CME activities.”**
- G) Do you organize **commercial exhibits** in association with any of your CME activities? If “No,” write in this section, **“We do not organize commercial exhibits in association with any of our CME activities.”** If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- H) Do you arrange for **advertisements** in association with any of your CME activities? ? If “No,” write in this section, **“We do not arrange for advertisements in association with any of our CME activities.”** If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

V) Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)

A) It is an expectation of the KMS that,

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

***KMS's Policy on Content Validation:** 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. 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 KMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

Describe how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

VI) Evaluation and Improvement (Criteria 11-15)

The KMS expects all providers to conduct an evidence-based self-assessment of the degree to which their CME Mission has been met.

A) **Provide** the KMS with your program-based analysis explaining the degree to which each element of your CME mission, as highlighted in Section II (B), has been met through the conduct of your CME activities/educational interventions. Integrate into this analysis the evidence (i.e., the data or information) on each element of your CME Mission upon which this analysis was based. Include data and information about changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. *(C11 and C12)*

The KMS expects that providers seeking reaccreditation will use the information described in Section VI (A), above, to identify opportunities, or areas, for improvements in the provider's CME activities or CME organization.

B) **Provide** the KMS with a description of the areas, or opportunities, for improvement that you identified through your self assessment described in Section VI (A), above. *(C13)* For each area, or opportunity, for improvement, specify what change you will be making to alter your self-assessment results. Indicate if the change is still planned for implementation, or if it has already been implemented. *(C14)* Describe the impact of implemented changes. *(C15)*

VII) Engagement with the Environment (Criteria 16-22)

NOTE: The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation. All applicants must provide responses for each of these Criteria.

- A) If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)
- B) If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)
- C) If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D) If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E) If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20)
- F) If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G) If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)