Committee on Professional Education and Accreditation

Handbook For Continuing Medical Educators

Updated March 2017

ACCREDITATION POLICIES AND PROCEDURES
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AUTHORIZATION

The Colorado Medical Society (CMS) is the final authority for the accreditation of intrastate providers of continuing medical education (CME) in Colorado. This document defines the policies that are followed by the Colorado Medical Society (CMS) and by those programs that seek or have been given recognition as providers of accredited continuing medical education. Organizations that are a part of this accreditation program must be thoroughly familiar with these policies.

Accreditation Council for Continuing Medical Education

The organization responsible for the national program of accreditation for continuing medical education is the Accreditation Council for Continuing Medical Education (ACCME). The members of the Council represent major organizations with an interest in continuing medical education. They are:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association for Hospital Medical Education
- Association of American Medical Colleges
- Council of Medical Specialty Societies
- Federation of State Medical Boards
- A Federal Representative
- A Public Representative

The primary responsibilities of the ACCME are to:

- Serve as the body accrediting institutions and organizations offering continuing medical education.
- Serve as the body recognizing institutions and organizations offering continuing medical education accreditation.
- Develop criteria for evaluation of both educational programs and their activities by which ACCME and state accrediting bodies will accredit institutions and organizations and be responsible for assuring compliance with these standards.
- Develop, or foster the development of, methods for measuring the effectiveness of continuing medical education and its accreditation, particularly in its relationship to supporting quality patient care and the continuum of medical education.
- Recommend and initiate studies for improving the organization and processes of continuing medical education and its accreditation.
• Review and assess developments in continuing medical education’s support of quality health.
• Review periodically its role in continuing medical education to ensure it remains responsive to public and professional needs.

**Colorado Medical Society**
The House of Delegates of the CMS has given overall responsibility for the CME accreditation program to its Committee on Professional Education and Accreditation (CPEA). The CPEA will ensure proper implementation of the ACCME Markers of Equivalency recognition requirements, and the Criteria, Standards for Commercial Support, and Policies, referred to as (“Accreditation Requirements”). Staff of the CMS Department of Healthcare Policy is responsible for day-to-day operation of the recognized accreditation program. CMS staff can be reached at 720-858-6309. Accreditation materials can be found at [www.cms.org](http://www.cms.org).

**GENERAL**

**Committee on Professional Education and Accreditation Mission**

*Purpose*

The Committee on Professional Education and Accreditation (CPEA) ensures physician access to high quality continuing medical education (CME) through its support and direction of the Colorado Medical Society CME accreditation program. The CPEA commits to improve the standards for CME by accrediting organizations whose CME programs are developed to facilitate competency and performance improvement based on identified practice gaps of their physician learners. Through proper implementation of Accreditation Requirements the CPEA endeavors to support physicians in their goal of providing improved healthcare for the citizens of Colorado and the surrounding region.

*Objectives:*

1. Maintain recognition status by adhering to the Recognition Requirements of the Accreditation Council for Continuing Medical Education (ACCME.)
2. Accredit eligible CME providers that are capable of and willing to conduct CME programs that comply with the criteria and policies and promote physician performance improvement.
3. Assist accredited providers in improving their programs of CME through education, guidance and instruction on the accreditation requirements
4. Evaluate the effectiveness of the CME accreditation program in meeting the educational needs of physicians in Colorado and the surrounding region.

*Strategies:*
1. Properly administer the CME accreditation program according to all ACCME recognition requirements including the Markers of Equivalency and all accreditation requirements. Additionally, develop adjunct policies and procedures as needed and within the purview of the Markers of Equivalency to accommodate the needs of our local CME community.

2. Develop and conduct a thoughtful, fair, efficient and equitable accreditation survey and decision-making process within the ACCME Markers of Equivalency.

3. Provide CME accredited providers with the necessary education, instruction and tools that will assist them in a successful implementation of their CME programs. This will be accomplished through periodic seminars hosted by the CMS, personal consultation, regular communication of updated information and participation in other CME related educational events whenever possible.

4. Conduct a periodic review of the effectiveness of the Colorado Medical Society CME accreditation system in meeting the needs of CME providers and physicians in Colorado. This will be accomplished through the collection of data (CMS Annual Report) from the CME providers pertaining to the quantity, type of activities, allotment of funds and the effectiveness of their CME programs with respect to change in practice. An assessment to identify how well the CPEA is meeting the needs of the providers in their ability to provide quality CME will be conducted.

**Expected Results:**

The physicians in Colorado and the surrounding region will have access to higher quality CME – CME that will contribute to maintaining physician’s competency and improve the healthcare they provide to their patients. (Evidenced by implementation of and adherence to CME criteria).

The recognition status awarded to the Colorado Medical Society will be maintained and held to high standards and performance, evidenced by ACCME recognition survey results.

All accredited CME provider programs will be fully transitioned to the “new model” of CME that requires the identification of practice gaps and change in physician competence, performance or patient outcomes by 2012. (Evidenced by CME provider survey results and CMS annual reports.)

All accredited providers will participate in the educational resources made available to them through the CMS or other venues of CME training in order to improve their programs of CME and demonstrate compliance. (Evidenced by staff records on participation and annual reports)
Definition of Continuing Medical Education (CME)

CME is any educational or training program which serves to maintain, develop, or increase the knowledge, interpretive and reasoning proficiencies, applicable technical skills, professional and ethical performance standards, professionalism and interpersonal relationships that a physician uses to improve the quality of care and general health of the community served. 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. (Educational activities that are not related directly to a physician’s professional work, such as personal financial planning are not considered CME.)

ACCME Content Validation Policy

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

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Eligibility For Accreditation

Any Colorado hospital, medical specialty society or medical organization that has developed or is developing an organized plan for continuing medical education for physicians on a regular and recurring basis may apply for accreditation.

An organization whose program is devoted to advocacy of unscientific modalities of diagnosis or therapy may not apply for accreditation. The CPEA reserves the right to make decisions on eligibility for accreditation.

CME programs whose overall program of CME consists of attendees representing 30% or more from beyond Colorado and bordering states must seek accreditation directly from the Accreditation Council for Continuing Medical Education.

Function And Oversight of the CMS CPEA
The Committee on Professional Education and Accreditation (CPEA) makes the determination of compliance about accreditation. The CPEA is charged with collating and interpreting data to arrive at a criterion based decision. Accreditation actions are final, subject to the review and appeals processes as described in this handbook.

The Committee on Professional Education and Accreditation consists of at least six regular members representing as many of the major medical specialties as possible with representation from as broad a geographic range as feasible. The Committee may also have non-voting liaison members.

**Record Keeping**

Records of the recognized accreditation program consist of a file for each program that is seeking or has received accreditation. All records are maintained for at least six (6) years, regardless of how many times a program may be re-accredited. The official records also may consist of correspondence with the ACCME to report actions of the Committee or information related to establishing or changing standards for accreditation. The CMS maintains and periodically distributes an up-to-date list of programs in Colorado accredited by the Society. Accreditation fiscal records, including an account for site visit fees paid by participating programs are maintained.

**Survey Teams**

It is the responsibility of a survey team consisting of a survey chair and CMS staff person to review and validate the documentation supplied by an applicant for CME accreditation, to identify major strengths and weaknesses of the CME program and to provide data that will permit the committee to determine the type and duration of accreditation. The principle reviewer, a committee member, presents the survey team report after intensive study of the data collected during the site survey. The final decision concerning type and duration of accreditation is made by the CPEA.

Surveyors must have the following qualifications and minimum training:

- Must have experience and knowledge of accredited continuing medical education (e.g., Chair or Director of a CME program, member of a CME Committee) as determined by the CPEA;
- Must, at a minimum, obtain hands on training for survey work by participating in at least 2 surveys with experienced reviewers;
- Must be a member of the CPEA committee and participate in all activities of the committee

CMS will reimburse the survey team directly for expenses incurred. The survey fee and annual dues schedule, approved by the CMS Board of Directors, includes costs for the administration of the accreditation process and survey team expenses. [NOTE: Fee schedule does NOT, however, cover expenses related to the reconsideration / appeal process]
**Expectations of CME Providers**

Each accredited program must designate a person who is administratively responsible for its CME program.

The primary responsibilities are:
- Be knowledgeable of the CME accreditation requirements;
- Evaluate which educational events provided by the accredited program meet the requirements for CME credit, and to explicitly designate those events as providing such credit (e.g., AMA PRA category 1);
- Monitor all aspects of the CME program and ensure the consistent application of the criteria for credit to all events so designated;
- Provide a continuing liaison between the CMS and the accredited program on matters related to accreditation; and
- Report to CMS major changes in the CME program that might significantly impact adherence to the accreditation requirements (e.g., decision to amalgamate two or more organizations; major reduction in funds; staffing changes, etc.);
- Retain activity files/records for the duration of the current accreditation period or for the last twelve months, whichever is longer;
- Document physician participation for six years from the date of the CME activity;
- Report activity and program information into the ACCME Program Activity Reporting System (PARS) as required.

**The CME Program Committee and Its Functions**

CME Committees should have a formalized definition of responsibilities, terms of office, etc. (often contained in the organization’s by-laws). The primary responsibility of a CME Committee is to be actively in control of all aspects of the program. This can be demonstrated in the following ways:
- Meet on a regular basis
- Develop long range goals
- Discuss and prioritize health care gaps and educational needs
- Develop objectives that are aligned with the gaps and needs
- Design educational activities to achieve stated objectives
- Evaluate individual activities for change in competence, performance or patient outcomes
- Periodically review overall CME program to include (but not limited to) review how well the mission was met and identify ways to improve the program
- Certify activities for credit
- Should have CME staff person to document the process (e.g., minutes of committee meetings, summaries of evaluations, documentation of needs surveys, etc.)
• Provide strong oversight of commercially supported activities
• Insure that appropriate policies and procedures are in place for jointly provided activities

**Hospital System/Multiple Facility Accreditation**

A multiple facility health system may choose to have one CME accreditation program for all of their facilities. A multiple-facility accreditation program may prove to be practical and cost effective in some cases.

The following policies apply to organizations that wish to apply for a multiple facility accreditation program:

The accreditation timelines, application materials and survey process for a multi-facility organization is the same as for a single entity, except that multi-facility entities will need to complete “Organization Form for Multi-Facility Providers.”

A common mission statement with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established.

Centralized policies and procedures for planning and implementing CME must be established.

In a system accreditation, the overall program is defined by the individual activities and services that are provided throughout the system, whether they are initiated centrally or from facilities within the system. Therefore, annual review of the overall program and its accomplishment of the CME mission must be conducted within the context of the system-wide program. Ideally, the CME committee should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

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 that 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

While component facilities may require CME subcommittees, these committees should be integral components of the central committee and the chair 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:

• Sufficient personnel to meet with component planning committees within EACH of the system facilities, provide ongoing oversight of compliance and maintain the documentation required for performance in practice activity program files.

• Established procedures for centralized Corporate control and approval of all commercial support for CME activities within the system

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

• A well-organized system of communication between each of the component facilities

• Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for each of the component facilities

• Procedures and policies to maintain centralized attendance records for all activities held within the system

Consolidation of Two or More Currently Accredited Programs

When two or more currently accredited entities within the same healthcare system choose to consolidate into one CME program, the CMS will consider that all but one program would cease to exist. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). This would be considered a major change to a CME program and must be reported by written proposal to the CMS
four months in advance of the consolidation. This proposal will include a completed copy of the *Organization form for Multi-Facility Providers*; a program summary to include a thorough description of 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.

**Important: It is the responsibility of accredited providers to ensure that all accreditation requirements are maintained during a consolidation or corporate change.**

**Corporate Mergers or Acquisitions**

If a health care organization *acquires or merges* with another organization (corporate acquisition or merger) and both entities are already accredited providers of CME and they wish to merge their CME programs into one, the CMS will consider that one CME program would cease to exist. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). This would not necessarily be considered a new CME program so initial accreditation may not be required for the remaining provider at the discretion of the CPEA.

In a situation where a new program is created in the merger/acquisition with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved will be granted provisional accreditation.
THE ACCREDITATION PROCESS

Instructions for Initial Applicants

The first step in becoming an accredited provider is completion of a Pre-application for Accreditation. The purpose of the pre-application is to provide us with information necessary to determine if your organization is eligible for CMS accreditation. We ask that you demonstrate to us that you have mechanisms in place to fulfill the accreditation requirements for the CME activities that you will produce. Download the pre-application from, www.cms.org/resources/category/cme “Accreditation Materials” link, complete the fill-in form and email with attachments to joanne_wojak@cms.org or print and mail to Colorado Medical Society, 7351 Lowry Blvd., Denver, CO 80230, attention Continuing Medical Education.

CMS staff will review the pre-application and respond to you within 2 weeks from the date of receipt. Once your pre-application is approved, then you may proceed with the CMS Application for Accreditation as a Provider of Continuing Medical Education, which can also be found at www.cms.org/resources/category/cme “Accreditation Materials.” If you have any questions please contact the CME office at 720-858-6309.

Instructions for Accredited Providers Seeking Re-Accreditation

If you are currently an accredited provider with the CMS and are seeking re-accreditation, you will receive a notice of reaccreditation approximately 12 months prior to your current accreditation term expiration. This notice will be sent by mail to the Chair of your CME committee of record, and copied to the designated CME staff of record via email. The designated staff person will also receive instructions on how to access the self-study application and related documents from the CMS website. All application materials are downloadable from the website www.cms.org/resources/category/cme. If you have any questions regarding the re-accreditation process please contact the CME office at 720-858-6309.

Preliminary Review of the Application

In the case of a first-time application, before a site survey is scheduled, the CPEA and/or CMS staff will review the application. If it were concluded that the application does not present a reasonable expectation of accreditation, the CME program would have to be modified before a site visit is scheduled. The CMS CME staff is available for consultation.

For those seeking re-accreditation, your self-study report will be reviewed prior to confirming a survey date to ensure that all documentation and requested information is included. You will be notified if information is missing or additional information is needed.
The Survey

1. **Scheduling the Survey**
   a. **First-time applicants**
      Once the survey report and attachments are received by CMS and have been reviewed, CMS staff will contact the applicant organization to schedule a site visit for the next available survey month. Surveys are conducted during the months of January, April, July, and October. CMS staff will request three preferred survey dates from the applicant. CMS staff will notify them of the selected date once a survey team has been identified. Accreditation decisions will be made at the next CPEA meeting. CPEA meetings are held four times per year, February, May, August and November. See “accreditation decisions” in this handbook for more information.

   b. **Re-accreditation applicants**
      Applicants for reaccreditation must be surveyed and an accreditation decision made by the CPEA prior to their current accreditation expiration date. Accredited organizations remain accredited until the scheduled re-survey is completed and action is taken upon the results. Re-applicants must complete a “preferred dates form” and will be surveyed during the month that is specified on their notification of reaccreditation key dates letter. Surveys are conducted during the months of January, April, July, and October. CMS staff will notify them of the selected date once a survey team has been identified. Accreditation decisions will be made at the next CPEA meeting. CPEA meetings are held four times per year, February, May, August and November. See “accreditation decisions” in this handbook for more information.

   c. **Arrangements for the Survey**
      CMS staff will coordinate with the applicant organization in making arrangements for the interview. For first time applicants the on-site interview should occur on a day when the applicant is providing a CME activity, otherwise a CME activity must be observed on another day and prior to the accreditation decision. For reaccreditation applicants, while viewing an activity is sometimes preferred, it is not always required, thereby leaving more scheduling flexibility. The CMS will determine the interview format, which will be either on-site, teleconference, or videoconference if available.

2. **Re-survey Notification Procedures**
   a. **Failure to Respond**
      An accredited organization will be notified by letter that it is due for re-survey approximately 12 months prior to the end of an accreditation period. They will be required to respond with their intention to apply or not to apply for reaccreditation in writing or by email to the CMS staff person within 30 days.
If the organization fails to respond to this notice, a certified letter will be sent inquiring if you intend to continue an accredited CME program; the organization will have 14 days in which to respond.

If, after 14 days, there is still no response, another certified letter will be sent notifying the organization that it is no longer authorized as an accredited provider of CME, and also notify the ACCME by mail to remove the organization name from the national list of accredited providers.

b. Failure to Schedule:
If a provider submits an application and appropriate fee but fails to schedule a survey visit, one month prior to the re-survey date a notice is sent out.

If the provider still fails to respond, one month after the notice is sent, a certified letter is sent out warning that failure to respond within a month will result in non-accreditation. If no response is forthcoming, the Committee will notify the provider that it is no longer authorized as an accredited provider of CME, and notify the ACCME by mail to remove the provider name from the national list of accredited providers.

If the provider is not surveyed, all but $100 of the survey fee will be refunded. The $100 is retained to cover administrative expenses. The refund is sent within 30 days following the notice of termination from the program.

NOTE: In both situations the provider will have the opportunity to appeal the Committee decision. The provider will be required to file a request for reconsideration within 30 days following notice of termination from the program.

3. Cancellation 10-14 days Prior to Scheduled Survey
If an organization submits its application and survey fee, schedules a survey and then cancels the scheduled survey with only 14 days notification, it will automatically be put on probationary status.

It is up to the discretion of CMS Staff in consultation with the CPEA to determine if the reasons for cancellation are valid and acceptable.

4. Survey Team
Site visit teams for first-time applicants will be composed of at least two members, at least one of whom must be a physician, and two of whom have previous survey experience.

Two-member teams composed of a CPEA committee member and CMS staff of the Department of Healthcare Policy will conduct re-surveys of accredited organizations.
Teams may on occasion, be augmented by new members of the survey pool, who are invited to participate as observers to prepare themselves for active membership on site visit teams in the future.

5. Schedule for the Site Visit
The following are illustrative schedules for site visits. Schedules are flexible and may be modified by agreement of the team chair and the applicant.

Hospitals
a. 1.5 hours with the CME Committee Chair and CME Staff to review the application
b. 20 minutes with other members of the CME Committee (optional)
c. Fifteen minutes with the chief administrator of the hospital (or designee)
d. Attendance at the scheduled CME activity (if required)

Specialty Societies and Other Organizations
Steps "a" through "d may be condensed into an hour or hour-and-a-half with the Education Chair and other leaders of the organization when surveying specialty organizations.

6. Documenting the Survey
As soon as possible after the survey, CMS surveyors will prepare a draft of the team report. A final draft will be prepared for the Committee on Professional Education and Accreditation.
Accreditation Decision

The CMS CPEA meets quarterly on the first Thursday of February, May, August and November. In considering the application for accreditation, each CPEA member will receive survey findings prior to the scheduled meeting. At the meeting, the Principal Reviewer presents a verbal summary of the CME program and the survey compliance findings. Final determination of the accreditation status includes consideration of the self-study report, information obtained at the interview and review of activity files.

Notification of Committee Action
The actions of the committee will be reported to applicants, following the meeting of the CPEA committee. The survey report will indicate the type and duration of accreditation awarded, compliance findings for each criterion and feedback. Progress reports will be required for non-compliance findings and/or other deficiencies.

Type and Duration of Accreditation

In responding to applicants for accreditation, the Committee on Professional Education and Accreditation may choose from among five types of actions:

**Provisional Accreditation “Level 1”**
Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a two-year term. To achieve Provisional Accreditation, the applicant must be found in compliance with all level 1 criteria. See criteria levels in this handbook. Joint sponsorship is prohibited during this period. The CMS may grant "Extended Provisional" accreditation to an already provisionally accredited provider one time. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

**Accreditation “Level 2”**
Accreditation is four years. Accreditation may be reinstated after a period of probation. To achieve full accreditation the applicant must be in compliance with all level 2 criteria. See criteria in this handbook.

**Accreditation with Commendation – “Level 3”**
Accreditation period is six years. To achieve commendation the applicant must be in compliance with all criteria. See criteria in this handbook.

**Probationary Accreditation**
May be given to an accredited program with serious deviations from the Accreditation requirements and/or deficiencies. Two years is the period of Probationary Accreditation (within a 4-year term). Probationary Accreditation may not be extended; therefore providers who fail to demonstrate compliance within two years or according to the progress report
requirements, will receive non-accreditation. Full Accreditation cannot exceed two years following Probationary Accreditation. Joint sponsorship is prohibited during this period. CME providers must notify joint providers of their probation. Probation may not be extended to provisionally accredited providers. Provisionally accredited providers who seriously deviate from the criteria and policies will be given non-accreditation.

**Non-Accreditation**

Non-accreditation may be given after the initial survey, after Provisional Accreditation of 2 years, and after Probationary Accreditation of 1 year. Providers may reapply after one year of non-accreditation. Detailed reasons for a decision not to accredit will be given in the letter of notification.

Accreditation cannot be withdrawn without a period of probationary accreditation except in cases where there are compelling reasons to do otherwise. These may include egregious, repeated violations, or failure to respond or schedule as noted in this handbook.

**Withdrawal From Accreditation**

An accredited organization that ceases to provide educational events that meet the accreditation requirements may voluntarily relinquish its accredited status by notifying the Director of CME, CMS Department of Healthcare Policy, of that fact. A statement of intent to withdraw will be provided to the CPEA at its next meeting. Both the CMS and the ACCME will subsequently remove the name of that organization from their official lists.

A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. Notification is required when a provider changes accreditation organizations.

**Dues and Fees**

All accredited providers must pay accreditation dues and fees. These include CMS annual dues, an ACCME annual fee and a periodic survey fee. CMS will invoice the accredited provider for both the annual dues and the ACCME fee, which are payable on or before October 15. Failure to pay within 30 days of that date will result in a charge of $50.00. Failure to pay within six months will result in probation.

Current Dues and Fees can be found at: [www.cms.org/resources/category/cme](http://www.cms.org/resources/category/cme).

CMS dues are calculated based on the type, size, and number of facilities. If your organization is located outside of Colorado, call the CMS CME office for dues information, as it will be different from Colorado based organizations.
Applications for accreditation or re-accreditation remain inactive until the appropriate fee has been received by CMS. The survey fee and annual dues are set by the CMS and are used to offset the administrative costs of the survey and accreditation processes, including surveyor expenses.

An organization whose application is unsuccessful because the Committee on Professional Education and Accreditation does not authorize a site visit will not be charged an additional fee for a second application. An organization denied accreditation after a survey, will be charged a full additional fee for a re-survey.

Note: All fees and dues are subject to change. Always check the current fee schedule at www.cms.org/resources/category/cme/.

REVIEW AND APPEAL OF ADVERSE DECISION

The CMS Committee on Professional Education and Accreditation permits review and appeal only after adverse action. An adverse decision is defined as Non-Accreditation. If the organization is not satisfied with the action of the Committee on Professional Education and Accreditation (CPEA), it may notify the Committee for a review, and if the outcome remains unsatisfactory to the accredited organization it may notify the CMS Board of Directors to appeal the decision (see below). The accreditation status shall remain as it was prior to the adverse accreditation decision until the review/appeal process is completed. The following procedures will govern review and appeal of an adverse decision of the Committee on Professional Education and Accreditation:

1. Procedure for Review

If the decision of the Committee on Professional Education and Accreditation is to give Non-accreditation, the organization may request in writing, Attention: Chair, CMS Committee on Professional Education and Accreditation, P.O. Box 17550, Denver, CO 80217-0550, an interview with the Committee to exchange information and clarify findings pertinent to the decision. The information upon which review is based must be that which pertained to the organization at the time of the survey and the initial consideration of the application by CMS.

a. Written request for interview must be received 30 days following notification of adverse action; if not, Committee action is final.

b. Interview shall be held as soon as practicable following the request.

c. Written request must contain concise statement of basis for contesting adverse action.
d. CPEA shall complete the review no later than 120 calendar days after it receives the request for review. Following the CPEA meeting at which the review occurs, the organization will be promptly notified of the CPEA decision and of its right to appeal an adverse decision.

2. Appeals Hearing Procedure

If the final action of the Committee on Professional Education and Accreditation is to uphold original adverse action, the organization, **after exhausting the review procedure**, may request an appeals hearing before an Appeal Board.

a. Request for appeal of an adverse decision must be received in writing attention Chair, CMS, Board of Directors P.O. Box 17550, Denver, CO 80217-0550 within 30 days following notification that review of adverse action has resulted in upholding original adverse decision; if not, Committee action is final.

b. Written request must contain concise statement of basis for contesting adverse action.

c. Appeals may be based only on the grounds that the Committee on Professional Education and Accreditation action was:

   - Arbitrary, capricious or otherwise not in accordance with the standards and procedures of CMS
   - Not supported by substantial evidence

d. The Appeal Board shall be composed of three members to be appointed by the CMS Board of Directors. Conflict of interest issues will be considered in the selection process. The procedures will be as follows:

   A list of seven (7) individuals, qualified and willing to serve as members of the Appeal Board, shall be prepared under the direction of the CMS Board of Directors. Within 20 calendar days of receipt of notification of the appeal, the list shall be sent by Certified Mail to the organization requesting the appeal. The organization may eliminate up to two (2) names from the list to make up the Appeal Board and shall notify the CMS Executive Director of its selection within 10 calendar days of its receipt of the list. The CMS Board of Directors shall then select the three (3) individuals from the names still remaining on the list who shall constitute the Appeal Board, and shall notify the institution of the names of the persons selected.

   Hearings, requested in conformity with these procedures, shall take place no later than 60 calendar days following the appointment of an Appeal Board.

e. At any hearing before the Appeal Board, the representatives of the appellant may be accompanied by counsel, make oral presentation, offer testimony, and
present such information as the appellant deems proper to support its appeal. The appellant may request that a representative of the CMS or of the CPEA appear as a witness to be examined with respect to the subject of the appeal. The appellant, at least 30 calendar days prior to any such hearing, shall request in writing the presence of a representative.

The CPEA may appoint representatives to attend the hearing and may examine the appellant's representatives. The hearing need not be conducted according to the rules of law relating to the examination of witnesses or the presentation of evidence. The purpose of the hearing is to assemble as much information as practicable regarding all material aspects of the appeal. The Appeal Board shall be entitled to take into account any such information of the type normally relied upon by individuals of reasonable prudence in the conduct of important personal matters. The Chair of the Appeal Board shall make all determinations on procedural matters and all determinations on the admissibility of information sought to be presented.

The record of survey and review, together with formal presentations at the hearing, the transcript of proceedings of the hearing, and statements submitted under the provisions outlined above, shall be the basis for the findings of the Appeal Board. Following the CMS meeting at which the appeal occurs, the organization will be promptly notified, in writing, of the CMS decision.

f. The action of the Appeal Board shall be based on the evidence presented relative to conditions existing at the time of the survey and the initial consideration of the application by CMS. New information based on data subsequent to the survey and initial review, and information reflecting changes in the program following an adverse decision, will not be considered by the CMS. If substantial changes have occurred subsequent to the initial survey and review, providers should submit these changes as part of a new application for accreditation rather than as part of a request for review or appeal.

3. Expenses
Expenses involved in developing and presenting the appeal shall be borne by the organization making appeal. Expenses involved in arrangements for time and location of the hearing shall be borne by CMS.

PROCEDURE FOR HANDLING COMPLAINTS

The following is the procedure for handling complaints/inquiries received by the Colorado Medical Society (CMS) which indicate that an accredited provider may not be in compliance with the Accreditation requirements or may not follow established accreditation Policies with regard to one or more of its activities.
I. To receive formal consideration, all complaints shall be submitted in writing and signed. Complaints that are received by phone will be accepted only if the complainant follows up with a letter outlining the nature of the complaint and encloses, if applicable, any substantiating material (e.g., brochure, etc.). In the case of a complaint by phone, CMS staff may prepare a memorandum to the file.

II. CMS staff and CPEA Chair will review the complaint/inquiry to determine whether it relates to the manner in which the provider complies with the Essentials, Criteria and Policies.

A. If the complaint/inquiry is judged not to relate to compliance with the Accreditation requirements the person initiating the complaint shall be notified by CMS.

B. If the complaint/inquiry is judged to be related to compliance with the Accreditation requirements, the following shall be observed:

1. The confidentiality of the complaining/inquiring party shall be protected.

2. The CMS staff shall provide the complaining/inquiring party with a copy of the CMS letter of inquiry to the provider.

3. The CMS staff shall notify the individual indicated by the provider as its contact person of the nature of the complaint/inquiry and shall request an investigation and report on the findings. The report will be due 30 days from receipt of the CMS letter of inquiry.

4. The CMS may request information from the complaining/inquiring party, the provider, or other relevant sources as is warranted by its investigation.

III. Upon receipt of the provider’s response, CMS staff shall determine whether additional information is necessary and may request such information from the provider. Should staff determine that the information submitted is adequate, the following will be observed:

A. If the provider is being considered for re-accreditation during the next scheduled meeting of the Committee on Professional Education and Accreditation (CPEA), the complaint/inquiry materials shall be provided to the CPEA. The provider shall be notified that the complaint/inquiry will be considered as part of the CPEA’s re-accreditation deliberations.

B. If the provider is not being considered for re-accreditation in the immediate future, two members of the CPEA under the following procedures will consider the complaint/inquiry:
1. The complaint/inquiry materials shall be sent to the selected two members of the CPEA (conflict of interest issues will be considered in the selection). Those members will review the materials and communicate their recommendations separately and in writing to CMS staff.

   a. If the recommendations are compatible, the results will be communicated to the Chair of the CPEA for his or her concurrence.

   b. If the recommendations are in disagreement, the materials will be sent to a third reviewer and a conference will be held among the reviewers. If no consensus can be achieved, the full committee shall review the materials.

   c. The members of the review team, the Chair of the CPEA, or the full committee may request additional materials from the provider if they determine that the materials they have are insufficient to allow them to render an opinion.

2. The reviewers shall make its recommendation to the CPEA. The CPEA shall make the final determination. The CPEA shall make the final determination at its next, regularly scheduled meeting. The following are the possible results:

   a. **Accept**: The CPEA is satisfied with the reviewers' recommendation(s).

   b. **Receive and file**: The CPEA still has questions that the provider will be required to cover at their next site survey or in their next Annual Report, whichever comes first.

   c. **Letter of warning**: If recommendation by the reviewers and CPEA is that the provider needs to take corrective action, a letter will be sent requiring that the activity be discontinued immediately. Surveyors will be instructed to give special attention to the issues addressed by the complaint at the next scheduled survey.

   d. **Letter of reprimand with on-site resurvey**: (immediate or at time of next resurvey).

IV. The CPEA will intervene by affecting the accreditation status of a provider only when it believes practices and conditions indicate that a provider may not be in compliance with the accreditation requirements.

**ANNUAL REPORT PROCEDURE**

CMS accredited providers of CME must complete the ACCME program activity reporting system (PARS) annual report. This system collects information about your CME activities, and
your CME program income and expenses. PARS information is aggregated and used to inform CME research and the CME community about the national CME enterprise. Your individual’s organization financial information is confidential. At their discretion, the CMS may ask for additional information that would inform the CME CPEA program planning.

1. In January of each year CMS CPEA will request that all accredited providers complete the ACCME annual report. The ACCME annual report data will be entered directly onto the ACCME website by the accredited provider. The ACCME report asks for detailed information about each activity you offered as well as CME related income and expenses. This report is due on March 1\textsuperscript{st}.

2. CMS staff will review report information and notify providers if the report is incomplete or incorrect.

3. The results of the reports will be summarized and presented to the CPEA at the next regular meeting following the March 1\textsuperscript{st} due date. The CPEA will review the report at the next scheduled meeting, as part of its overall program evaluation.

Providers who submit annual reports after March 1\textsuperscript{st} will be charged a $250 late fee. Failure to submit an annual report or failure to remit the late charge may have consequences related to the provider’s accreditation status.

**PROGRESS REPORT PROCEDURE**

A Progress Report will be required by the accredited provider to communicate information about the program changes and to validate its compliance with the accreditation requirements that were not in compliance. Progress reports will be required for all non-compliance findings or other deficiencies. Progress reports must be submitted according to the instructions on the accreditation decision report. The progress report will include the following:

- Description of changes made in order to bring a specific deficiency into compliance
- Documentation providing evidence that changes were made

The CMS Director of CME will then review the progress report, summarize the progress report, and present to the CPEA for discussion. The CPEA has the following decision options:

- **Accept:** If the Progress Report is accepted, the provider has corrected the Elements that were not compliant.
• **Clarification Required:** If the CPEA requires clarification, an additional Progress Report may be required.

• **Reject:** If the Progress Report is rejected, the provider may either need to submit a second report or a focused accreditation survey may be required. The CPEA will retain the right to place a provider on probation or non-accreditation as the result of findings on a Progress Report. Repeated failure to demonstrate compliance will result in accreditation status change.
REQUIREMENTS

CME Program Business and Management Procedures
The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

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 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., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (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 of the ACCME Standards for Commercial Support).

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.

(Optional) ACCREDITATION WITH COMMENDATION

CRITERIA (16-22) OR Menu of Commendation Criteria (23-38)
   Note 16-22 is available until November 2019. Then only the menu 23-38 is available

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.
ACCME STANDARDS FOR COMMERCIAL SUPPORT

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

(a) Identification of CME needs;
(b) Determination of educational objectives;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the CME;
(e) Selection of educational methods;
(f) Evaluation of the activity.

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

STANDARD 2: Resolution of Personal Conflicts of Interest

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

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

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

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

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

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**Written agreement documenting terms of support**

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

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

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

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**Expenditures for an individual providing CME**

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

3.8 The provider, the joint 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.

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.

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.

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**Expenditures for learners**

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

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

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

STANDARD 4. Appropriate Management of Associated Commercial Promotion

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

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

• For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.

• For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content. (Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-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 Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.

• 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 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.

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.

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

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

STANDARD 5. Content and Format without Commercial Bias

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

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:
   • The name of the individual;
   • The name of the commercial interest(s);
   • The nature of the relationship the person has with each commercial interest.

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

Commercial support for the CME activity

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

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

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

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 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 interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint 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

ACCME 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

The ACCME 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 ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.

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

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 or 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 ACCME’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 ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

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 the company or institution, 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.
ACCREDITATION POLICIES

Accreditation Statements

Accreditation and designation of credit statements are required on all CME publicity materials. (Exception: “save the date” type announcements that do not yet have specific information about objectives or faculty). The accreditation/designation of credit statements must appear exactly as below. Please keep separate paragraphs for the CMS accreditation statement and the AMA designation statement:

Directly Provided Activities

(Name of the accredited provider) is accredited by the Colorado Medical Society to provide continuing medical education for physicians.

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

Learning formats to be listed in the AMA 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

Jointly Provided Activities

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Colorado Medical Society through the joint providership of (name of accredited provider) and (name of non-accredited provider). (Name of accredited provider) is accredited by the Colorado Medical Society to provide continuing medical education for physicians.

(Name of the accredited provider) designates this (learning format) for a maximum of (number of credits) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
There is no “Co-Provided” accreditation statement. If CME activity planning and presentation is in collaboration between two or more accredited providers, one of the accredited providers must assume responsibility for the activity and use the directly provided activity statement, naming the one accredited provider that is responsible.

Record Keeping

Activity Files
An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer.

Physician CME Records
An accredited provider will 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.

Enduring Materials

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

Enduring Materials must comply with all ACCME/CMS Criteria and Policies, Standards for Commercial Support, and AMA PRA requirements.

• Providers who produce enduring materials must review them at least once every three years or more frequently if indicated by new scientific developments.

• The dates of original release and most recent review or update and termination date must appear on the enduring material.

• Provide for some type of learner interaction or self-assessment; examples include case studies, a post-test, and/or application of new concepts in response to simulated problems.

• Providers may choose to make credit contingent on passing a post-test or completing an exercise, but it is not required.

• Provide access to appropriate bibliographic sources to allow for further study.

• Establish a good faith estimate (e.g., through a small focus group) of the amount of time a physician will take to complete the activity.
• Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

互联网

CME activities delivered via the Internet are expected to be in compliance with ACCME CMS Criteria, Policies and The Standards for Commercial Support.

联合提供

CMS accredited providers that plan and present one or more activities with non-accredited providers are engaging in “joint providership.”

The CMS expects all CME activities to be in compliance with all accreditation requirements including the ACCME Criteria, Standards for Commercial Support, Policies and the AMA PRA requirements. In cases of joint providership, it is the accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to CMS.

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

All CMS accredited providers that choose to initiate joint providership subsequent to achieving accreditation must notify the CMS of their intention to do so. This will assist the CMS in ensuring that all activity formats are identified and reviewed at the time of reaccreditation.

If a provider is placed on probation, it may not jointly provide CME activities with non-accredited 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 CMS of all existing joint provider relationships, and must notify its current contracted joint provider of its probationary status.

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

定期安排的系列 (RSS)
Regularly Scheduled Series (RSS) are defined as weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff, such as tumor board, grand rounds, M&M’s etc. A Regularly Scheduled Series such as Tumor Board can be considered one activity, even though it meets weekly or monthly. The providers that furnish these types of activities must ensure these activities are in compliance with the ACCME planning and evaluation criteria, the Standards for Commercial Support and other Accreditation Policies — just like any other activity.

**ACCME Content Validation Policy**

Accredited providers are responsible for validating the clinical content of CME activities. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

**CMS Confidentiality**

CMS may publish and release to the public, including electronic media, names of CME providers accredited by CMS. CMS and the ACCME may publish information about CMS accredited providers’ CME accreditation status, number and types of activities, hours, number of participants, accepts commercial support, advertising, and exhibit income (yes or no only).

CMS will maintain the following as confidential, except as required for CMS accreditation or re-recognition purposes, or as may be required by legal process, or as authorized by the CME provider to which it relates:

- Dollar amount reported for income, expenses, commercial support or advertising/exhibits.
- Correspondence between the CMS and provider

In order to protect confidential information, CMS and its committee members and staff are restricted from:

- Using confidential information for personal or professional benefit except for purposes of accreditation or re-recognition.
### Some Examples of Desirable Physician Attributes

<table>
<thead>
<tr>
<th>Institute of Medicine Core Competencies</th>
<th>ACGME/ABMS Competencies</th>
<th>ABMS Maintenance of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
<td>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.</td>
</tr>
<tr>
<td>Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</td>
<td>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</td>
<td>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</td>
</tr>
<tr>
<td>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</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>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 improving quality</td>
<td>Interpersonal and Communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</td>
<td>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.</td>
</tr>
<tr>
<td>Utilize informatics - communicate, manage, knowledge, mitigate error, and support decision making using information technology</td>
<td>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</td>
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<td></td>
<td>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 provide care that is of optimal value.</td>
<td></td>
</tr>
<tr>
<td>Criterion</td>
<td>Rationale</td>
<td>Critical Elements</td>
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</tr>
<tr>
<td><strong>Promotes Team-Based Education</strong></td>
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<tr>
<td>C23</td>
<td>Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).</td>
<td>☐ Includes planners from more than one profession (representative of the target audience) AND ☐ Includes faculty from more than one profession (representative of the target audience) AND ☐ Activities are designed to change competence and/or performance of the healthcare team.</td>
</tr>
<tr>
<td>C24</td>
<td>Patient/public representatives are engaged in the planning and delivery of CME.</td>
<td>☐ Includes planners who are patients and/or public representatives AND ☐ Includes faculty who are patients and/or public representatives</td>
</tr>
<tr>
<td>C25</td>
<td>Students of the health professions are engaged in the planning and delivery of CME.</td>
<td>☐ Includes planners who are students of the health professions AND ☐ Includes faculty who are students of the health professions</td>
</tr>
</tbody>
</table>

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Addresses Public Health Priorities</strong></td>
<td></td>
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<tr>
<td>C26</td>
<td>The provider advances the use of health and practice data for healthcare improvement.</td>
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<td></td>
<td>The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.</td>
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<tr>
<td></td>
<td>□ Teaches about collection, analysis, or synthesis of health/practice data AND</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>□ Uses health/practice data to teach about healthcare improvement</td>
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<tr>
<td></td>
<td>Demonstrate the incorporation of health and practice data into the provider’s educational program with examples from this number of activities:*</td>
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<td></td>
<td>S: 2; M: 4; L: 6; XL: 8</td>
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<tr>
<td>C27</td>
<td>The provider addresses factors beyond clinical care that affect the health of populations.</td>
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<tr>
<td></td>
<td>This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.</td>
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<td></td>
<td>□ Teaches strategies that learners can use to achieve improvements in population health</td>
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<td></td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:*</td>
<td></td>
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<tr>
<td></td>
<td>S: 2; M: 4; L: 6; XL: 8</td>
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<tr>
<td>C28</td>
<td>The provider collaborates with other organizations to more effectively address population health issues.</td>
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<tr>
<td></td>
<td>Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.</td>
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<tr>
<td></td>
<td>□ Creates or continues collaborations with one or more healthcare or community organization(s) AND</td>
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<tr>
<td></td>
<td>□ Demonstrates that the collaborations augment the provider’s ability to address population health issues</td>
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<tr>
<td></td>
<td>Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.</td>
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Menu of New Criteria for Accreditation with Commendation
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<td>C29</td>
<td>The provider designs CME to optimize communication skills of learners.</td>
<td>☐ Provides CME to improve communication skills AND ☐ Includes an evaluation of observed (e.g., in person or video) communication skills AND ☐ Provides formative feedback to the learner about communication skills</td>
<td>At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td>C30</td>
<td>The provider designs CME to optimize technical and procedural skills of learners.</td>
<td>☐ Provides CME addressing technical and/or procedural skills AND ☐ Includes an evaluation of observed (e.g., in person or video) technical or procedural skill AND ☐ Provides formative feedback to the learner about technical or procedural skill</td>
<td>At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td>C31</td>
<td>The provider creates individualized learning plans for learners.</td>
<td>☐ Tracks the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months AND ☐ Provides individualized feedback to the learner to close practice gaps</td>
<td>At review, submit evidence of repeated engagement and feedback for this many learners:* S: 25; M: 75; L: 125; XL: 200</td>
</tr>
<tr>
<td>C32</td>
<td>The provider utilizes support strategies to enhance change as an adjunct to its CME.</td>
<td>☐ Utilizes support strategies to enhance change as an adjunct to CME activities AND ☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.* At review, submit evidence for this many activities: S: 2; M: 4; L: 6; XL: 8</td>
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<tr>
<td><strong>Demonstrates Educational Leadership</strong></td>
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<tr>
<td>C33</td>
<td>The provider engages in CME research and scholarship.</td>
<td>- Conducts scholarly pursuit relevant to CME AND&lt;br&gt;- Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum</td>
<td>- At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.</td>
</tr>
<tr>
<td></td>
<td>Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.</td>
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<tr>
<td>C34</td>
<td>The provider supports the continuous professional development of its CME team.</td>
<td>- Creates a CME-related continuous professional development plan for all members of its CME team AND&lt;br&gt;- Learning plan is based on needs assessment of the team AND&lt;br&gt;- Learning plan includes some activities external to the provider AND&lt;br&gt;- Dedicates time and resources for the CME team to engage in the plan</td>
<td>- At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.</td>
</tr>
<tr>
<td></td>
<td>The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advance the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.</td>
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<tr>
<td>C35</td>
<td>The provider demonstrates creativity and innovation in the evolution of its CME program.</td>
<td>- Implements an innovation that is new for the CME program AND&lt;br&gt;- The innovation contributes to the provider’s ability to meet its mission.</td>
<td>- At review, submit descriptions of four examples during the accreditation term.</td>
</tr>
<tr>
<td></td>
<td>This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.</td>
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<td>C36</td>
<td>The provider demonstrates improvement in the performance of learners.</td>
<td>□ Measures performance changes of learners AND □ Demonstrates improvements in the performance of learners</td>
<td>□ Demonstrate that in at least 10% of activities the majority of learners’ performance improved.</td>
</tr>
<tr>
<td>C37</td>
<td>The provider demonstrates healthcare quality improvement.</td>
<td>□ Collaborates in the process of healthcare quality improvement AND □ Demonstrates improvement in healthcare quality</td>
<td>□ Demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term.</td>
</tr>
<tr>
<td>C38</td>
<td>The provider demonstrates the impact of the CME program on patients or their communities.</td>
<td>□ Collaborates in the process of improving patient or community health AND □ Demonstrates improvement in patient or community outcomes</td>
<td>□ Demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term.</td>
</tr>
</tbody>
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