

***Kansas Medical Society
Accreditation Requirements
And Policies***

Updated November 2014

Table of Contents

Notes	
.....	
..... 1	
Accreditation Criteria	
.....	3
Standards for Commercial Support	
.....	6
Standards to Ensure Independence in CME Activities	
6	
KMS Policies	
.....	
10	
KMS Governance	
.....	10
CME Program and Activity Administration	
12	
Joint Providership	
.....	16
Policies Supplementing the Standards for Commercial Support	
.....	17
Annual Report Glossary	
.....	21

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 interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. (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 interleaved 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 of 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 CreditTM* 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 CreditTM* 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 1 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 or 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 content 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 or 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.

KMS ANNUAL REPORT GLOSSARY

<i>ACCME-accredited provider</i>	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.)
<i>ACCME-recognized accreditors</i>	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.
<i>Accreditation</i>	The standard, four-year term awarded to accredited CME providers that meet the appropriate KMS requirements. Accreditation is awarded by the KMS.
<i>Accreditation Council for Continuing Medical Education (ACCME)</i>	<p>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.</p> <p>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).</p>
<i>Accreditation Criteria</i>	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.
<i>Accreditation Decisions</i>	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.
<i>Accreditation Interview</i>	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.
<i>Accreditation Site Survey</i>	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 <i>Accreditation Requirements and Policies</i> were met by the accredited provider during their most recent accreditation term.
<i>Accreditation Statement</i>	<p>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.</p> <p><u>For directly provided activities:</u> “The (name of accredited provider) is accredited by the</p>

	<p>Kansas Medical Society (KMS) to provide continuing medical education for physicians.”</p> <p><u>For joint provided activities:</u> “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.”</p>
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 <i>accredited</i> 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 <i>AMA PRA Category I Credit™</i> . 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 <i>AMA PRA Category 1 Credit™</i> . In order to certify educational activities for <i>AMA PRA Category 1 Credit™</i> , 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

	<p>process/objectives/goals for their activities.</p> <p><u>IOM Competencies</u></p> <ul style="list-style-type: none"> • Provider patient-centered care. • Work in interdisciplinary terms. • Employ evidence-based practice. • Apply quality improvement. • Utilize informatics. <p><u>ABMS/ACGME Competencies</u></p> <ul style="list-style-type: none"> • 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 <i>Relevant Financial Relationships</i> .
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 <i>Directly Provided Activity</i> .
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	<p>A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.</p> <p>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.</p> <p>If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.</p>
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.
<i>Credit designation statement (AMA PRA credit statement)</i>	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 <i>AMA PRA Category 1 Credit™</i> designation statement.
<i>Criteria</i>	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 <i>AMA PRA Category 1 Credit™</i> . See Accreditation Criteria.
<i>Cultural Competence</i>	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.
<i>Designation of CME Credit</i>	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 <i>Credit</i> .
<i>Directly Provided Activity</i>	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 <i>Co-Provided Activity</i> .
<i>Documentation Review</i>	<p>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.</p> <p>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.</p>
<i>Enduring Materials</i>	<p>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.</p> <p>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.</p> <p>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.</p>

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 <i>Relevant Financial Relationships</i> .
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	<p><u>Hours of instruction</u> 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.</p> <p><u>Hours of instruction</u> 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 <i>AMA PRA Category 1 Credits™</i> designated for activities but they are not required to do so.</p>
In-kind commercial support or contributions	<u>In-kind contributions</u> 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	<p>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.</p> <p>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.</p>
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	<p>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.</p> <p>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.</p> <p>For example, a provider offers Internet searching and learning CME and 50 physicians</p>

	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.
<i>Intrastate accredited provider</i>	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.
<i>Joint Accreditation</i>	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).
<i>Jointly provided or jointly provided activity</i>	A CME activity that is planned, implemented, and evaluated by an accredited provider and a nonaccredited entity.
<i>Joint providership</i>	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.
<i>Journal-based CME</i>	<p>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.</p> <p>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.</p> <p>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.</p>
<i>Journal Club</i>	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.
<i>Learner</i>	An attendee at a CME activity. See also physician participant and nonphysician participant.
<i>Learning from teaching activities</i>	<p>Personal learning projects designed and implemented by the learner with facilitation from the accredited provider.</p> <p>The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the <i>AMA PRA Category 1 Credits™</i> awarded directly to physicians for "Teaching at a Live Activity".</p> <p>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</p>

	<p>participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>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.</p>
<i>Letter of Agreement</i>	<p>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.</p> <p>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.</p>
<i>Manuscript Review</i>	<p>Manuscript review is an activity based on a learner’s participation in a manuscript’s pre-publication review process.</p> <p>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.</p> <p>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.</p>
<i>Needs assessment/data</i>	<p>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.</p>
<i>Nonaccreditation</i>	<p>The accreditation decision by the ACCME/KMS that a CME provider has not demonstrated compliance with the appropriate ACCME/KMS requirements.</p>
<i>Noncompliance</i>	<p>The finding given when a CME provider does not fulfill the KMS’s requirements for the specific criterion in the Accreditation Criteria or policy.</p>
<i>Nonphysician Participants</i>	<p>CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Residents are also included in this category.</p>
<i>Objectives</i>	<p>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.</p>
<i>Other income</i>	<p>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 from the accredited provider’s parent organization or other internal departments to pay for the CME unit’s expenses.</p>
<i>Parent Organization</i>	<p>An outside entity, separate from the accredited provider that has control over the accredited provider’s funds, staff, facilities, and/or CME activities.</p>

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	<p>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.</p> <p>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.</p> <p>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.</p>
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 <i>not</i> 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)	<p>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.</p> <p>Accredited providers report each RSS as 1 activity. In addition, accredited providers following these guidelines:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
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 <i>relevant financial relationships</i> 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 <i>conflict of interest</i> .
Self-study report	A step in the accreditation process. When applying for accreditation or 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 SupportSM: 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.
<i>Surveyors' Report</i>	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.
<i>Test-item writing</i>	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.
<i>Voluntary progress report</i>	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.