Kansas Medical Society Continuing Medical Education Providers Accreditation Manual

Prepared by the Kansas Medical Society
Continuing Medical Education Committee

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GENERAL INFORMATION

Definition and Purpose of Accreditation

Accreditation is official recognition by a state medical association or the Accreditation Council for Continuing Medical Education (ACCME) that an organization's overall program of physician CME meets established criteria for educational planning and quality.

The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards.

Only organizations, institutions, or other CME provider entities are accredited; NOT seminars, conferences, educational materials or speakers. Conferences, seminars, or materials, however, may be designated for credit by an accredited provider.

What is the KMS?

The Kansas Medical Society (KMS), along with its component medical societies, is the largest, most effective organization representing the interest of all Kansas physicians and their patients. The KMS is nationally **recognized** by the ACCME to accredit intrastate sponsors to offer their own Category 1 CME credit. As a state medical society recognized by the ACCME to accredit intrastate sponsors of CME the KMS sets standards and guidelines for accreditation of CME providers and accredits organizations providing CME activities for physicians in Kansas and its contiguous borders.

KMS's Accreditation Program was initiated to assist organizations in developing high quality CME programs, increasing physicians' access to quality practice-based CME in the local community, and identify and accredit Kansas entities whose overall CME program substantially meets or exceeds the accreditation requirements and policies of the Kansas Medical Society. KMS's accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

What is the ACCME?

The Accreditation Council for Continuing Medical Education (ACCME) is the agency responsible for maintaining the quality of continuing medical education (CME) in the United States. The Council is composed of representatives from the following organizations: American Medical Association, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies, and Federation of State Medical Boards.

ACCME sets national standards and guidelines for accreditation of CME sponsors; accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities; and recognizes state medical associations as the accrediting bodies for their states.

National versus Intrastate Accreditation

Organizations intending to provide CME for physicians on an ongoing basis must be individually accredited to perform this function by demonstrating total compliance with the ACCME/KMS accreditation requirements and policies. There are two types of accreditation: national and intrastate.

National accreditation is controlled and conducted directly by the ACCME. National accreditation is specifically designed for those organizations which consistently advertise and provide CME activities to a national physician audience. For more information, contact the ACCME at 312-527-9200.

Those organizations interested in providing CME for physicians within their own organization, their local community, or their state should seek intrastate accreditation, a role which is fulfilled primarily by the state medical society in each state. A single provider of continuing medical education may not maintain accreditation by the ACCME and the KMS at the same time.

Dual Accreditation

It is recognized that short periods or overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as 'accredited' by both.

When a KMS-accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify KMS, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider changes its role and become accredited by KMS, a similar procedure must be followed.

What is *AMA PRA Category 1 Credit™*?

Physician's Recognition Award of the AMA

The Physician's Recognition Award of the American Medical Association (AMA PRA) is a certificate awarded by the AMA to physicians who earn and document 50 credits of continuing medical education for one year (two and three-year certificates are available as well). The PRA was established by AMA in 1968 to formally recognize and encourage physician participation in CME activities.

The AMA PRA is a voluntary recognition program, although many licensing or certifying boards, specialty societies, etc. which require CME, accept receipt of the PRA as fulfillment of their respective requirements.

To stay up-to-date on the AMA PRA credit system, sign up for the *AMA Med Ed Update* and e-mail cppd@ama-assn.org for comments and suggestions on the PRA credit system.

Authority and Responsibility in Designating Credit

Only organizations accredited as CME providers by the ACCME or their state medical society may designate a CME activity for *AMA PRA Category 1 Credit™*. Accredited entities are responsible for understanding AMA PRA credit requirements and have the authority to determine which of their activities meet these requirements.

PRA requirements and materials are revised periodically. Application forms and current information on criteria and requirements may be found in the AMA PRA Booklet and obtained from the AMA website at www.ama-assn.org.

The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of the Kansas Medical Society as an accrediting body. Consultation regarding the PRA and its requirements, however, is available. Contact the AMA for CME questions at 312.464.4668 or pra@ama-assn.org.

Credit Statement - An accredited organization's authority to designate credit for its CME activities extends only to credit for the AMA PRA. The following credit statement must be used on all promotional pieces that are designated for *AMA PRA Category 1 Credit™*.

> The (name of the accredited provider) designates this (learning format) for a maximum of (number of credits) *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Please refer to the AMA PRA Booklet for wording for non-physician certificates or transcripts.

Providers may apply for and grant other types of credit for physicians, e.g., AAFP, ACOG. Providers may also seek continuing education credit for other healthcare professionals as appropriate for the content of the activity. Examples include nurses, physical therapists, and social workers.

Counting CME Credits

Credit for the AMA PRA is determined by the actual clock hours of educational time. Time allotted for registration, breaks, lunch, etc. is not applied toward the number of hours. The time it takes to participate in an activity may be rounded to the nearest quarter hour and credit should be awarded accordingly.

Physicians should be instructed to claim credit equal to their participation in an activity.

Accreditation Statement Requirements

Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of hours offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement (stated above), both of which must appear on program announcements and brochures distributed to potential participants by accredited providers. The accreditation statement indicates that the organization is accredited and by whom it is accredited. The

credit designation statement indicates the number of *AMA PRA Category 1 Credit™* for which it is designated. Use the exact working as stated in the following table:

Accreditation Statements
For Activities Designated for *AMA PRA Category 1 Credit™*

For Directly Provided Activities
Accreditation Statement: The (name of the accredited provider) is accredited by the Kansas Medical Society to provide continuing medical education for physicians.

For Jointly Provided Activities
***Accreditation Statement*:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Kansas Medical Society (KMS) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by KMS to provide continuing medical education for physicians.

Statements on promotional materials to the affect that CME credit is "pending" or "applied for" are PROHIBITED by the American Medical Association and the Kansas Medical Society.

Kansas State Board of Healing Arts CME Requirements

The Kansas State Board of Healing Arts (KSBHA) stipulates the CME requirements for physicians who apply for or renew a Kansas medical license. Physicians must adhere to the following:

One year update: 50 hours with a minimum of 20 hours of Category 1 and a maximum of 30 hours of Category 2 credits
Two-Year Update: 100 hours with a minimum of 40 hours Category 1 and a maximum of 60 hours of Category 2 credits
Three-Year Update: 150 hours with a minimum of 60 hours Category 1 and a maximum of 90 hours of Category 2 credits

Category 1 continuing education shall mean a continuing education activity that is presented by a person qualified by practical or academic experience, using any of the following methods: lecture, panel discussion, workshop, seminar, symposium, or any other structured, interactive, and formal learning method that the board seems to meet the requirements of Kansas Administrative Regulation (K.A.R.) 100-15-4.

Category 2 continuing education shall mean attendance at a lecture, panel discussion, workshop, seminar, symposium, college course, professional publication, in-service training, or professional activity that the board determines does not meet the requirements of Category 1, but that is in the health-related field indirectly related to healing arts skill and knowledge. Category 2 continuing education shall include the following: clinical consultations with other healing arts practitioners that contribution to a practitioner's education, participation in activities to review the quality of patient care, instructing healing arts and other health care practitioners, patient-centered discussions with other health care practitioners, participating in journal clubs, using searchable electronic

databases in connection with patient care activities; and using self-instructional materials as defined in K.A.R. 100-15-4.

ACCREDITATION INFORMATION

Eligibility for Accreditation

Hospitals, medical societies, medical professional associations, and other qualified research oriented organizations with professional memberships which are committed to providing continuing medical education for physicians are eligible for accreditation by the KMS provided they meet the following conditions. The organization must exhibit a dedicated interest in and commitment to continuing medical education for physicians, and must demonstrate compliance with the KMS accreditation requirements and policies. The organization must be incorporated and based in Kansas with a desire to offer CME activities within the state of Kansas for the local physician audience. Those organizations not meeting the established criteria will be directed to seek national accreditation or to engage in joint sponsorship with an accredited provider.

Before an organization is eligible to apply for accreditation, there are certain requirements which the organization must employ during the implementation and organization of its CME program. The organization must:

- Be located in Kansas;
- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
- Serve a target audience of no more than 30% of physician learners from outside Kansas and its contiguous states. Organizations with a national audience should apply for accreditation from ACCME (www.accme.org);
- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources;
- Not be a commercial interest. A 'commercial interest' is an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients;
- Not be developing and/or presenting a program of CME that is, in the judgment of KMS, devoted to advocacy on unscientific modalities of diagnosis or therapy;
- Present activities that have 'valid' content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients;
- Demonstrate the capacity to comply with the KMS accreditation requirements and policies.

When there is a question regarding eligibility, KMS reserves the right to make decisions on the issue.

It is recommended that the organization should:

- Appoint a CME Committee whose membership is derived from a variety of medical specialties and a CME Coordinator or other staff person who is primarily assigned to execute the details associated with producing CME programs and maintaining the extensive documentation required of accredited providers of Category 1 CME credit;
- Appropriate individuals from the CME program, such as the CME Committee Chairman, the Director of Medical Education, and the CME Coordinator should make plans to attend at least one accreditation workshop provided by the KMS or the ACCME.
- The new program, once organized, should begin to develop CME activities appropriate for the designation of AMA Category 1 credit. The program should then engage in joint providership of CME activities with a provider already accredited to offer Category 1 CME credit. Joint providership is an important component of the initial process since this enables the organization to work within the confines of an accredited program and establish a track record. The KMS CME Committee requires interested organizations to conduct approximately 15-20 hours of Category 1 CME with another accredited organization before applying for intrastate accreditation.
- Once the program establishes an adequate track record and can demonstrate compliance with all KMS accreditation requirements and policies, the organization should then apply for intrastate accreditation through the KMS.

The Accreditation Application Process

The first step in the accreditation process is the submission of an original accreditation application **and three copies**. Upon submission, the application is comprehensively reviewed by one member of the CME Committee before any further action is taken. In the event that the organization is deemed ill-prepared for accreditation, the application will be returned to the applying organization with recommendations and suggestions for future submission.

Site Survey of the Applying Organization

Once the application is deemed acceptable, a date for an on-site survey of the organization is scheduled. A survey team is assembled consisting of KMS staff and physician committee members. During the survey, the survey team will discuss the entire application with the CME chairman, any available CME Committee members, and the CME Coordinator of the organization. In addition, the surveyors will also review the policies and procedures of the CME unit, as well as its methods of documentation. Finally, the surveyors will tour the actual facility and become familiar with the infrastructure of the organization.

Once the survey has been conducted, the survey team will prepare a report and make recommendations to the KMS CME Committee at their next available meeting. The full committee will make the final decision regarding accreditation status. The initial accreditation process can take anywhere from six to eight months, and applying organizations are reminded to plan accordingly.

Accreditation Fees and Associated Expenses

Fee schedule:

$150 Pre-Application Fee
$1,100 Annual Report Fee
$2,500 Re-Accreditation Self-Study
$2,850 Application for Initial Accreditation

Non-payment of fees: Failure to meet KMS deadlines for self-studies, progress reports, or annual reports could result in an immediate change of status to Probation, and subsequent consideration by the KMS CME Committee for a change in status to Non-accreditation.

Types and Duration of Accreditation

Accreditation decisions must be one of five options; Provisional Accreditation with a two-year term (Initial applicant in compliance with C1-3, 7-12); Accreditation with a four-year term; Accreditation with Commendation with a six-year term (provider in compliance with C1-22); Probation, provider receives a four year term with a maximum of two years on Probation. Nonaccreditation, the provider's accreditation is terminated or in the case of an initial applicant, accreditation is not awarded. An initial applicant that receives one or more noncompliance findings required for Provisional Accreditation automatically receives a decision of Nonaccreditation. If a provider is found in compliance with (a) Criteria 1-15, and (b) all but one of Criteria 16-22 and the policies measured during the accreditation process, then that provider is eligible to submit a voluntary progress report to be considered for a change in status to Accreditation with Commendation.

Accreditation with Commendation

Awarded to an accredited organization following formal review, a site survey, and favorable action with exemplary commendations by the Committee on Continuing Education.

Term: 6 years

Criteria for 6-year Term of Accreditation with Commendation – The provider: 1) demonstrates compliance in all accreditation requirements and policies; **and** 2) previous accreditation was a four-year term with all criteria in compliance, or brought into compliance before end of term. If, during a six-year accreditation term, an organization reports a change in primary CME staff, the committee may request a sample of activity documentation to ensure continued compliance with the accreditation elements.

Full Accreditation

Awarded to an accredited organization following formal review, a site survey, and favorable action by the committee. Compliance in Criteria 1-13 and policies.

Term: 4 years (Standard Accreditation Term)
Note: Any criterion found in noncompliance must be brought into compliance in a Progress Report.

Provisional Accreditation
Awarded to an initial applicant following formal review, a site survey, and favorable action by the committee. Compliance in Criteria 1-3 and 7-12 and policies
Term: 2 years
Extension: May be extended once for a maximum of 2 years.
Restrictions: May not conduct joint providership with non-accredited entities. Upon first resurvey, provisionally accredited organizations must be given full accreditation, non-accreditation or an extension. They may NOT be placed on probation.
Note: Any criterion or policy found in noncompliance results in a status of non-accreditation.

Probationary Accreditation
An accredited program that seriously deviates from compliance with the accreditation requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate compliance in a progress report, failure to pay accreditation fees or submit their annual report.
Term: Standard 4 year term for 2 years. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, validated, and accepted by the KMS CME Committee.
Extension: May **not** be extended.
Restrictions: May **not** conduct joint providership with non-accredited entities; no more than 4 years full accreditation following probation.

Non-Accreditation
- Given to an initial applicant following formal review and a site survey when the committee determines that an organization is not in substantial compliance with all Level 1 accreditation requirements. Non-accreditation may also be given at the First Level Review prior to a site survey.
- Given to providers on probation that do not demonstrate that all Noncompliance findings have been converted to Compliance within two years or less.
- After a Progress Report of accredited provider on Probation. Noncompliance with any one of the accreditation requirements will be cause for Non-Accreditation.
- Possible result of failure to pay accreditation fees, submit annual reports, or submit Progress Reports.

Term: Indeterminate. An organization may later re-apply for accreditation under status as an initial applicant.
Restrictions: A period of probationary accreditation must be granted before a fully accredited organization can be given non-accreditation.

Progress Reports

KMS expects organizations found to be in noncompliance with Criteria 1-13, or with the policies, to demonstrate compliance through the Progress Report process. KMS will notify providers whether or not a Progress Report is required in the accreditation decision report letter. Generally, a first Progress Report must be reviewed no more than one year from the date of the original finding.

The Progress Report notification is sent out specifying the due date for the Progress Report and the content. For the specific performance issues described for noncompliance findings with Criteria 1-13 or policies, providers must describe improvements and their implementation and provide evidence of performance in practice to demonstrate compliance.

Providers will receive a decision from KMS based on a review of all the information and materials submitted as part of the Progress Report. A Progress Report review will result in the following feedback from KMS:

1) **Accept**: Evidence that the area(s) of Accreditation Requirements in non-compliance has been corrected and brought into compliance.
2) **Clarification Required**: Information in the Progress Report indicates the area of non-compliance is mostly resolved, but some additional information is required to be certain the provider is in compliance. An additional Progress Report may be required.
3) **Reject**: The Progress Report does not provide evidence that the areas in non-compliance have been corrected. Either a second Progress Report or a focused accreditation survey may be required. KMS can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.

Voluntary Progress Reports

If a provider is found in compliance with (a) Criteria 1-15, and (b) all but one of Criteria 16-22 and the policies measured during the accreditation process, then that provider is eligible to submit a voluntary progress report to be considered for a change in status to Accreditation with Commendation.

Reconsideration and Appeals

A provider that receives a decision of Probation or Non-Accreditation may request Reconsideration when it feels that the evidence it presented to KMS justifies a different decision. Only material which was considered at the time of the review and site survey may be reviewed upon Reconsideration. If, following the Reconsideration, KMS sustains its original action, the organization may request a hearing before an Appeals Board.

PROCEDURES FOR OBTAINING CME ACCREDITATION

Initial Accreditation for New Applicants

STEP 1: Pre-Application
Organizations meeting the eligibility criteria described in this publication should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the Accreditation of CME Providers.

The pre-application is designed to help organizations assess their program and determine when they are ready to begin the application process. There are four crucial elements that should be in place before the formal application is submitted: (1) a CME Committee providing leadership; (2) administrative support assigned to the CME effort; (3) interested physician attendees; an d(4) a CME track record.

CME Track Record (Prior to completion of the KMS Pre-Application for Initial Accreditation)
It is impossible for an organization to demonstrate compliance with the accreditation requirements and policies it if has not produced CME activities prior to preparing the self-study for accreditation. While it is not mandatory that these activities be granted credit, they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider.

At least two CME activities should be implemented within the 24 months prior to submission of the self-study for initial accreditation.

KMS Accreditation Program staff and physician representatives are available for consultation and to assist with interpretation and understanding of the accreditation requirements and materials. For assistance at any stage in the accreditation process contact: Nancy Sullivan at 785.235.2383 or nsullivan@kmsonline.org.

STEP 2: Preliminary Review
When the organization feels that its program sufficiently meets the criteria and policies outlined in this manual, the Pre-Application should be submitted to the KMS Continuing Medical Education Committee, ATTN: Nancy Sullivan.

Upon receipt, the completed Pre-Application is reviewed to determine if the organization appears to have the basic structure in place to begin the formal application process. Upon review of the Pre-Application, a recommendation will be made either for the organization to begin the full application process by writing a self-study report or that certain aspects of the program be refined or more fully developed prior to application. The self-study report must address Criteria 1, 2, 3, and 7-12 and applicable policies. The specific Criteria and policies are described later in this manual.

Application for accreditation using a self-study report should be submitted within eighteen (18) months of a successful pre-application.

STEP 3: First Level Review
When the self-study report is received, it is evaluated by a review team composed of KMS staff and a member of the KMS CME Committee.

If the review team feels that the self-study report shows preliminary evidence that the organization's program may meet accreditation requirements, a site survey will be scheduled.

If the reviewers feel the application is inadequate for preliminary assessment, they may recommend that: (1) a site visit be postponed pending additional information or evidence of further development in a particular area, or (2) the organization not be accredited at this time.

A recommendation of non-accreditation will be taken to the KMS CME Committee for action. In such a case, the organization will be notified of the procedures for reconsideration or appeal if this recommendation is approved.

STEP 4: Second Level Review
Upon favorable review of the self-study report, the organization will be contacted to schedule a site visit. At this time a survey team composed of selected members of the KMS CME Committee and KMS staff will meet with applicable physicians, CME staff, and the organization's administration; review CME files and documentation; and meet with the organization's CME committee.

The site visit normally takes place been 9:00 a.m. and 1:30 p.m. on the selected day. The exact schedule is determined by mutual convenience and individual circumstances.

STEP 5: Committee Action
Following the site visit, the survey team will report its findings to the KMS CME Committee. Action by the Committee may result in provisional accreditation of two years or non-accreditation.

A decision of non-accreditation will be reported to the organization with notification that they may utilize procedures for reconsideration and appeal.

Non-accredited organizations may later re-apply as an initial applicant (after one year).

Resurvey of Accredited Providers

Approximately six months prior to the expiration of their current accreditation, accredited providers are notified by e-mail of the need to complete a self-study report and schedule a site survey. Resurveys of accredited providers are conducted in accordance with the following procedures:

STEP 1: Review and Site Visit
Upon receipt of the self-study report, the provider will be contacted to schedule a site survey. At this time a survey team composed of selected members of the KMS CME Committee will meet with applicable physicians, CME staff, and the provider's administration; review files and documentation; and meet with the provider's CME Committee.

The site visit normally takes place between 9:00 a.m. and 1:30 p.m. on the selected day. The exact schedule for each survey is determined by mutual convenience and individual circumstances.

STEP 2: Committee Action
Following the site visit, the survey team will report its findings to the KMS CME Committee at its next scheduled meeting. Action by the Committee may result in: (1) accreditation with commendation for six years; (2) accreditation for four years; (3) probationary accreditation; or (4) non-accreditation.

Decisions of probation or non-accreditation will be reported to the organization with notification that they may utilize the procedures for reconsideration and appeal of the decision.

Organizations receiving non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

Accreditation Extensions and Late Self-Study Report

If extenuating circumstances prevent a provider from submitting its self-study report for resurvey by the designated deadline, the organization may request an extension of its current accreditation by submitting a written request to the KMS CME Committee.

Requests for extension must be submitted two weeks prior to the original deadline for the self-study report.

The KMS CME Committee may, at its discretion, grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 8 months; or
- The organization must submit its self-study for review at the committee's next meeting

Early Survey or Special Report

The Kansas Medical Society may reevaluate an organization at any time less than the period specified for resurvey if information is received from the organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and policies.

Timeframe of the Accreditation Process

An organization's accreditation is effective upon the date of committee action and extends until subsequent action, normally taken in the last month of the accreditation term.

Suggested Wording for Press Release upon Accreditation Approval

The following wording is suggested for those wishing to publicly announce the full or provisional accreditation of their organization.

> The (name of organization) has been (re)surveyed by the Kansas Medical Society (KMS) and awarded accreditation for ____ years as a provider of continuing medical education (CME) for physicians.
>
> KMS accreditation seeks to assure both physicians and the public that CME activities sponsored by (name of organization) meet the high standards of the accreditation requirements and policies as adopted by KMS.
>
> KMS rigorously evaluates the overall CME programs of Kansas organizations according to national criteria adopted by the Accreditation Council for Continuing Medical Education (ACCME).

KMS ACCREDITATION REQUIREMENTS & CRITERIA

Introduction

The KMS recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The KMS also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements.

The accreditation requirements and policies adopted by the KMS CME Committee are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in 2014. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

The accreditation system seeks to reposition CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. The focus now is on contributing to the physician's strategies for patient care (competence), the actual performance in practice, and/or their patient outcomes. Providers must now establish a specific mission, provide education interventions to meet that mission, and then assess their program's impact at meeting that mission and improving their program.

Notes for the 2014 Edition

SIMPLIFICATION

We have updated this document to reflect the changes adopted in 2014. These changes include the simplification, elimination, and modification of some of the requirements.

INTEGRATION

We have incorporated several operational policies and the annual report glossary within this document, so that all accreditation requirements are in one document, for your convenience. There are **no new requirements**.

ACCREDITATION CRITERIA

Criterion 1 has been simplified. Criteria 4, 14, and 15 have been **eliminated**. The criteria that have been eliminated are noted in **red**. To avoid confusion, the numbering of the criteria has not changed.

STANDARDS FOR COMMERCIAL SUPPORT

Standard 4.2 incorporates the requirements related to Internet CME and journal-based CME that previously were included in the policies. These changes are noted in **blue**.

Standards 4.3 and 6.4 incorporate the prohibition against using ACCME-defined commercial interest logos in disclosure of commercial support. These changes are noted in **blue**.

TERMINOLOGY

We have replaced the term "joint sponsorship" with "joint providership" throughout the requirements, including in the Standards for Commercial Support and in the Accreditation Statement Policy. We replaced the term "Essentials" in the accreditation statement with the term "accreditation requirements."

POLICIES

CME PROGRAM AND ACTIVITY ADMINISTRATION

The Organizational Mission and Framework Policy has been **eliminated**.

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

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

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

- Content Validity of Enduring Materials

POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

The Commercial Support Acknowledgments Policy has been modified to incorporate the prohibition against using ACCME-defined commercial interest logos in commercial support acknowledgments. This change is noted in **blue**.

CME ACTIVITY TYPES

This CME Activity Types section in the policies has been **eliminated**. Some of the special requirements for Internet CME, enduring materials, regularly scheduled series, and journal-based CME, were **eliminated** as part of the simplification process. The remaining requirements related to the Standards for Commercial Support and therefore have been incorporated into the Standards, as described above. Previously, these policies also included descriptions of these activity types. These are not requirements – but rather, ACCME/KMS descriptions, used by accredited providers for annual reporting. The KMS incorporates these descriptions into the annual reports to present the diversity of accredited CME. We have incorporated these descriptions into our annual report glossary, which is now included in this document.

ANNUAL REPORT GLOSSARY

The annual report glossary includes descriptions of CME activity types that previously were included in the policies, as well as other explanations and descriptions related to annual reporting. This glossary is also published in the annual reports. The glossary was edited in January 2015 to incorporate the PARS changes for the 2015 reporting year.

ACCREDITATION CRITERIA

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two year term, providers must comply with Criteria 1, 2, 3, and 7-12. Providers seeking Full Accreditation or Reaccreditation for a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, a six-year term, providers must comply with all Criteria.

Criterion 1

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

Criterion 2

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

Criterion 3

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

Criterion 4

This criterion has been eliminated effective February 2014.

Criterion 5

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

Criterion 6

The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).

Criterion 7

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

Criterion 8

The provider appropriately manages commercial support (if applicable, SCS 3).

Criterion 9

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

Criterion 10

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

Criterion 11

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

Criterion 12

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

Criterion 13

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

Criterion 14

This criterion has been eliminated effective February 2014.

Criterion 15

This criterion has been eliminated effective February 2014.

ACCREDITATION WITH COMMENDATION

Criterion 16

The provider operates in a manner that integrates CME into the process for improving professional practice.

Criterion 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Criterion 18

The provider identifies factors outside the provider's control that impact on patient outcomes.

Criterion 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

Criterion 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21

The provider participates within an institutional or system framework for quality improvement.

Criterion 22

The provider is positioned to influence the scope and content of activities/educational interventions.

Note – Voluntary Progress Report: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in C16-22 or a KMS policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1-13, and must have no more than one noncompliant finding for Criteria 16-22 or a KMS policy. If the provider submits a Voluntary Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

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

STANDARD 1: INDEPENDENCE

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

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

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

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

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

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

STANDARD 3: Appropriate Use of Commercial Support

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

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

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

Written agreement documenting terms of support

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

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

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

Expenditures for an individual providing CME

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

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

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

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

Expenditures for learners

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

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

Accountability

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

STANDARD 4. APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

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

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

- For **print**, advertisements and promotional materials will not be interleafed 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 interleafed between computer 'windows' or screens of the CME content. (Supplemented

February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, KMS-accredited providers may not place their CME activities on a web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of an KMS/ACCME 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 the CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleafed between

- 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.
- (Supplemented, February 2014; the information in blue previously appeared in KMS/ACCME policies. No changes have been made to the language.) For **Journal-based CME**, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

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

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

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

STANDARD 5. Content and Format without Commercial Bias

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

Standard 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or

content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6.Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

Standard 6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

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

Commercial support for the CME activity

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

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

Timing of disclosure

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

Revised July 2014

KMS POLICIES

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

KMS GOVERNANCE

PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS

The following information is considered public information, and therefore may be released by the KMS. Public information includes certain information about accredited providers, and KMS reserves the right to publish and release to the public, including on the KMS website, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
    - Number of activities;
    - Number of hours of education;
    - Number of physician participants;

- Number of nonphysician participants;
- Accepts commercial support (yes or no);
- Accepts advertising/exhibit revenue (yes or no);
- Participates in joint providership (yes or no)
- Types of activities produced (list)

Note: The KMS will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

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

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

1. To the extent not described as public information above, information submitted to the KMS by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from KMS relating to the accreditation process for a provider; and
3. KMS proceedings (e.g. committee minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect confidential information, KMS and its volunteers are required:

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

RULE-MAKING POLICY

1. The notice and comment procedures utilized by ACCME for the adoption of rules and policies that directly impact members and accredited providers (the "Notice and Comment Procedures") shall not apply to matters relating to internal ACCME structure, management, personnel or business policy/practices.

a. The Notice and Comment Procedures will only apply to matters which directly and materially impact the ability of accredited providers to conduct business.

b. The ACCME, in its sole discretion, will assess if any particular rule or policy will be subject to the Notice and Comment Procedures.

2. If the ACCME decides to see and accept public comment or input, then the ACCME will publish the proposed rule or policy on its website and state that interested persons have an opportunity to submit written data, views, or arguments with or without opportunity for oral presentation.

3. If the ACCME decides to seek and accept public comment or input, then at least 30 days will be given to provide that comment or input; provided, however, that if the ACCME determines that there is a pressing need for issuance of a rule or policy on an expedited basis, the ACCME may either shorten or eliminate the period of time during which public comments may be submitted.

4. After any period for public comment, the proposed rule or policy will be submitted to the ACCME Board of Directors. The ACCME Board of Directors may modify, reject, defer, and/or adopted the proposed rule or policy. Subject to the rights of ACCME Members contained in Article III, Section 2(c) of the ACCME Bylaws, the decision of the ACCME Board of Directors shall be final and there shall be no appeal there from.

5. The final rule or policy as approved by the ACCME Board of Directors will be posted on the ACCME website, which will include an effective date for the final rule or policy.

CME PROGRAM AND ACTIVITY ADMINISTRATION

ORGANIZATIONAL MISSION AND FRAMEWORK

This policy has been eliminated effective February 2014.

CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES

The accredited provider must operate the business and management policy 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.

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 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 clearly defined.

ENGLISH AS OFFICIAL LANGUAGE FOR ACCREDITATION AND RECOGNITION PROCEDURES

KMS conducts its affairs in English. KMS standards do not require that providers or accreditors conduct all their business or continuing medical education in English. However, KMS does require that,

1. All written or electronic communications or correspondence with KMS (irrespective of medium) is in English.
2. Any application and/or self-study reports for accreditation or recognition be submitted to KMS in English.
3. KMS is provided with English translations of any written materials requested by KMS in the course of its accreditation, recognition, or monitoring process.
4. Any KMS interview for accreditation or recognition be conducted in English, or have the services of an English translator, accepted to KMS, provided and paid for by the application organization.

HIPAA COMPLIANCE ATTESTATION

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

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

Accreditation Statement

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The KMS accreditation statement is as follows:

- For **directly provided activities**: "The (name of accredited provider) is accredited by the Kansas Medical Society (KMS) to provide continuing medical education for physicians."

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

There is no **"co-providership"** accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The KMS has no policy regarding specific ways in which providers may acknowledge the involvement of other KMS-accredited providers in their CME activities.

CME CONTENT: DEFINITION AND EXAMPLES

Definition of CME

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

A broad definition of CME, such as the one found above, recognizes that all continuing medical educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing education activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within the KMS definition of CME.

All CME educational activities developed and presented by a provider accredited by KMS and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all KMS 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 KMS accreditation process as verification of fulfillment of the KMS accreditation requirements.

CME CLINICAL CONTENT VALIDATION

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

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

CONTENT VALIDITY OF ENDURING MATERIALS

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

CME CONTENT AND THE AMERICAN MEDICAL ASSOCIATION PHYSICIAN'S RECOGNITION AWARD

All CME educational activities developed and presented by a provider accredited by the KMS and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all KMS 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 KMS accreditation process as verification of fulfillment of the KMS accreditation requirements.

Providers who designate activities for *AMA PRA Category 1 Credit™* must use the following language in both announcement and activity materials:

- ***AMA/PRA Designation Statement for Category I Credit:*** "*The (name of accredited provider) designates this (learning format*) for a maximum of (number of credits) AMA PRA Category 1 Credit(s)™*." Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity

4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity

AMA PRA Category 1 Credit is a trademark of the American Medical Association. Accredited providers are required to use "*AMA PRA Category 1 Credit™*" whenever the phrase is first used in any publication, and periodically through the publication. This standard language, along with the Designation Statement, benefits both providers and physicians by clearly communicating the provider's privilege to award AMA PRA Category 1 Credit on behalf of the AMA.

CME ACTIVITY AND ATTENDANCE RECORDS RETENTION

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

2. 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.

ADMINISTRATIVE DEADLINES

KMS-accredited providers are accountable for meeting KMS administrative deadlines. Failure to meet KMS administrative deadlines could result in (a) an immediate change of status to Probation; and (b) subsequent consideration by the KMS CME Committee for a change of status to Nonaccreditation.

FEES FOR KMS-ACCREDITED PROVIDERS

KMS-accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. Failure to meet KMS deadlines could result in immediate change of status to Probation, and subsequent consideration by the KMS CME Committee for a change of status to Non-accreditation.

KMS LOGO USAGE

The KMS logo is a service mark of the Kansas Medical Society. This service mark may be used publicly only with the permission of the KMS.

KMS-accredited providers have permission to use the KMS logo for educational and identification purposes, as well as use in announces related to attainment of KMS accreditation.

JOINT PROVIDERSHIP

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

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

INFORMING LEARNERS

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. All printed materials for jointly provided activities must carry the appropriate accreditation statement.

> *"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Kansas Medical Society (KMS) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the KMS to provide continuing medical education for physicians."*

FEES

The KMS maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

COMPLIANCE AND NONCOMPLIANCE ISSUES

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

PROVIDERS ON PROBATION

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

POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

DEFINITION OF A COMMERCIAL INTEREST

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The KMS does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for KMS accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the KMS 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: KMS screens 501(c) organizations for eligibility. Those that advocate for commercial interests as a 501(c) organization are not eligible for accreditation by KMS. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

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

FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST

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

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

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

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

The KMS 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 and services of that commercial interest. The KMS considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

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

DISCLOSURE OF FINANCIAL RELATIONSHIPS TO THE ACCREDITED PROVIDER

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

COMMERCIAL SUPPORT: DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS

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

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

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

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

Element 3.12 of the KMS's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States.

VERBAL DISCLOSURE TO LEARNERS

Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the KMS 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.

COMMERCIAL SUPPORT: ACKNOWLEDGMENTS

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 a KMS-defined commercial interest but may **not** include corporate logos and slogans.

COMMERCIAL EXHIBITS AND ADVERTISEMENTS

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

General Program Updates

Accredited providers are responsible for promptly informing KMS whenever changes to its program occur. Changes which must be reported include, but are not necessarily limited to the following:

- Turnover in CME committee chair;
- Turnover in the provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program;
- Turnover, addition, or decrease in CME administrative personnel;
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources;
- Decision to begin joint providership with non-accredited organizations;

- Decision to begin development of enduring materials as CME activities

Hospital System/Multi-Facility Accreditation

In today's changing environment, health care entities may find it more practical and cost effective to establish CME programs on a system-wide rather than an individual facility basis. System accreditation may make it more practical to provide CME activities to physicians practicing in rural or small hospital settings as well as facilitate more effective utilization of educational resources.

To assist organizations in meeting the accreditation requirements and policies in the development and operation of a system-wide or multi-facility CME program, the KMS CME Committee has adopted the following criteria as a supplement to the accreditation requirements and policies.

Criterion 1: A common CME mission with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established. The CME mission should be approved by each facility with final approval by a governing body to which all facilities in the system are accountable. A facility is defined as a component that administratively exists as part of a larger system and initiates CME programming on a regular basis.

Criterion 2: Centralized procedures and established methods to identify, prioritize, and share needs assessment data throughout the system must be established. Patient care and quality improvement data from component facilities should feed into the central system for use in overall program planning as well as for use in developing activities within individual facilities.

In a system accreditation, the overall program is defined by the individual activities and services which are provided throughout the system, whether they be initiated centrally or from facilities within the system. Therefore, annual review of the overall program and its accomplishment of the system's CME mission must be conducted within the context of the system-wide program.

Ideally, the central office, with direction from the CME committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

Criterion 3: The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. The CME committee must be actively involved in development of the overall program. The committee may not merely function as a clearinghouse for indiscriminate approval of activities generated by component facilities in the system. A well-structured and well functioning central CME committee will have:

- Appropriate representation from facilities in the system

- Clearly defined authority for control of the program's operation at both the system and local facility levels

- Procedures and policies which allow the committee to establish priorities and evaluate and approve the development of activities within the context of available resources and the system's CME mission.

An application or other procedures which merely provide for approval of activities after they have been planned within a respective facility does not constitute appropriate control of the program.

While component facilities may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairman should actively serve on the central committee as the facility's representative. This structure will allow input from each component to assure that needs identified within the facilities are adequately met and will assure that all activities are developed within context of the system's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide hands-on daily oversight of program planning and implementation within the system. A well structured and well functioning central CME office will have:

(a) Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, and maintain the documentation required for program files

(b) Established procedures for central control and approval of all commercial support for CME activities within the system

(c) Appropriate procedures for training and supervision of staff to which CME duties are delegated within component facilities and defined back-up for continuity during staffing changes

(d) A well organized system of communication between component facilities

(e) Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities

(f) Procedures and policies to maintain centralized attendance records for all activities held within the system.

Mergers or Acquisitions Involving CME-Accredited Organizations

There may be occasions when providers accredited by the Kansas Medical Society merge with each other or with non-accredited organizations. The Kansas Medical Society CME Committee has adopted the following policies regarding mergers and acquisitions involving accredited organizations.

A merger constitutes a significant change to the accredited program. It is the responsibility of the accredited organization to report such a change in writing to KMS CME Committee within 4 weeks of the effective date of the merger.

It is the policy of the KMS CME Committee to counsel and support accredited organizations during a merger. Each case will be reviewed on an individual basis with an intent to prevent disruption in the CME program during the transitional phase.

Accredited providers, however, are responsible for compliance with the accreditation requirements and policies at all times. It is crucial that continuity in programming and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program.

In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.
In situations where a new program is created in the merger with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved, will be granted provisional accreditation.

In situations where a new program is created in the merger of accredited facilities, full accreditation, rather than provisional, may be granted at the discretion of the Committee on Continuing Education. This determination will be based on the accreditation history of the formerly accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the accreditation requirements and policies.
When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard application and file review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis.

Therefore, a modified application process may be used for intrasystem program consolidation and for mergers involving the consolidation of individual programs into a system accreditation. The modified application will include at least the following sections and elements:

- Institutional Contacts

- Demographic Section
- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process
- Mission
- Organizational Structure
- Administration
- Standards for Commercial Support: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards

As a matter of standard procedure, a modified site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans.

Options will exist for the application review team to recommend a waiver of the site survey if it is felt that a survey would not be productive. Waivers must be approved by the chair of the KMS CME Committee.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the "KMS criteria for System/Multi-Facility Accreditation" and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the accreditation requirements and policies.

Procedures for Handling Complaints on Accredited Providers

Complaints regarding organizations accredited by the Kansas Medical Society must be submitted in writing to the KMS Continuing Medical Education Committee, 623 SW 10th Avenue, Topeka, KS 66612. Anonymous complaints will not be considered. The origin of the complaint will remain confidential.

Upon receipt of a properly submitted complaint, the following procedures will be observed:

- KMS CME staff will review the complaint or inquiry to determine whether it relates to the provider's compliance with the KMS accreditation requirements and policies or the manner in which the provider follows accreditation policies.

- If the complaint or inquiry is judged to be unrelated to compliance with the accreditation requirements and policies, the individual initiating the complaint will be dismissed.

- If the complaint or inquiry is judged to be related to compliance with the accreditation requirements and policies or accreditation policy, the following procedures will be observed:

    - Confidentiality of the individual or organization initiating the complaint will be protected in all communications with the provider or related parties.

    - CME staff will notify the provider's primary CME contact by certified mail of the nature of the complaint or inquiry. A written explanation with appropriate documentation must be submitted by the provider within 30 days of notification of the complaint or inquiry. Additional information also may be requested from the individual initiating the complaint or from other relevant parties as indicated by the complaint.

    - A blind copy of the notification letter to the accredited provider will be sent to the individual initiating the complaint or inquiry.

Upon receipt of the provider's response the following procedures will be observed:

- If the provider is in the resurvey process or will be up for resurvey within the next impending review cycle, the complaint and the provider's response will be provided to the survey team for review and evaluation in the resurvey process.

- A specific assessment and recommendations regarding the organization's compliance relative to the complaint will be provided to the CME committee as part of the survey team's report.

- If the provider is not up for review in the immediate future, the provider's response will be submitted to the CME committee for review and action at its next regularly scheduled meeting.

The KMS CME Committee will take final action with the following possible results:

- ***Acceptance of the provider's report***: the documentation submitted indicates that the provider appears to be in compliance with the accreditation requirements and policies. The report will be filed and made available to reviewers at the provider's next regularly scheduled survey.

- ***Letter of concern***: Based on the documentation submitted, there is concern that the provider may not be in compliance with the accreditation requirements and policies. The KMS CME Committee's concerns will be specified in the follow-up

letter to the provider. The provider will be asked to address the concerns either in a progress report or at the time of the next scheduled review. The committee's action, a copy of the complaint, and the provider's response will be provided to reviewers at the provider's next survey.

- ***Letter of reprimand***: Based on the documentation submitted, the provider clearly is not in compliance with the accreditation requirements or policies in question. The areas of non-compliance will be specified in the follow-up letter to the provider. The provider will be asked to provide a progress report on corrective action and will be notified that failure to correct the deficiencies may result in an immediate resurvey. The committee's action, a copy of the complaint, the provider's initial response, and the provider's subsequent progress report will be provided to reviewers at the provider's next survey.

Promotion of CME Activities Including Save the Date Announcements

Various types of preliminary notices such as calendar listings or **save the date** announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation and credit statements must be included.

Reconsideration and Appeal of Adverse Accreditation Decisions

An adverse accreditation decision is a decision by the KMS CME Committee to deny or withdraw a provider's CME accreditation or to place a provider on probation.

When this occurs, the provider will be notified by certified mail, return receipt requested, of the basis for this decision and of its right to request reconsideration in accordance with the following procedures:

STEP 1: The Reconsideration Process

A written request must be submitted by certified mail within 15 working days of the provider's receipt of notification of the adverse decision. This date is defined as the date shown on the return receipt of the certified letter of notification. Requests must be address to: KMS CME Committee, Kansas Medical Society, 623 SW 10th Avenue, Topeka KS 66612.

Requests for reconsideration should be filed only under one or more of the conditions listed below. The request must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.

- The provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies.

- The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.

The request must be based on 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 provider's survey may not be submitted or used in reconsideration of the Committee's decision.

If a request for reconsideration is properly filed, the provider's status will remain as it was prior to the adverse decision until the Committee has completed action on the request. Upon receipt of the request, two members of the KMS CME Committee will be asked to review the request. These reviewers will be provided with all materials used in the accreditation decision as well as information and documentation submitted with the request for reconsideration.

The review team will submit a report of its findings to the KMS CME Committee for action at the next regularly scheduled meeting. Within 10 working days of the Committee's action, the provider will be notified by certified mail, return receipt requested, of the Committee's decision

If the adverse decision is sustained, the provider will be advised of its right to appeal this decision. If the request for appeal is not received within the defined deadline, the Committee's decision will be final and will be retroactive to the date of the original action.

STEP 2: The Appeals Process

Request for appeal will be accepted *only* in cases where the adverse decision is first upheld under the reconsideration process. If the Committee sustains its adverse decision the provider may request a hearing before an appeals board.

To file an appeal, a written report must be submitted by certified mail within 15 working days of the provider's receipt of notification of the sustained adverse decision. This date is defined as the date shown on the return receipt of the certified letter of notification.

Appeals must be addressed to: KMS CME Committee, Kansas Medical Society, 623 SW 10th Avenue, Topeka KS 66612.

A request for appeal may be filed only under one or more of the conditions listed below. The appeal must cite the conditions listed below.

The appeal must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.

- The provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies.

- The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.

The provider's appeal may be based only on 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 provider's survey may not be submitted or considered in the appeals process. If a request for appeal is properly filed, the provider's status will remain as it was prior to the adverse decision until the KMS CME Committee has taken final action on the appeal.

Within 20 working days of receipt of the request for appeal, a list of 4 individuals qualified and willing to serve as potential members of the appeals board shall be prepared under direction of the Chair of the KMS CME Committee. Members of the Committee and individuals with affiliations or relationships with the appellant which could pose a potential conflict of interest shall be excluded from the list.

The names of the 4 potential members will be submitted to the provider by certified mail, return receipt request. At its direction, the provider may eliminate one name from the list, thus rendering this individual ineligible to serve. Within 10 working days of receipt of the list of potential members, the provider shall notify the Chair of the KMS CME Committee or its preferences. The provider may accept all 4 individuals as suitable members or specify the exclusion of one of these individuals.

Upon receipt of the provider's response, the Chair of the KMS CME Committee shall appoint 3 individuals from the names remaining on the list to serve as the appeals board and shall notify the provider of this selection.

An appeals board hearing will occur within 90 days following appointment of its members. At least 30 days prior to its scheduled occurrence, the provider will be notified by certified mail, return receipt requested, of the time and place of the hearing.

The appellant provider may request and obtain all relevant information from its accreditation file on which the Committee's decision was based. Representatives of both the provider and the CME Committee may submit written statements and additional clarifying data for consideration any may be present at the appeals board hearing to discuss findings of the review.

These rights shall be subject to the following condition: ***Additional information submitted and discussed may be used only to clarify conditions existing at the time of the provider's review.*** New information or conditions reflecting proposed changes to the program or changes made after the review and the adverse decision may not be considered in appeal.

All written statements and documentation to be used in the appeal, and the names of the representatives each party wishes to have present at the hearing, must be submitted to the appeals board and to representatives of both the provider and the KMS CME Committee at least 15 working days prior to the scheduled hearing.

Within 15 working days following the hearing, the appeals board shall submit its findings and recommendations to the Chair of the Council on Medical Education for action at the Council's next regularly scheduled meeting.

The recommendation of the appeals board and action of the Council shall be based collectively on: records and information contained in the provider's application file, additional written statements and information submitted in accordance with the above appeals procedures, and verbal presentations provided at the appeals hearing.

The decision of the KMS CME Committee will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the KMS CME Committee.

Travel expenses of members of the appeals board will be equally shared by the appellant provider and the Kansas Medical Society. Expenses of representatives who attend the appeals hearing on behalf of the appellant will be the responsibility of the appellant. Expenses of representatives who attend on behalf of the KMS CME Committee will be the responsibility of KMS.

Non-accreditation decisions delivered as a result of administrative issues such as failure to submit fees are not eligible to the Reconsideration and Appeals Process.

CME Activity and Attendance Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: **Attendance Records** and **Activity Documentation**.

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

2. **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 re-accreditation; show KMS how the activities it provided during its current term of accreditation were compliant with all KMS Accreditation Requirements (including the Standards for Commercial Support) and Accreditation Policies.

KMS Annual Reporting and PARS

KMS-accredited providers must submit an annual report for the CME program to the ACCME online reporting system on or before March 31. This data is submitted through the Program and Activity Report System (PARS) on ACCME's website. Providers need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2015 will be for 2014 activity and program data.

KMS-accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation.

The data you submit regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public.

KMS-accredited providers may access PARS at www.accme.org on the For Providers section of the ACCME website. You will access your account with your e-mail address and your Provider ID. Please contact the KMS CME office if you need assistance with this information.

Compliance with AMA Ethical Guidelines

Continuing medical education providers accredited by the Kansas Medical Society are expected to operate their programs in compliance with AMA opinion 8.061 (Gifts to Physicians from Industry) and opinion 9.011 (Ethical Issues in CME). Enforcement of those guidelines is carried out by the American Medical Association, not the Kansas

Medical Society (non-compliance can result in the AMA's action to withdraw a provider's ability to award Category 1 credit).

AMA Opinion 8.061 and Opinion 9.011 are attached.

E-8.061 Gifts to Physicians from Industry

Opinion 8.061 - Gifts to Physicians from Industry

The previous Opinion 8.061, also entitled "Gifts to Physicians From Industry," issued June 1992, updated June 1996 and June 1998, was replaced by the current Opinion 8.061, "Gifts to Physician From Industry."

Relationships among physicians and professional medical organizations and pharmaceutical, biotechnology, and medical device companies help drive innovation in patient care and contribute to the economic well-being of the community to the ultimate benefit of patients and the public. However, an increasingly urgent challenge for both medicine and industry is to devise ways to preserve strong, productive collaborations at the same time that they take clear effective action to prevent relationships that damage public trust and tarnish the reputation of both parties.

Gifts to physicians from industry create conditions that carry the risk of subtly biasing—or being perceived to bias—professional judgment in the care of patients.

To preserve the trust that is fundamental to the patient-physician relationship and public confidence in the profession, physicians should:

(a) Decline cash gifts in any amount from an entity that has a direct interest in physicians' treatment recommendations.

(b) Decline any gifts for which reciprocity is expected or implied.

(c) Accept an in-kind gift for the physician's practice only when the gift:

(i) will directly benefit patients, including patient education; and

(ii) is of minimal value.

(d) Academic institutions and residency and fellowship programs may accept special funding on behalf of trainees to support medical students', residents', and fellows' participation in professional meetings, including educational meetings, provided:

(i) the program identifies recipients based on independent institutional criteria; and

(ii) funds are distributed to recipients without specific attribution to sponsors. (II)

Issued June 2014 based on the report "Amendment to E-8.061, 'Gifts to Physicians from Industry,'" adopted November 2013.

E-9.011 Continuing Medical Education

OPINION 9.011 - CONTINUING MEDICAL EDUCATION

Physicians should strive to further their medical education throughout their careers, to ensure that they serve patients to the best of their abilities and live up to professional standards of excellence.

Participating in certified continuing medical education (CME) activities is critical to fulfilling this professional commitment to lifelong learning. As attendees of CME activities, physicians should:

(a) Select activities that are of high quality and are appropriate for the physician's educational needs.

(b) Choose activities that are carried out in keeping with ethical guidelines and applicable professional standards.

(c) Claim only the credit commensurate with the extent of participation in the CME activity.

(d) Decline any subsidy offered by a commercial entity other than the physician's employer to compensate the physician for time spent or expenses of participating in a CME activity.
(I, V)

Issued December 1993. Updated June 1996. Updated June 2013 based on the report "Amendment to E-9.011, 'Continuing Medical Education,'" adopted November 2012.

KMS ANNUAL REPORT
GLOSSARY
KMS GLOSSARY OF TERMS

ACCME-accredited provider	An organization accredited by ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. (See also state-accredited providers.)
ACCME-recognized accreditors	State and territory medical societies recognized by the ACCME as accreditors of intrastate providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the Markers of Equivalency.
Accreditation	The standard, four-year term awarded to accredited CME providers that meet the appropriate KMS requirements. Accreditation is awarded by the KMS.
Accreditation Council for Continuing Medical Education (ACCME)	A nonprofit corporation based in Chicago, responsible for accrediting institutions that offer continuing medical education (CME) to physicians and other healthcare professionals. The ACCME also has a system for recognizing state medical societies as accreditors for local organizations offering CME. The ACCME's mission is to identify, develop, and promote rigorous national standards for quality CME that improves physician performance and medical care for patients and their communities. ACCME accreditation is a voluntary, self-regulatory system. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the United States (FSMB).
Accreditation Criteria	The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation. To achieve Provisional Accreditation, accompanied by a two-year term, providers must comply with Criteria 1, 2, 3, and 7-12. Providers seeking full Accreditation or reaccreditation with a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, along with a six-year term, providers must demonstrate compliance with all Criteria.
Accreditation Decisions	The decisions made by the KMS (an ACCME Recognized Accreditor) concerning the accreditation status of CME providers. There are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.
Accreditation Interview	A step in the accreditation and reaccreditation process. A team of two volunteer surveyors reviews the CME provider's self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.
Accreditation Site Survey	A form of data collection by the KMS that includes a review of the organization (mission, relationships), documentation, and CME activities of the accredited provider. The KMS accreditation site survey is conducted in-person, at the site of the accredited organization or a live CME activity. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the *Accreditation Requirements and Policies* were met by the accredited provider during their most recent accreditation term.
Accreditation Statement	The standard statement that must appear on all CME activity materials and brochures distributed by accredited providers. There are two variations of the statement; one for

	directly provided activities and one for jointly provided activities. For directly provided activities: "The (name of accredited provider) is accredited by the Kansas Medical Society (KMS) to provide continuing medical education for physicians." For joint provided activities: "This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Kansas Medical Society (KMS) through the joint providership of (name of accredited provider) is accredited by the KMS to provide continuing medical education for physicians."
Accreditation with Commendation	The highest accreditation status, accompanied by a six-year term of accreditation. Accreditation with Commendation is available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all Accreditation Criteria to achieve Accreditation with Commendation.
Accredited CME	The term used to refer to those activities in continuing medical education that have been deemed to meet the requirements and standards of a CME accrediting body (e.g., the Accreditation Council for Continuing Medical Education (ACCME, the American Osteopathic Association, the American Academy of Family Physicians). When the ACCME uses the term *accredited* CME in its documents and processes it is referring to activities and programs within the ACCME's accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies). The ACCME, as an accrediting body, is responsible and accountable only for the accredited CME presented under the umbrella of an ACCME or ACCME Recognized Accreditor accreditation statement. When the ACCME uses the term accredited CME it does not intend to dictate any rules or obligations of the CME accredited under the auspices of other accreditors, such as the American Osteopathic Association or the American Academy of Family Physicians.
Accredited CME Provider	An organization accredited by the ACCME or an ACCME Recognized State Accreditor, e.g., KMS, for the purposes of providing continuing medical education to physicians.
Action Plan or 90 Day Action Plan	A plan submitted to the KMS by the accredited provider 90 days after receipt of the Committee Decision Report issued after the site survey. The 90 Day Action Plan must identify strategies the provider intends to implement to: 1) address the recommendations received from the Committee; and 2) bring it into full compliance with the Accreditation Criteria and Standards for Commercial Support. The Action Plan forms the basis for the Committee's evaluation of the provider's Progress Report.
Activity	A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria and accreditation policies.
Activity Review	One of the requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation. A KMS volunteer surveyor observes one of the organization's CME activities, and then submits an Activity Review Form to the KMS, documenting the compliance that was observed.
Advertising and exhibits income	Advertising and exhibits 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.
AMA Category I Credit™	The American Medical Association Physician's Recognition Award (AMA PRA), describes a set of requirements that must be followed by accredited CME providers in order to certify activities of *AMA PRA Category 1 Credit™*. Consult the most recent edition of the AMA PRA credit system booklet for additional information.
American Board of Medical Specialties (ABMS)	The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates two individuals for election to the ACCME Board of Directors.
American Hospital Association (AHA)	The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates two individuals for election to the ACCME Board of Directors.
American Medical Association (AMA)	The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates two individuals for election to the ACCME Board of

	Directors.
Annual Report Data	Data that accredited providers are required to submit on at least an annual basis describing their overall CME program. This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and nonphysician participants, and some financial information. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.
Association for Hospital Medical Education (AHME)	The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates two individuals for election to the ACCME Board of Directors.
Association for American Medical Colleges (AAMC)	The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates two individuals for election to the ACCME Board of Directors.
Certify or Certify for Credit	The process an accredited provider undertakes that allows a CME activity to be designated for *AMA PRA Category 1 Credit™*. In order to certify educational activities for *AMA PRA Category 1 Credit™* , an organization must be accredited as a CME provider. Organizations may be accredited by either the ACCME or a recognized state medical society, e.g., KMS. Activities certified for AMA PRA credit must meet both the AMA PRA and the accreditor's requirements.
CME activity	Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. (AMA definition). Consult the AMA PRA credit system booklet for the types of CME activities.
Commercial Bias	Content or format in a CME activity or its related materials that promotes the products of business lines of an ACCME-defined commercial interest.
Commercial Interest	A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare 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.
Commercial Support	Monetary or in-kind contributions given by a KMS or ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. The Standards for Commercial Support: Standards to Ensure Independence in CME Activities explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CME providers receive from advertising and exhibits are ***not*** considered commercial support.
Commercial Supporter	A commercial interest (as defined by the KMS/ACCME) providing monetary or in-kind contributions that are used to pay all or a part of the costs of a CME activity.
Committee Decision Report	The formal report issued following a provider's site visit that contains the decision made by the KMS CME Committee about a provider's accreditation status and compliance with the Accreditation Criteria.
Committee Learning	A CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.
Competence	Knowing how to do something; a combination of knowledge, skills and performance; the ability to apply knowledge, skills and judgment in practice. The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting.
Competencies or Core Competencies	The characteristics which are required to delivery medical care that will provide the most benefit to the patient population being served. For compliance with Criterion 6, CME activities must be developed in the context of these desirable physician attributes, also referred to as 'core competencies'. The Institute of Medicine (IOM) has designated five

	core competencies; the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have designated six. CME providers may choose whichever attribute(s) best fit the planning process/objectives/goals for their activities. <u>IOM Competencies</u> • Provider patient-centered care. • Work in interdisciplinary terms. • Employ evidence-based practice. • Apply quality improvement. • Utilize informatics. <u>ABMS/ACGME Competencies</u> • Patient care. • Medical knowledge • Self-assessment and practice-based learning • Interpersonal and communication skills • Professionalism • Systems-based practice
Compliance	The finding given when a CME provider has fulfilled the KMS's or ACCME's requirements for the specific criterion in the Accreditation Criteria or policy.
Conflict of Interest	The KMS and ACCME consider financial relationships to create 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 potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias. See also *Relevant Financial Relationships.*
Continuing Medical Education (CME)	Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public.
Co-Provided Activity	A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting KMS/ACCME requirements and reporting activity data to the KMS/ACCME. See also *Directly Provided Activity.*
Council of Medical Specialty Societies (CMSS)	A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates two individuals for election to the ACCME Board of Directors.
Course	A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar. For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the number of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.
Credit	The 'currency' assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Organizations that administer credit

	systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for more information.
Credit designation statement (AMA PRA credit statement)	The American Medical Association (AMA) requires all CME activities certified for credit in the Physician's Recognition Award (PRA) to specify the number of credits designated for the educational activity. Consult the AMA PRA credit system booklet for the most current wording of the *AMA PRA Category 1 Credit™* designation statement.
Criteria	The ACCME/KMS standards that must be met by an organization in order to receive and/or maintain the privilege of certifying CME activities for *AMA PRA Category 1 Credit™*. See Accreditation Criteria.
Cultural Competence	Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function, effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
Designation of CME Credit	The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Please note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also *Credit.*
Directly Provided Activity	A CME activity that is planned, implemented and evaluated by an accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported to the KMS/ACCME by the accredited provider that takes responsibility for the activity. See also *Co-Provided Activity*.
Documentation Review	The form of data collection that allows KMS to determine if the requirements of the Accreditation Criteria, Policies and Standards for Commercial Support have been adhered to during the planning and implementation of CME activities and/or as part of a provider's overall CME program. This review occurs in conjunction with a provider's accreditation survey process. During documentation review, a selection of the provider's CME activity files, committee correspondence, policies and other materials will be requested and reviewed by accreditation site surveyors on behalf of the KMS CME Committee.
Enduring Materials	CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME/KMS considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all KMS requirements. Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed

	all or a portion of the activity and whose participation can be verified in some manner. ACCME/KMS would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.
Exhibitors	Commercial exhibits or advertisements that are promotional in nature and separate from continuing medical education activities. Monies paid by commercial interests to providers for promotional activities are not considered commercial support.
Expenses	Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.
Faculty	The professionals responsible for teaching, authoring, or otherwise communicating the activity content.
Federation of State Medical Boards of the U.S., Inc. (FSMB)	A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates two individuals for election to the ACCME Board of Directors.
Financial Relationships	See *Relevant Financial Relationships.*
Focused Accreditation Interview	A specially arranged interview with an accredited provider to address noncompliance areas that had not been corrected in a progress report.
Gap	See Professional Practice Gap.
Hours of instruction	Hours of instruction represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8. Hours of instruction may or may not correspond to the number of credits designed for the American Medical Association Physician's Recognition Award. Accredited providers have the option to report the number of *AMA PRA Category 1 Credits™* designated for activities but they are not required to do so.
In-kind commercial support or contributions	In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.
Internet enduring material activity	An Internet enduring material activity is an 'on demand activity,' meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME/KMS would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.
Internet Live Activity	An online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. Example: live webcast.
Internet Searching and Learning CME	An activity based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of KMS data collection, the ACCME/KMS includes internet point-of-care learning, as defined by the AMA, in the category Internet searching and learning. Providers that offer internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each

	participant is counted one, regardless of how many times they participated or how many pages they viewed. For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.
Intrastate accredited provider	CME providers accredited by state/territory medical societies recognized as accreditors by the ACCME. Intrastate providers offer CME primarily to learners from their state/territory or contiguous states as opposed to ACCME accredited providers, which offer CME primarily to national or international audiences.
Joint Accreditation	A program that offers organizations the opportunity to be simultaneously accredited to provide medical, nursing, and pharmacy continuing education through a single, unified application, fee structure, set of accreditation standards, and review process. Launched in 2009, Joint Accreditation is a collaborative of the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).
Jointly provided or jointly provided activity	A CME activity that is planned, implemented, and evaluated by an accredited provider and a nonaccredited entity.
Joint providership	Joint providership of a CME activity by one accredited and one nonaccredited organization. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of nonaccredited entity in a joint providership relationship.
Journal-based CME	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 ACCME/KMS does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted one, regardless of how many times they worked on the activity. For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.
Journal Club	A live activity format, typically structured as a Regularly Scheduled Series (RSS). During a journal club activity, participants discuss information gleaned from the reading of a peer-reviewed journal article of relevance to their learner's professional practice. In the ACCME PARS system, this would be reported as an RSS activity.
Learner	An attendee at a CME activity. See also physician participant and nonphysician participant.
Learning from teaching activities	Personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the *AMA PRA Category 1 Credits™* awarded directly to physicians for "Teaching at a Live Activity". To report learning from teaching CME, accredited providers aggregate the data from all

	learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 learning from teaching CME activity with 10 physician participants and 2 hours of instruction.
Letter of Agreement	Under the ACCME/KMS Standards for Commercial Support, CME providers are required to have written agreements in place whenever funds or in-kind support are received from a commercial interest. All commercial support must be provided to accredited providers in the form of an educational grant. See Standard 3 of the Standards for Commercial Support for additional requirements. Commercial exhibits or advertisements that are promotional in nature and separate from continuing medical education activities do not require a Letter of Agreement, as monies paid by commercial interests to providers for promotional activities are not considered commercial support.
Manuscript Review	Manuscript review is an activity based on a learner's participation in a manuscript's pre-publication review process. When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed. For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.
Needs assessment/data	A process of identifying and analyzing information or data that reflects the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, quality or patient outcome data, identified new skills, public health data, etc. Needs assessment data provide the basis for identifying the professional practice gaps of the learners, and for developing learning objectives for the CME activity. See Professional Practice Gap.
Nonaccreditation	The accreditation decision by the ACCME/KMS that a CME provider has not demonstrated compliance with the appropriate ACCME/KMS requirements.
Noncompliance	The finding given when a CME provider does not fulfill the KMS's requirements for the specific criterion in the Accreditation Criteria or policy.
Nonphysician Participants	CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Residents are also included in this category.
Objectives	Behaviorally-oriented statements that clearly describe what the learner will know or be able to do after participating in the CME activity. These statements must result from the needs assessment data and the identification of professional practice gaps.
Other income	Other income includes all income the accredited provider received from its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations form the accredited provider's parent organization or other internal departments to pay for

	the CME unit's expenses.
Parent Organization	An outside entity, separate from the accredited provider that has control over the accredited provider's funds, staff, facilities, and/or CME activities.
Participant	An attendee at a CME activity. See also physician participant and nonphysician participant.
Performance	What one actually does, in practice. Performance is based on one's competence, but is modified by system factors and the circumstances.
Performance Improvement CME	An activity based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance. To report performance improvement CME, accredited providers count each learning project as 1 performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted one, regardless of how many times they worked on the activity. For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as 1 performance improvement CME activity with 3 physician participants and 20 hours of instruction.
Performance-in-practice review	During the initial accreditation, reaccreditation, and progress report processes, the ACCME/KMS selects activities to review from the CME provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables the KMS to ensure that accredited providers are consistently complying with requirements on an activity level.
Periodic basis	Once per accreditation cycle or term, unless otherwise specified.
Physician participants	CME activity attendees who are MDs or DOs. For the purposes of data collection, residents are *not* included in this category, but are included under nonphysician participants.
Planning process(es)	The method(s) used to identify needs and practice gaps for a CME activity in order to ensure that the design of the educational intervention produces the desired result(s).
Probation	Accreditation status given to accredited providers that have serious problems meeting KMS requirements. A provider that received this type of accreditation receives a four-year term with a maximum of two years on Probation. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to achieve accreditation status. While on probation, a provider may not jointly provide new activities. See also progress report.
Professional practice gap	The difference between actual and ideal performance and/or patient outcomes. The difference between present treatment success rates and those thought to be achievable using best practice guidelines. A quality gap in areas that includes, but also can go beyond, patient care, e.g., systems' based practice, informatics, leadership and administration.
Program of CME or Overall Program	The provider's CME activities and functions taken as a whole.
Progress Report	Accredited providers that receive noncompliance findings in the Accreditation Criteria or policies must submit a progress report demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the KMS may require a focused accreditation interview to address the areas of noncompliance. The KMS can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.

Provider	The institution or organization that is accredited to present CME activities.
Provisional Accreditation	A two-year term given to initial applicants that comply with Accreditation Criteria 1, 2, 3, and 7-12.
Recognition	The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.
Regularly scheduled series (RSS)	A course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples: grand rounds, tumor boards, and morbidity and mortality conferences. Accredited providers report each RSS as 1 activity. In addition, accredited providers following these guidelines: 1) The cumulative number of hours for all sessions within a series equals the number of hours for that activity, and 2) Each physician is counted as a learner for each session he/she attends in the series. Example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per sessions multiplied by 52 sessions) for that single activity.
Relevant financial relationships	KMS requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME/KMS defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME/KMS has not set a minimal dollar amount – any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. See also *conflict of interest.*
Self-study report	A step in the accreditation process. When applying for accreditation of reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.
Site survey	A form of data collection by the KMS that includes a review of the organization, documentation, and CME activities of the accredited provider. The site survey is conducted in-person, at the site of the accredited organization or its activity. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the elements of the Accreditation Criteria were met by the accredited provider.
Standards for Commercial Support[SM]: Standards to Ensure Independence in CME Activities	The Standards for Commercial Support: Standards to Ensure Independence in CME Activities are requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of assistance commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.
State-accredited provider	State-accredited providers are accredited by a state/territory medical society, e.g., KMS, that is recognized by the ACCME as an accreditor. State-accredited providers offer CME

	primarily to learners from their state or contiguous states, as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.
Surveyor or site surveyor	A trained individual tasked with representing the KMS CME Committee during a review of a provider's CME program and accreditation materials.
Surveyors' Report	The formal report issues following a provider's site visit that contains the observations and data collected by surveyors during their review of a provider's CME program and accreditation materials. This report is given to the KMS CME Committee and is an integral part of the decision making process of the committee.
Test-item writing	A CME activity based on a learner's participation in the pre- publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.
Voluntary progress report	Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in C16-22 or a KMS policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1-13, and must have no more than one noncompliant finding for Criteria 16-22 or a KMS policy. If the provider submits a Voluntary Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

Updated Criteria for Compliance with Accreditation Elements

	Element		Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation with Commendation
1.	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	1.1	☑	☑	☑
2.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	☑	☑	☑
3.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	☑	☑	☑
4.	This criterion has been eliminated effective February 2014.			☑	☑
5.	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		☑	☑
6.	The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., Institute of Medicine (IOM) competencies, Accreditation Council on Graduate Medical Education (ACGME) Competencies).	2.1		☑	☑
7.	The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	SCS	☑	☑	☑
8.	The provider appropriately manages commercial support (if applicable, SCS 3).		☑	☑	☑
9.	The provider maintains a separation of promotion from education (SCS 4).		☑	☑	☑
10.	The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).		☑	☑	☑
11.	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	☑	☑	☑
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.	2.5	☑	☑	☑

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.			☑	☑
14.	This criterion has been eliminated effective February 2014.			☑	☑
15.	This criterion has been eliminated effective February 2014.			☑	☑
16.	The provider operates in a manner that integrates CME into the process for improving professional practice.				☑
17.	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).				☑
18.	The provider identifies factors outside the provider's control that impact on patient outcomes.				☑
19.	The provider implements educational strategies to remove, overcome or address barriers to physician change.				☑
20.	The provider builds bridges with other stakeholders through collaboration and cooperation.				☑
21.	The provider participates within an institutional or system framework for quality improvement.				☑
22.	The provider is positioned to influence the scope and content of activities/educational interventions.				☑

Examples of Desirable Physician Attributes – Criterion 6

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
Provide patient-centered care – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health **Work in interdisciplinary teams** – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable **Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible **Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of	**Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to	Evidence of **professional standing**, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction Evidence of a **commitment to lifelong learning** and involvement in a periodic self-assessment process to guide continuing learning Evidence of **cognitive expertise** based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism Evidence of evaluation of **performance in practice**, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care

improving quality **Utilize informatics –** communicate, manage, knowledge, mitigate error, and support decision making using information technology	provide care that is of optimal value	

For more information on these physician attributes, visit:

http://www.iom.edu/CMS/3809/4634/5914.aspx

www.acgme.org

www.abms.org