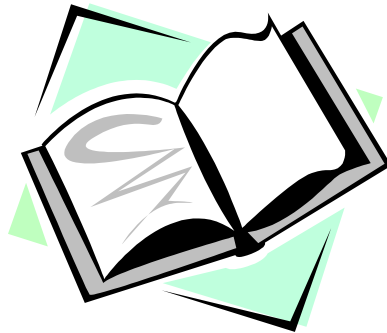




***The Institute for Medical Quality***  
*A Subsidiary of the California Medical Association*

**2005**  
**IMQ/CMA**  
**CME Accreditation Standards**  
A Guide to Continuing Medical Education in California



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**2005**

**IMQ/CMA CME Accreditation Standards  
A GUIDE TO CONTINUING MEDICAL EDUCATION  
IN CALIFORNIA**

**Reviewed and approved by the  
Committee on Continuing Medical Education  
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## Table of Contents

<b>General CME Accreditation Overview.....</b>	<b>6</b>
Purpose of Continuing Medical Education.....	6
Definition of Continuing Medical Education.....	6
Examples of Courses Eligible for Category 1 Credit.....	7
Examples of Courses Ineligible for Category 1 credit.....	7
<b>IMQ/CMA CME Accreditation Standards.....</b>	<b>8</b>
Introduction.....	8
The Essential Areas and their Elements.....	8
Criteria.....	9
Essential Area 1: Purpose and Mission.....	10
Criteria for Essential Area 1.....	10
IMQ/CMA Policies and Guidelines for Essential Area 1.....	12
Essential Area 2: Educational Planning and Evaluation.....	12
Criteria for Essential Area 2.....	13
IMQ/CMA Policies and Guidelines for Essential Area 2.....	15
Essential Area 3: Administration.....	18
Criteria for Essential Area 3.....	19
IMQ/CMA Policies and Guidelines for Essential Area 3.....	20
ACCME Standards for Commercial Support of Continuing Medical Education.....	23
<b>Supplemental Policies for Accredited CME Providers.....</b>	<b>27</b>
Enduring Materials.....	27
Web Based CME.....	28
Journal Based CME.....	28
Joint Sponsorship.....	28
Co-Sponsorship.....	29
Content Validation.....	29
National VS. State CME Programs.....	30
Regularly Scheduled Conferences.....	30
Accreditation Statement.....	30

**Policy/Procedures for Obtaining CME Accreditation..... 31**

Accreditation Requirements..... 31  
Eligibility..... 31  
Initial Application Requirements.....31  
IMQ/CMA Initial Application Procedures..... 32  
IMQ/CMA CME Committee Initial Accreditation Decision.....32  
Application for Reaccreditation.....33  
IMQ/CMA CME Committee Reaccreditation Decision.....33  
Post-Survey Procedures..... 24  
Interim Reports..... 34  
Annual Reports..... 34  
Reconsideration and Appeal of Adverse Accreditation  
Decisions.....34  
Voluntary Withdrawal from the CME Accreditation Program.... 36

**IMQ/CMA Services for CME Providers/Resources.....37**

CME Surveyors..... 37  
IMQ/CMA Consultative Services..... 37  
Annual CME Provider Conference..... 37  
Samuel R. Sherman, MD, Awards for Meritorious  
Achievement in Continuing Medical Education..... 37  
Newsletter, The CME Accreditation Quarterly.....38  
CME Certification Program..... 38  
Regional CME Associations.....38  
Further Information..... 38

**Appendix**

IMQ/CMA CME Accreditation Program Policy  
and Procedures.....39

# General CME Accreditation Overview

IMQ/CMA's CME Accreditation Program is administered under the Committee on Continuing Medical Education. This CME Committee makes final accreditation decisions.

Throughout the document, the terms "organization" and "provider" are used broadly to include hospitals, professional societies, agencies and other entities providing CME for physicians. The term "program" generally refers to an organization's overall CME effort, while "activity" refers to individual conferences, seminars, and independent study materials, which may collectively comprise the overall program.

## PURPOSE OF CONTINUING MEDICAL EDUCATION

The purpose of continuing medical education is optimum patient care. The physician's concern for this outcome is expressed through a process of life-long learning – from experience, professional relationships, reading, independent study and participation in organized educational activities. Planned CME programs developed in accordance with accreditation criteria enhance the physician's professional growth by giving systematic attention to learning needs.

## DEFINITION OF CONTINUING MEDICAL EDUCATION

The California Legislature defines Category 1 continuing medical education as follows:

Continuing medical education activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician or surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

- (1) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine
- (2) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine
- (3) Concern bioethics, professional ethics
- (4) Designed to improve the physician/patient relationship

The definition expressly **excludes**:

Educational activities that are not directed toward the practice of medicine, or are directed toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing.

## **EXAMPLES OF COURSES ELIGIBLE FOR CATEGORY 1 CREDIT**

CME committees may consider courses related to the following as eligible for Category 1 credit:

- Quality assessment and clinical outcome measurements
- Risk management relative to preventive care
- The evolving role of physicians in managed care, (i.e., leadership, management/administration, policy development)
- Various organizational models - how they work; steps required to develop a model and physicians' roles in them

## **EXAMPLES OF COURSES INELIGIBLE FOR CATEGORY 1 CREDIT**

CME committees should not consider courses related to the following as eligible for Category 1 credit:

- Medical office management in integrated healthcare delivery/group practice arrangements
- Marketing of integrated delivery systems/group practice arrangements
- Understanding corporate structure from a financial or legal perspective

# IMQ/CMA CME Accreditation Standards

## INTRODUCTION

The Institute for Medical Quality and the California Medical Association (IMQ/CMA) recognize that the professional responsibility of physicians requires continuous learning throughout their careers appropriate to the individual physician's learning needs. IMQ/CMA also recognize that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements, and for evaluating their own learning achievements. The IMQ/CMA CME Accreditation Standards, therefore, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage physicians to assume active roles in the planning process.

IMQ/CMA strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for educational planning and quality. These criteria, the "IMQ/CMA CME Accreditation Standards," are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted on the basis of an organization's demonstrated ability to plan and implement CME activities in accordance with the IMQ/CMA CME Accreditation Standards.

IMQ/CMA's Committee on Continuing Medical Education has incorporated the Accreditation Council for Continuing Medical Education (ACCME)'s Essential Areas and their Elements into its accreditation standards to share the common language of state medical association accreditation around the country and to foster uniform evaluation. The IMQ/CMA CME Accreditation Standards also include California-specific policies and guidelines which IMQ/CMA's Committee on Continuing Medical Education and CME committees throughout the state feel are important to the development and maintenance of an effective continuing medical education program.

## THE ESSENTIAL AREAS AND THEIR ELEMENTS

The IMQ/CMA CME Accreditation Program collects, reviews, and analyzes data for three Essential Areas: Purpose and Mission (Purpose), Educational Planning and Evaluation (Process and Assessment), and Administration (Structure).

- The **Purpose and Mission Area** describes *why* the organization is providing CME.
- The **Planning and Evaluation Area** explains *how* the organization provides CME activities and how well the organization is accomplishing its purpose in providing CME activities.
- The **Administration Area** defines *what* the organizational support and protocol are for the CME unit. Within each Essential Area are required Elements for which decision-making Criteria have been established.
- The **Criteria** describe the levels of performance and/or accomplishment for each Element. To make accreditation decisions, IMQ/CMA will review the data collected for the three Essential Areas to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

## CRITERIA

*Measurement criteria* have been developed for each **Element** in the *Essential Areas* to measure whether the accredited provider meets the basic level of accreditation. **A provider's documentation of the measurement criteria will be IMQ/CMA's primary source of information for determining compliance with the Elements.**

The following classifications of compliance will be used:

- Noncompliance
- Partial Compliance
- Compliance
- Exemplary Compliance

## ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

1.1	Have a written statement of the CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities and expected results of the program.
1.2	Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

### CRITERIA FOR ESSENTIAL AREA 1: PURPOSE AND MISSION

**Element 1.1 The provider must have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided and expected results of the program.**

Noncompliance	Has no mission statement.
Partial Compliance	Has mission statement, but omits one or more of the components, or has not been approved by the governing body.
Compliance	Has a mission statement that includes all of the basic components and is approved by the provider's governing body.
Exemplary Compliance	Has a mission statement approved by the governing body, that includes all of the basic components with a strong emphasis on assessment of results.

**Element 1.2 The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.**

Noncompliance	CME not mentioned in the parent organization mission statement and no support provided.
Partial Compliance	CME mentioned in the parent organization mission statement but no support provided <u>or</u> not mentioned in the parent organization mission statement but support provided.

Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility <u>and</u> human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.
Exemplary Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility <u>and</u> human resources, plus promotion of the function; and a CME mission statement that is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.

## IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 1

Accreditation requires an organization-wide commitment to the overall CME program. The CME mission statement defines what the organization, as a whole, intends to accomplish through its CME program and sets parameters for the implementation and evaluation of both individual activities and the overall CME effort.

Approval of the CME mission by the organization's governing body facilitates full organizational agreement with the CME program's purpose and facilitates allocation of resources needed to accomplish these goals.

The ultimate purpose of CME is optimum care. Therefore, the mission statement purpose should focus on the types of patient problems actually encountered by the organization's physician audience. These may be derived from such sources as public health statistics, community screening program data, current research relative to the respective patient population, or new modalities, diagnosis or treatment.

Expected results would include the accomplishments the CME program might expect with the implementation of the activities provided in the CME mission.

If a parent organization exists, its mission statement should refer to the CME function of the component accredited CME entity. There should be evidence of how the parent organization supports the CME program.

## ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

The provider must,

2.1	Use a planning process that links identified educational needs with a desired result in its provision of all CME activities.
2.2	Use needs assessment data to plan CME activities.
2.3	Communicate the objectives of the activity so the learner is informed before participating in the activity.
2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

**CRITERIA FOR ESSENTIAL AREA 2 – EDUCATIONAL PLANNING AND EVALUATION**

**Element 2.1 The provider must use a planning process that links identified educational needs with a desired result in its provision of all CME activities.**

Noncompliance	A planning process is not used.
Partial Compliance	A planning process is used inconsistently or does not reflect a link between identified educational needs and desired result.
Compliance	A planning process is used consistently that link(s) identified educational needs and desired result.
Exemplary Compliance	Innovative and creative planning process(es) used consistently, with documentation that identified needs contribute to appropriate methodology and desired results for the offered activities.

**Element 2.2 The provider must use needs assessment data to plan CME activities.**

Noncompliance	Needs assessment data are not used.
Partial Compliance	Needs assessment data are inconsistently used.
Compliance	Needs assessment data are consistently used.
Exemplary Compliance	Needs assessment data from multiple sources are consistently used to plan and evaluate activities.

**Element 2.3 The provider must communicate the objectives of the activity so the learner is informed before participating in the activity.**

Noncompliance	Objectives of the activity are not communicated to the learner and the faculty.
Partial Compliance	Objectives of the activity are inconsistently communicated to the learner and the faculty.
Compliance	Objectives of the activity are consistently communicated to the learner

Exemplary Compliance	and the faculty.  Objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner and the faculty.
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**Element 2.4 The provider must evaluate the effectiveness of the CME activities in meeting identified educational needs.**

Noncompliance	Educational activities are not evaluated.
Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.
Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.
Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.

**Element 2.5 The provider must evaluate the effectiveness of its overall CME program and make appropriate improvements to the program.**

Noncompliance	No mechanism in place to measure the program’s effectiveness or make improvements.
Partial Compliance	Mechanism in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.
Compliance	Mechanism in place to measure the effectiveness of the program with evidence that improvements have been made.
Exemplary Compliance	Innovative and creative mechanism(s) in place to measure the effectiveness of the program with evidence of improvement being made on a regular basis.

## **IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 2 – EDUCATIONAL PLANNING AND EVALUATION**

### **Needs Assessment**

Identification and analysis of CME needs provide the basis for developing educational activities and planning effective CME activities. Therefore, needs assessment is the first step in educational planning. Educational needs and interests are knowledge, skills or attitudes that physicians should, or may wish to, acquire, develop or reinforce. Needs may be demonstrated, expressed or presumed, and may be derived from a variety of sources.

### **Demonstrated Needs**

Demonstrated needs usually are based on objective data sources. Hospital and non-hospital health-related organizations must seek quality-driven information, which go beyond the opinions of the CME committee and the expressions of the physician constituency and reflect a gap between current practice and best practice. Demonstrated needs commonly are derived from:

- Epidemiological data
- Hospital or PRO medical audit or continuous quality improvement data
- Committee studies of hospital care
- Re-credentialing review
- Hospital morbidity and mortality data
- County and regional health department statistics
- National trends arising from national association studies
- Professional literature review
- United States health survey statistics

A recently identified source of educational needs is the Joint Commission on Accreditation of Healthcare Organization (JCAHO)'s Patient Safety Standards.

### **Expressed Needs/Interests**

Expressed needs usually are based on the opinions and experiences of potential participants. Expressions of need should be distinguished from expressions of interest. Needs may be expressed from a physician's sense of responsibility to maintain or improve professional performance, or to close a recognized gap in understanding, knowledge or skill. Interests may be expressed from a physician's desire to learn about an area of medicine not directly applicable to his or her medical practice. Expressed needs and interests are commonly derived from:

- Requests submitted on participants' activity evaluation forms
- Formal written surveys of potential participants
- Informal verbal comments
- Patient problem inventories compiled by potential participants
- Consensus of medical staff members within a department or service area

### **Presumed Needs/Interests**

Presumed needs are usually based on the opinions and experiences of program planners. Presumed needs are commonly derived from:

- New methods of diagnosis or treatment
- Availability of new diagnosis or treatment
- Development of new technology
- Input from experts regarding advances in medical knowledge
- Legislative or regulatory changes affecting patient care

Needs assessment sources are likely to yield more relevant topics than can realistically be addressed through available time and resources. Therefore, criteria should be developed to prioritize those topics likely to improve patient care and supported by several sources.

### **Educational Objectives**

The purpose of educational objectives are to: guide the CME planner in selecting appropriate teaching methods and educational design; provide a means by which the activity's effectiveness can be evaluated; and assist physicians in judging whether the activity will meet their needs or interests.

Identifying the target audience is a crucial step in program planning and design. It is impossible to determine specific content, objectives and teaching methods without knowing the characteristics and needs of the learners.

Objectives typically fall under the following general categories of identified need: 1) updating existing medical knowledge or skills; 2) acquisition of new concepts or methods; and 3) sharing of ideas to stimulate development of knowledge or skills. Well-written objectives should be specific, short-range, action-oriented and from the perspective of the learner.

### **Planning**

After the needs have been translated into specific educational objectives, the activity must be designed on the basis of what is likely to be most effective in accomplishing the objectives. The planning process should consist of needs assessment, identification of target audience, educational objectives, subject content to address the objectives, teaching methods and format, faculty selection, facilities arrangements, communication with faculty and potential participants and evaluation methods. One way to document the planning process is in minutes of CME committee meetings.

### **Communication with Faculty**

IMQ/CMA's CME Committee believes that, after the organization's CME committee has identified the need, objectives and target audience for the activity, the committee must communicate the need, objectives and target audience to the faculty in writing so that the speakers will clearly understand the committee's expectations. Any verbal communications with faculty should be followed by written communications.

### **Communication with Potential Participants**

The Essential Areas for accreditation fully subscribe to the principle that physicians are responsible for choosing their own CME based on their own perceived needs and educational preferences. To uphold this principle, it is essential that potential participants be given enough information to allow them to make informed choices about which CME activities to attend.

Various types of preliminary notices such as a calendar of listings or "mark your calendar" flyers may be distributed before all details of the activity are confirmed. These notices contain only general, preliminary information about the activity such as the date, location and title. If more specific information is included, such as the faculty and objectives, all information below should be included.

Final brochures and activities advertised by only one promotional piece should include the following information:

- Description of the *specific* audience for whom the program is designed
- Prerequisites or special background required for effective participation
- Names and credentials of program faculty
- Correct CME authorized wording

The following information must be included in program advertisements:

- Title of the activity and topics to be presented
- Statement of *specific* educational objectives
- The CME accreditation and credit designation statement
- Acknowledgement of educational grants or other financial contributions (if known at the time of the publication)

### **Activity Evaluation and Overall Re-Appraisal**

Evaluation is a process that measures the degree of achievement of a purpose or objectives. Evaluation is addressed from two perspectives: (1) reappraisal of the overall CME program; and (2) evaluation of individual activities, which collectively comprise the program. Reappraisal of the overall CME program is measured against criteria established in the organization's CME mission statement and overall goals, while activities are measured against the needs assessment and specific objectives formulated in the planning of these respective activities.

Activity Evaluation: Evaluation tools must assess the extent to which the need and objectives were met. Evaluation methods also must be consistent in scope with the educational activity and its objectives. For those activities based on expressed or presumed needs, questions may address the extent to which participants feel the activity will improve their effectiveness, what changes they will make in their practice as a result of the activity or the quality of the activity.

Providers are encouraged to attempt assessment of the effect of their CME activities on medical care.

In the hospital setting, review and tracking of clinical performance, performance improvement and utilization trends, changes in referral patterns, etc., can be useful evaluation tools. In the specialty society, or other non-hospital setting, follow-up of conference attendees, review of county and other regional health statistics and discussions with hospital-based CME committee members can be useful in determining any changes in clinical practice. Both hospital and non-hospital based CME committees are encouraged to use program evaluations in developing future activities.

Overall Reappraisal: Appropriate evaluation of CME activities should give the provider sufficient data to later assess the overall program against criteria established in the CME mission and goals. Reappraisal of the overall CME program should ideally occur at least yearly or continuously, but must occur at least once during the accreditation term. Conclusions from the annual assessment then should be used to improve the CME program for the future.

Annual reappraisal of the overall program and its effectiveness in accomplishing the CME mission can be reflected in the CME committee minutes. If no minutes are kept, the reappraisal and future directions should be recorded and used to help direct the overall program.

### ESSENTIAL AREA 3: ADMINISTRATION

The provider must,

3.1	Have an organizational framework for the CME unit, including a CME committee or advisory panel representative of the target audience, which provides the necessary resources to support its mission. If a parent organization exists, that organization must also support the mission.
3.2	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.
3.3	Present CME activities in compliance with IMQ/CMA's policies for disclosure and commercial support. (IMQ/CMA has adopted the ACCME Standards for Commercial Support as its policies for disclosure and commercial support.)
3.3a	Consistently disclose required information and relationships.
3.3b	Consistently be in control of content.
3.3c	Consistently ensure that promotion and education are separate.
3.3d	Consistently demonstrate appropriate management of funds from commercial supporters.

### CRITERIA FOR ESSENTIAL AREA 3 – ADMINISTRATION

**Element 3.1 The provider must have an organizational framework for the CME program including a CME committee or advisory panel representative of the target audience, which provide the necessary resources to support its mission. If a parent organization exists, that organization must also support the mission.**

Noncompliance	Organizational framework does not exist for the CME unit.
Partial Compliance	Organizational framework does exist for the CME unit but not all components of the Elements (resources and support) are present.
Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.
Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.

**Element 3.2 The 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.**

Noncompliance	Business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.
Partial Compliance	Not Available Option.
Compliance	Business and management policies and procedures are in place and are effectively used by the CME administration to meet its obligations and commitments.
Exemplary Compliance	Business and management policies and procedures are in place and are effectively used by the CME administration to meet its obligations and commitments in an innovative and creative manner.

**Element 3.3 The provider must present CME activities in compliance with IMQ/CMA’s policies for disclosure and commercial support. (IMQ/CMA has adopted the ACCME Standards for Commercial Support.)**

Noncompliance	<p>Provider</p> <ul style="list-style-type: none"> <li>• Does <u>not</u> disclose required information and relationships, <b><u>or</u></b></li> <li>• Does <u>not</u> maintain control of content, <b><u>or</u></b></li> <li>• Does <u>not</u> separate promotion from education, <b><u>or</u></b></li> <li>• Does <u>not</u> have oversight of funds.</li> </ul>
Partial Compliance	Not Available Option.
Compliance	<p>Provider</p> <ul style="list-style-type: none"> <li>• Consistently discloses required information and relationships; <b><u>and</u></b></li> <li>• Consistently is in control of content; <b><u>and</u></b></li> <li>• Consistently ensures that promotion and education are separate; <b><u>and</u></b></li> <li>• Consistently demonstrates appropriate management of funds from commercial supporters.</li> </ul>
Exemplary Compliance	<p>Provider is compliant with all aspects of IMQ/CMA’s policies for disclosure and commercial support, (i.e., the ACCME Standards for Commercial Support.) and has implemented a range of innovative and creative practices.</p>

**IMQ/CMA POLICIES AND GUIDELINES FOR ESSENTIAL AREA 3 – ADMINISTRATION**

**Organizational Framework**

**CME Committee**

Responsibility for the operation, continuity and oversight of the CME program must be designated to a committee within the organization. This committee must be clearly identified as an official component of the organization’s overall committee structure. The committee’s responsibilities and authority in the program’s operation, procedures for appointment and member tenure also must be clearly identified.

The committee should be comprised of members who have an active interest in CME and must be representative of the target audience.

To provide continuity for the CME program, tenure on the committee should exceed one year, and terms should be staggered so that no more than 50% of the members will change each year. The committee chair should serve at least two years.

Providers who do not have members or a medical staff must have a physician CME advisory committee composed of physicians who represent the potential audience to be served.

Many organizations, particularly large hospitals and medical centers, are involved in educational efforts which may include undergraduate and graduate medical education, allied health, nursing and patient education, as well as physician CME. The physician CME program should be distinctly separate from the organization's other educational endeavors.

### **Administrative Support**

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 the 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 well defined.

### **Program Continuity**

The organization must establish appropriate operating procedures and demonstrate that those designated responsibility for the program do, in fact, maintain effective control and oversight of CME planning, implementation and evaluation. The organization should develop strategies to assure committee member participation. Possible strategies include selecting a core committee, reminding committee members of meetings via telephone and e-mail, scheduling conference call meetings and requesting regular input from members who attend meetings infrequently.

The organization must not overly rely on the expertise of any one individual to maintain continuity in the program's planning or administration. The organization must provide for adequate back-up in both the committee and personnel structures to assure that the program will not falter during staff and committee member absence and turnover.

### **Financial Resource Allocations**

The size of the organization's budget and resource allocations must be sufficient to accomplish the organization's stated CME mission, to support activities as planned and to maintain the program in accordance with the Essential Areas. The provider should establish a separate budget specifically for the CME program. If extenuating circumstances make this impossible, the organization must at least be able to document a system of financial accountability which clearly and accurately identifies major areas of revenue and expenditures. CME revenue includes registration fees charged to participants, medical industry or other financial grants and the organization's own budget allocations.

IMQ/CMA recognizes that medical industry support can contribute significantly to the quality of CME activities. When such support is accepted, the organization must adhere to the ACCME Standards for Commercial Support of Continuing Medical Education, as outlined in this document. An over-reliance on medical industry funds to support the CME program, however, may indicate insufficient commitment from the organization's administration and is, therefore, discouraged.

### **CME Records**

The provider must maintain an accurate record of the credit earned by physician participants at its activities and be able to verify attendance and credit hours when authorized by the participant to do so.

Attendance records should be maintained for a minimum of six years. If an organization should become non-accredited, it still has the responsibility to retain physician attendance records for the minimum of six years. Other CME records, such as committee minutes, evaluation summaries, needs assessment data and activity files should be kept for the length of the last accreditation period or 12 months, whichever is longer, to document the application for accreditation.

### **CME Committee Minutes**

CME committee minutes can provide documentation helpful for accreditation, but are not required. If done well, minutes can demonstrate compliance with nearly all of the Essential Areas and their Elements within a concise, official record.

The primary purpose of minutes is to show that the committee:

- Has appropriate control and oversight of the overall CME program
- Assesses that activities and their objectives are appropriate within the context of the CME mission, needs assessment data and the target audience
- Assures that the activities are appropriately designed to meet the Essential Areas
- Reviews and utilizes evaluation data
- Annually reviews the CME mission and annually evaluates the overall CME program in terms of its accomplishment of the mission

Minutes should fully reflect meeting attendance and discussions relative to CME planning, implementation and review, not just motions and resulting actions.

When needs are identified through medical audit, committee minutes should reflect receipt and utilization of this input but need not compromise confidentiality or legal defense with specific details or cases.

### **Facilities and Arrangements**

Selection of appropriate facilities, arrangements and scheduling also are important factors in the offering of CME activities. Appropriate is defined as “conducive to learning.” Appropriate facilities and arrangements assure the comfort of the audience, enhance the learning experience and facilitate the accomplishment of the objectives.

Facilities which offer the opportunity for recreation and relaxation may facilitate the learning experience. Leisure activities, however, should complement rather than detract from the educational experience.

### **Legal Obligations**

CME providers should have policies and procedures in place to comply with their obligations as a business, e.g., laws such as the American Disabilities Act, Equal Opportunity Employer, and OSHA, as applicable.

# ACCME STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

## PREAMBLE

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose.

Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards for Commercial Support is to describe appropriate behavior of accredited providers in planning, designing, implementing and evaluating certified CME activities for which commercial support is received.

Approved by ACCME  
in September 2004

## ACCME THE STANDARDS FOR COMMERCIAL SUPPORT

*Standards to Ensure Independence in CME Activities*

### **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.

#### **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 sponsor.

**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.

#### **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 sponsor, 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 sponsor, 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.

#### **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 sponsor or educational partner.

### **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 enduring 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

- 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.

**4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

**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 Relevant financial relationships of those with control over CME content**

**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 trade name or a product group message.

#### **Timing of disclosure**

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

## Supplemental Policies for Accredited CME Providers

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### ENDURING MATERIALS

Enduring materials are educational materials which may be retained and used over a period of time. As opposed to materials such as slides, handouts, etc., which may be used by speakers as educational tools in the *presentation* of a CME activity, enduring materials *stand alone* as educational activities by themselves.

Examples of such materials include, but are not limited to, programmed texts, audio or video tapes, computer based learning materials including the Internet used alone or in combination with written materials for *unsupervised* learning by physicians. Reference books such as journals or textbooks are not included in this definition.

Enduring materials must meet the same criteria for accreditation as other activities planned and implemented by accredited providers. Sponsorship of such materials must be within the scope of the provider's CME mission. The activity must be based upon the identified needs of a specific group of physicians. The activity must have specific, written objectives which are communicated to the prospective participants. It must be designed to be consistent with the objectives. The activity must be evaluated and have attendance records which are accurately maintained and verifiable to the participant. One method of evaluating enduring materials is to provide a post-test to determine the information the participant learned from the materials.

## **WEB BASED CME**

CME activities delivered via the Internet or Intranet are expected to be in compliance with the IMQ/CMA CME Accreditation Standards. In addition, the accredited provider must adhere to the following provisions.

- An accredited provider should not place its CME activities on a pharmaceutical or device manufacturer's product website.
- With clear notification that the learner is leaving the educational website, links from the website of an IMQ/CMA accredited provider to pharmaceutical device manufacturers' product website are permitted before or after the educational content of a CME activity, but should 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.
- The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
- The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
- The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
- The accredited provider must be able to document that it owns the copyright for, or has received permission for the use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

## **JOURNAL BASED CME**

Journal-based CME is a form of enduring material; therefore, all accreditation requirements for enduring materials must be met.

The "activity" in 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 of the material as part of the learning process. Educational content must be within the IMQ/CMA's definition of continuing medical education).

The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.

## **JOINT SPONSORSHIP**

Joint sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider which must be reported to IMQ/CMA.

While the accredited provider is not obligated to enter into such relationships, the following requirements will apply if it chooses to do so.

The jointly sponsored activity must be planned and presented in accordance with the mission of the accredited provider.

The accredited provider must develop and utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities.

The accredited provider must be able to document that the activity was planned and presented in compliance with the IMQ/CMA CME Standards. In order to acceptably do so, the accredited sponsor must enter the joint sponsorship arrangement prior to the printing and dissemination of promotional materials containing registration information for the activity.

All promotional materials for jointly sponsored activities must carry the following statements:

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by IMQ/CMA to provide continuing medical education for physicians.

The (name of accredited provider) designates this educational activity for a maximum of (number of hours) hours in Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

## **CO-SPONSORSHIP**

If two or more accredited providers jointly plan and present CME activities, one accredited provider must assume responsibility for documentation and assurance that the Essential Areas and Policies of IMQ/CMA are met. CME activities that are co-sponsored should use the directly sponsored activity statement naming the one accredited provider that is responsible for the activity.

## **CONTENT VALIDATION**

The provider must base all the recommendations involving clinical medicine in a CME activity on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

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

Providers are not eligible for IMQ/CMA accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

## **NATIONAL VS. STATE CME PROGRAMS**

IMQ/CMA, in an attempt to foster continuing medical education of high quality at a reasonable cost, available to all physicians in California, specifies the following criteria of eligibility for accreditation.

- Organizations which offer a program of continuing medical professional medical education on a regular and recurring basis to physicians, and who serve registrants of whom more than 70% are from within California and its bordering states.
- Organizations which offer regular and recurring activities to registrants of whom more than 30% are from beyond California and its bordering states, should apply for national accreditation.

## **REGULARLY SCHEDULED CONFERENCES**

When presenting daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's professional staff, the provider must describe and verify that it has a system in place to monitor the activities' compliance with the IMQ/CMA CME Accreditation Standards, including the Standards for Commercial Support.

The provider must verify its system to monitor for compliance to assure that the activity:

- Is based on real performance data and information derived from the regularly scheduled conferences that describe compliance (in support of Elements 2.1-2.5 and 3.1-3.3), and Results in improvements when called for by this compliance data (in support of Elements 2.4-2.5 and 3.1), and
- Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3)

The provider must make available and accessible to the learners an information management system (examples include paper-, web-, or LAN-based systems) through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include:

- learner identifier
- name/topic of activity
- date of activity
- hours of credit designated or actually claimed

(Note: IMQ/CMA limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.

## **ACCREDITATION STATEMENT**

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

CME committee. The number of hours awarded are credited toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award. The accreditation statement should be included on all promotional material (except brief "save the date" announcements) as follows:

The (name of the accredited provider) is accredited by the Institute for Medical Quality and the California Medical Association to provide continuing medical education for physicians. The (name of the accredited provider) takes responsibility for the content, quality and scientific integrity of this CME activity.

The (name of the accredited provider) designates this educational activity for a maximum of (number of hours) hours of Category 1 credit toward the California Medical Association's Certification in Continuing Medical Education and the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

## **Policy/Procedures for Obtaining CME Accreditation**

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### **ACCREDITATION REQUIREMENTS**

#### **ELIGIBILITY**

Organizations eligible for IMQ/CMA CME accreditation include:

- Hospitals, clinics and other patient care facilities whose CME activities are directed toward their own constituency and physicians in the surrounding communities
- Medical organizations with a local, area wide or statewide scope.
- Health-related organizations whose primary goal is to educate, support or represent physicians such as professional liability insurance companies, bio-ethics groups, etc.

#### **INITIAL APPLICATION REQUIREMENTS**

To apply for accreditation, an organization must complete and submit an application for accreditation with appropriate documentation appended. **Prior to application**, the organization must have established a track record of providing continuing medical education activities under the auspices of a Committee on Continuing Medical Education either on its own, or in cooperation with another organization which is accredited to provide Category 1 CME activities. This track record shall include the planning and presentation of at least four CME activities under the auspices of the CME Committee. To be considered for accreditation, the application submitted to IMQ/CMA must include an accreditation processing fee, as stated in the application, and the following documentation:

1. A CME Program Mission Statement
2. A list of the most current CME activities provided within the previous 6-12 months.
3. Four monthly or one annual calendar of CME activities.
4. Planning/evaluation procedures and actions from at least four CME Committee meetings immediately preceding the application.
5. Program announcements from four CME activities immediately preceding the application.
6. A representative sample of evaluation forms from the four CME activities immediately preceding the application.
7. A line-item budget **expressly for the CME program** outlining the major categories of income (i.e., registration fees, funds from administration, commercial support grants, etc.) and expenses (i.e., speaker honoraria, printing, postage, facility and audio-visual equipment rental, if applicable, etc.).
8. A policy on the managing and monitoring of commercial support and sample faculty disclosure (conflict of interest) forms.
9. Although sign in sheets are not required by the 2005 Standards, the organization is still expected to keep and maintain the records for a period of six years.

**Please note:** While CME Committee meeting minutes are no longer required, they can be very beneficial in documenting the CME program planning and evaluation processes.

## **IMQ/CMA INITIAL APPLICATION PROCEDURES**

At the time of an organization's initial inquiry seeking information regarding accreditation, IMQ/CMA CME Accreditation Program staff informs applicants of the availability of a consultation program to assist the organization in preparing itself for an accreditation application.

Upon receipt of a completed application, an IMQ/CMA CME surveyor is assigned, and the organization notified of the name of the surveyor. The organization has the right to request a change of surveyor if a potential conflict of interest exists. The organization and surveyor set a mutually convenient time for a survey, which may last two-four hours, depending upon the size of the organization.

The following individuals should be available for the survey: 1) Director of Medical Education; 2) Chair of the CME Committee; 3) CME Coordinator; 4) Chair of the Performance Improvement Committee (if a hospital or other patient care facility); 5) Chief Executive Officer; and 6) Medical Librarian (if a hospital or other health-related organization).

The survey is conducted on-site, if it is a hospital, and sometimes at an off-site location if it is a non-hospital health-related organization (called a "reverse-site" visit.) Certain large, non-hospital organizations may receive an on-site visit.

## **IMQ/CMA CME COMMITTEE INITIAL ACCREDITATION DECISION**

Following the survey, the surveyor's report is reviewed at the next regularly scheduled IMQ/CMA CME Committee meeting. The IMQ/CMA CME Committee meets five times a year and, if needed, schedules conference calls. The IMQ/CMA CME Committee may reach the following decisions:

- Initial Accreditation – two years
- Initial Accreditation – one year provisional
- Action Deferred – pending receipt of additional information
- Accreditation Denied

On occasion, an interim report will be required of the organization which addresses recommendations noted in the organization’s accreditation award letter.

## **APPLICATION FOR REACCREDITATION**

Six months prior to the expiration date of an organization’s CME accreditation, IMQ/CMA mails a letter requesting completion of an application for reaccreditation to the organization. The organization is required to complete and return this application for reaccreditation to IMQ/CMA within sixty days of the date of this letter and provide documentation that the organization has addressed previous recommendations.

**Timely submission** of the application for reaccreditation is necessary for continuity of accreditation. If IMQ/CMA has not received the application for reaccreditation within the stated time period, IMQ/CMA will send a letter to the organization requesting submission of the application. Failure to respond to these communications in a timely manner may result in cancellation of the organization’s accreditation.

The IMQ/CMA CME Accreditation Program keeps organizations informed of their accreditation status through the application process, including times when there may be lapses in accreditation. If an organization’s application was received by IMQ/CMA within sixty (60) days of the date of IMQ/CMA’s letter of request for a reapplication, and a surveyor could not survey the organization on time, a temporary accreditation status shall be granted. If an organization’s application is not received on time, a temporary accreditation status shall not be granted.

Applications for reaccreditation are assigned to an IMQ/CMA CME surveyor for review. Hospitals are reviewed on-site, and certain, large, non-hospital organizations may receive an on-site visit. Other health-related organizations are sometimes reviewed in a “reverse-site” visit, in which the organization representatives attend a meeting with the surveyor at an off-site location.

The following individuals should be available for the survey: 1) Director of Medical Education; 2) Chair of the CME Committee; 3) CME Coordinator; 4) Chair of the Performance Improvement Committee (if a hospital or other health-related organization); 5) Chief Executive Officer; and 6) Medical Librarian (if a hospital or other health-related organization).

## **IMQ/CMA CME COMMITTEE REACCREDITATION DECISION**

Following the survey, the surveyor’s report is reviewed at the next scheduled IMQ/CMA CME Committee meeting. The IMQ/CMA CME Committee meets five times a year, and, if needed, schedules conference calls. The Committee may reach the following decisions:

- Reaccreditation – two years with or without an interim report
- Reaccreditation – four years with or without an interim report
- Probationary reaccreditation– one year (cannot be extended beyond two consecutive probationary reaccreditations)
- Action Deferred – pending receipt of additional information
- Accreditation Denied

## **POST-SURVEY PROCEDURES**

IMQ/CMA mails the organization’s accreditation award packet within thirty (30) days of the IMQ/CMA CME Committee meeting. The packet includes the organization’s award letter, official accreditation decision report, accreditation certificate, and the document with authorized wording for indicating that the program is approved for CME Category 1 credit. The official accreditation decision report may also include specific recommendations for improvement.

## **INTERIM REPORTS**

Accredited providers may be required by the IMQ/CMA CME Committee to submit an interim report by a specified date during their accreditation period. Interim reports may be called for if significant changes are occurring or have taken place in the organization; when an area of concern has been noted by successive CME surveyors; or when a specific recommendation(s) for improvement has not been addressed. The provider may be notified at the time of accreditation of any interim report requirement, including the need to address specific issue(s), as appropriate. The interim report is received by an assigned surveyor and, if sufficient improvement has not been made, an on-site survey may be recommended by the IMQ/CMA CME Committee. If the IMQ/CMA CME Committee recommends an on-site survey, the organization will be notified and the on-site survey scheduled.

## **ANNUAL REPORTS**

Accredited providers must complete an Annual Report each year. Every provider will be required to pay an ACCME Annual Report Fee of \$80.00. Every provider will be required to complete Annual Report information, whether in their applications for accreditation, or on a separate Annual Report Form. This information will be collected and forwarded to the ACCME. Providers who are not paying an accreditation fee to IMQ/CMA in the current year will be required to send to IMQ/CMA a \$275.00 Annual Report Fee in addition to their \$80.00 ACCME Annual Report Fee. The information provided in response to the questions in the Annual Report Form assures that the ACCME has current information on IMQ/CMA CME providers. Following receipt of the Annual Reports, IMQ/CMA will make available to its accredited CME providers an aggregated summary of the data submitted to give its providers a picture of CME in California, especially the type and number of CME activities offered in the state, as well as the amount of commercial support granted to the state’s CME programs.

## **RECONSIDERATION AND APPEAL AND ADVERSE ACCREDITATION DECISIONS**

An adverse accreditation decision is a decision by the Institute for Medical Quality and the California Medical Association’s Committee on Continuing Medical Education to deny or withdraw a hospital or other health-related organization’s CME accreditation or to place the organization on probation.

When this occurs, the institution will be notified of the basis for the decision and of its right to request reconsideration in accordance with the following procedures:

### **STEP 1: RECONSIDERATION PROCESS**

The applicant must submit a written request for reconsideration within 60 days of the organization's receipt of notification of the adverse decision to begin the reconsideration process. Requests must be addressed to the CME Program Administrator, CME Accreditation Program, California Medical Association, 221 Main Street, San Francisco, CA 94105.

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

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written documentation of the IMQ/CMA CME Accreditation Standards, as published and distributed to all accredited CME providers prior to the time of review.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the CMA CME Accreditation Standards.

The request must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in reconsideration of the Committee's decision.

If a request for reconsideration is properly filed, the organization's status will remain as it was prior to the adverse decision until the Committee has completed action upon the request.

Upon receipt of the request, a member of the IMQ/CMA CME Committee, who was not the original surveyor, will be asked to review the request. This reviewer will be provided with all material used in the accreditation decision, as well as information and documentation submitted with the request for reconsideration. The reviewer may request additional information from the original surveyor. Further, the IMQ/CMA CME Committee may request an additional on-site survey to discuss the Committee's action and the request for reconsideration.

The reviewer will submit a report of his/her findings to the IMQ/CMA CME Committee for action at its next regularly scheduled meeting. Within 10 working days of the Committee's action, the organization will be notified in writing of the Committee's decision.

### **STEP 2: APPEALS PROCESS**

A request for an appeal will be accepted only in cases where the adverse decision is first upheld under the reconsideration process. If the IMQ/CMA CME Committee sustains its adverse decision, the organization may request a hearing before an appeals board.

To file an appeal, the organization must submit a written request for appeal, within 15 working days of the organization's receipt of notification of the sustained adverse decision. Appeals should be addressed

to the chairperson of CMA's Board of Trustees. The appellant should send supportive documentation to support the appeal.

The chairperson or designee will forward a copy of the appeal to the IMQ/CMA CME Committee, which shall provide a written response within 15 working days, a copy of which will also be sent to the appellant.

The CMA Board of Trustees will review the appeal and make a final decision based upon the original application and/or the reaccreditation material. No material developed after the survey is to be introduced.

A request for an appeal may be filed only under one or more of the conditions listed below. The appeal must describe the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based upon the evaluation of arbitrary factors not addressed in the written requirements of the IMQ/CMA CME Accreditation Standards, as published and distributed to all CME providers prior to the time of review.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the institution was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The organization's appeal may be based only upon written documentation and conditions that existed at the time of the application review and on-site or off-site survey.

Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or considered in the appeal process. If a request for an appeal is properly filed, the organization's status will remain as it was prior to the adverse decision until the CMA Board of Trustees has taken final action on the appeal.

The decision of the CMA Board of Trustees will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the IMQ/CMA CME Committee.

## **VOLUNTARY WITHDRAWAL FROM THE CME ACCREDITATION PROGRAM**

Organizations which decide to cease offering Category 1 CME as a CMA-accredited provider must notify the CME Accreditation Program of their decision. Organizations seeking to restore their ability to offer Category 1 CME credit as IMQ/CMA-accredited CME providers, will be considered initial applicants and must follow the procedures for applying for initial accreditation, as outlined in the section, Initial Application Requirements.

## **IMQ/CMA Services for CME Providers/Resources**

### **CME SURVEYORS**

Physicians are selected to be members of IMQ/CMA's CME Surveyor Committee based upon their extensive knowledge and experience in continuing medical education. They include members of IMQ/CMA's Committee on Continuing Medical Education and physicians who have been recommended by component medical societies. All surveyors are CMA members.

CME Surveyors are considered for reappointment every year by IMQ/CMA's Committee on Continuing Medical Education based upon their attendance at an annual surveyor training session and IMQ/CMA's annual CME provider conference, and a consideration of other ongoing qualifications. Surveyors receive communications and assistance from CMA's Committee on Continuing Medical Education throughout the year to enhance their understanding of CME, sensitivity to CME providers, and surveying skills.

### **IMQ/CMA CONSULTATIVE SERVICES**

IMQ/CMA's Committee on Continuing Medical Education offers consultative assistance to CME providers who seek help establishing a new CME program or strengthening an existing one. CME consultations assist CME providers in understanding the IMQ/CMA Accreditation Standards for CME and their particular application to individual CME programs.

An experienced CME surveyor provides consultations on-site. They are confidential and do not impact an organization's next accreditation survey.

For information regarding a CME consultation, please contact the CME Accreditation Program at (415) 882-5182 or on-line at [www.imq.org](http://www.imq.org).

### **ANNUAL CME PROVIDER CONFERENCE**

An annual educational conference is offered for CME providers, which focuses on state and national trends affecting CME, an understanding of the IMQ/CMA CME Accreditation Standards, and hands-on practical sessions in program planning techniques. For information regarding this conference, call the CME Accreditation Program at (415) 882-5182 or on-line at [www.imq.org](http://www.imq.org).

### **SAMUEL R. SHERMAN, MD, AWARDS FOR MERITORIOUS ACHIEVEMENT IN CONTINUING MEDICAL EDUCATION**

You are encouraged to submit an application for the 2005 Samuel R. Sherman, M.D., Award that will be presented at the Annual CME Provider Conference. The Chair of IMQ/CMA's Committee on Continuing Medical Education will present this award for outstanding achievement in continuing medical education. This award honors Samuel R. Sherman, M.D., who was a San Francisco surgeon and noted pioneer in continuing medical education.

Sherman awards are given in two areas: 1) demonstration of the linkage between performance improvement and CME and 2) evidence of innovation in program planning. For more information about the Sherman Award, please contact (415) 882-3370. For an application, please visit our web site. The deadline for submitting the application is **April 1**, of every year.

## **NEWSLETTER, *THE ACCREDITATION QUARTERLY***

IMQ/CMA offers a newsletter to accredited CME providers to assist them in understanding state and national issues affecting continuing medical education.

## **CME CERTIFICATION PROGRAM**

The Institute for Medical Quality and the California Medical Association offer physicians and organizations a CME certification program which verifies and records physicians' individual Category 1 credit hours. Physicians enrolled in the program have ready access to their individual Category 1 credit hours and information regarding the Medical Board of California's CME requirements to maintain medical licenses. Physicians enrolled in the program qualify for CMA's Certificate in Continuing Medical Education and satisfy the American Medical Association's Physician's Recognition Award requirements.

IMQ/CMA's CME Certification Program was designed to promote and document physicians' commitment to continuing medical education, to demonstrate to the public physicians' dedication to high quality medical care, and to acknowledge a variety of methods by which learning occurs. Over 15,000 physicians are enrolled in this program.

## **REGIONAL CME ASSOCIATIONS**

IMQ/CMA encourages and supports regional CME associations whose mission is to assist CME providers in understanding and implementing the IMQ/CMA Accreditation Standards. One such group is the Southern California Medical Education Council (SCMEC). Information about these groups may be obtained by contacting the CME Accreditation Program.

## **FURTHER INFORMATION**

For more information on the CME Accreditation Program, please call or write:

CME Accreditation Program  
Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105  
(415) 882-5182

For more information on the CME Certification Program, please call or write:

CME Certification Program  
Institute for Medical Quality  
221 Main Street, Suite 210  
San Francisco, CA 94105  
(415) 882-3387

Visit the Institute for Medical Quality's website at: [www.imq.org](http://www.imq.org).

## Appendix

# IMQ/CMA CME Accreditation Program Policies and Procedures

*Institute for Medical Quality  
A Subsidiary of the California Medical Association*

### CONTINUING MEDICAL EDUCATION ACCREDITATION PROGRAM POLICIES AND PROCEDURES

Throughout this document, the term “organization” and “provider” are used broadly to include hospitals, professional societies, agencies and other entities providing CME for physicians. The term “program” refers to an organization’s overall CME effort.

#### A. Accreditation Requirements

##### 1. Eligibility

Organizations eligible for CMA accreditation are:

- Hospitals, clinics and other patient care facilities whose CME activities are directed to their own constituency and physicians in surrounding communities.
- Medical organizations with a local, area wide or statewide scope.
- Health related organizations whose primary role is to educate, support or represent physicians such as professional liability insurance companies, bio-ethics groups, etc.

The decision of the Committee on Continuing Medical Education regarding eligibility is final.

##### 2. Initial Application Requirements

An organization desiring to apply for accreditation should first review the “CME Accreditation Program: A Guide to Continuing Medical Education in California.” The following requirements must be met before applying for accreditation:

- **Established Educational Program**  
Organizations applying for CME accreditation must have an established continuing medical education program. Dedication to the improvement of health care through physician education is essential.

- **Track Record**  
Applicants must document their ability to provide CME which meets the IMQ/CMA CME Accreditation Standards. This is accomplished by conducting and documenting at least four (4) Continue Medical Educational (CME) programs.
- **Hospital Survey**  
All non-federal hospitals applying for CME accreditation must be approved through the Consolidated Accreditation and Licensure Survey (CALs) and/or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or be licensed by the Department of Health Services.
- **Federal or military hospitals, to be eligible for CME accreditation, should be accredited by the Joint Commission on the Accreditation of Healthcare Organizations.**

**B. Committee on Continuing Medical Education Action on Application**

**1. Initial Application**

At the time of an organization’s initial inquiry seeking information regarding accreditation, the CME Accreditation Program staff shall inform applicants of the availability of a consultation to assist the organization in preparing itself for an accreditation application.

Upon receipt of a completed application, an IMQ/CMA CME surveyor is assigned, and the organization notified of the name of the surveyor. The organization has the right to request a change of surveyor if a potential conflict of interest exists. The organization and surveyor set a mutually convenient time for at least a two-four hour survey, depending upon the size of the organization.

The survey is conducted on-site if a hospital, and sometimes at an off-site location if a non-hospital healthcare organization (called a “reverse site” visit). Certain large, non-hospital organizations may receive an on-site visit

The Committee on Continuing Medical Education makes one of the following decisions:

- Initial Accreditation--two years
- Initial Accreditation--one year provisional
- Action Deferred--pending receipt of additional information
- Accreditation Denied

The Committee on Continuing Medical Education may require an interim report.

## 2. Reaccreditation Application

Six months prior to the expiration date of an organization's CME accreditation, IMQ/CMA mails a letter requesting completion of an application for reaccreditation to the organization, including an Annual Report Form. The organization is required to complete and return this application for reaccreditation and the Annual Report Form to IMQ/CMA within sixty (60) days of the date of this letter and provide documentation that the organization has addressed previous recommendations. Should an organization fail to reapply and their accreditation expire, IMQ/CMA sends the organization a letter indicating that the organization's CME accreditation has expired, and the organization may no longer provide Category 1 CME activities.

The CME Accreditation Program shall keep organizations informed of their accreditation status through the application process, including times when there may be lapses in accreditation.

The CME Accreditation Program shall make clear in writing to organizations the time frame require to receive, survey and have the IMQ/CMA CME Committee take action upon an accreditation application indicating that:

- a. if an organization's application was received within sixty (60) days of the date of the IMQ/CMA letter, and a surveyor could not survey the organization on time (before the organization's expiration date), a temporary accreditation status shall be granted.
- b. if an organization's application was **not** received on time, a temporary accreditation status shall ***not be granted***.

Applications for reaccreditation will be assigned to a CME surveyor for review. Hospitals are reviewed on-site, and certain, large, non-hospital organizations may receive an on-site visit. Other healthcare organizations are sometimes reviewed in a "reverse site visit" in which the organizational representative attend a meeting with the surveyor at a conveniently located facility.

Reverse site visits are arranged for several organizations to attend on a single day, each organization having received a pre-set time for the interview. The organization's physician representative and other support staff, as appropriate, are interviewed by the surveyor and the previously submitted material is reviewed.

The CME Accreditation Program shall request surveyors to schedule their surveys within a month from the date they receive the pre-survey materials and complete and send their surveyor reports to the CME Accreditation Program staff within two weeks following the date of the survey.

### 3. Committee on Continuing Medical Education Reaccreditation Decision

The Committee on Continuing Medical Education meets five times a year, and, if needed, schedules interim conference calls.

The surveyor report is reviewed at the next regularly scheduled Committee on Continuing Medical Education meeting. The following are potential decisions:

- Reaccreditation--four years with or without an interim report
- Reaccreditation--two years with or without an interim report
- Probationary Reaccreditation--one year (cannot be extended beyond two consecutive probationary reaccreditations).
- Action Deferred--pending receipt of additional information
- Accreditation Denied

The Committee on Continuing Medical Education may require an interim report.

IMQ/CMA will mail an organization's accreditation packet within thirty (30) days after the Committee on Continuing Medical Education meeting. The packet will include the award letter, official accreditation report, the accreditation certificate, CME logos and the document with authorized wording for indicating the program is approved for Category 1 CME credit. The official accreditation report also may include specific recommendations for improvement.

### 4. Interim Reports

Accredited providers may be required by the Committee on Continuing Medical Education to submit an interim report by a specified date during their accreditation period. Interim reports may be called for if significant changes are occurring or have taken place, when an area of concern has been noted by successive CME surveyors, or when a specific recommendation(s) for improvement has not been addressed. The provider will be notified at the time of accreditation of any interim report requirement, including the need to address the specific issue(s), as appropriate. The interim report is reviewed by an assigned surveyor, and, if sufficient improvement has not been made, an on-site survey may be recommended to the Committee on Continuing Medical Education.

If the Committee on Continuing Medical Education approves an on-site survey, the organization will be notified and the on-site survey scheduled accordingly.

## 5. Annual Reports and Fees

Accredited providers will be required to complete Annual Report information, whether on its application for accreditation, or on a separate Annual Report Form. The information provided in response to the questions on the form ensures that the IMQ/CMA and the ACCME have current information on IMQ/CM providers. IMQ/CMA will make available to providers an aggregated report of the data submitted. Every provider will be required to pay an ACCME Annual Report Fee of \$80.00. In addition to the \$80.00 ACCME Annual Fee, accredited providers will be required to pay an IMQ Annual Report Fee of \$275.00. Providers who are in the accreditation process are exempted from the IMQ Annual Report Fee of \$275.00 in the year the application fee is paid.

### C. Reconsideration and Appeal of Adverse Accreditation Decisions

An adverse accreditation decision is a decision by the Institute for Medical Quality and the California Medical Association's Committee on Continuing Medical Education to deny or withdraw a hospital or other health-related organization's CME accreditation or to place the organization on probation.

When this occurs, the institution will be notified of the basis for the decision and of its right to request reconsideration in accordance with the following procedures:

#### Step 1: Reconsideration Process

The applicant must submit a written "Request for Reconsideration" within 60 days of the organization's receipt of notification of the adverse decision to begin the reconsideration process. Requests must be addressed to the Program Administrator, CME Accreditation Program, California Medical Association, 221 Main Street, Suite 210, San Francisco, CA 94105.

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

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the IMQ/CMA CME Accreditation Standards, as published and distributed to all accredited CME providers prior to the time of review.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.

- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The request must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in reconsideration of the Committee's decision.

If a request for reconsideration is properly filed, the organization's status will remain as it was prior to the adverse decision until the Committee has completed action upon the request.

Upon receipt of the request, a member of the IMQ/CMA CME Committee, who was not the original surveyor, will be asked to review the request. The reviewer will be provided with all material used in the accreditation decision, as well as information and documentation submitted with the request for reconsideration. The reviewer may request additional input/information from the original surveyor. Further, the IMQ/CMA CME Committee may request an additional on-site or off-site survey to discuss the Committee's action and the request for reconsideration.

The reviewer will submit a report of his/her findings to the IMQ/CMA CME Committee for action at its next regularly scheduled meeting. Within 10 working days of the Committee's action, the organization will be notified in writing of the Committee's decision.

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

## Step 2: Appeals Process

A request for an appeal will be accepted only in cases where the adverse decision is first upheld under the reconsideration process. If the IMQ/CMA CME Committee sustains its adverse decision, the organization may request a hearing before an appeals board.

To file an appeal, the organization must submit a written "Request for Appeal" within 15 working days of the organization's receipt of notification of the sustained adverse decision. Appeals should be addressed to the chairperson of CMA's Board of Trustees. The appellant should send supportive documentation to support the appeal.

The chairperson or designee will forward a copy of the appeal to the IMQ/CMA CME Committee, which shall provide a written response within 15 working days, a copy of which will also be sent to the appellant.

The CMA Board of Trustees will review the appeal and make a final decision based upon the original application and/or the reaccreditation material. No material developed after the survey is to be introduced.

A request for appeal may be filed only under one or more of the conditions listed below. The appeal must describe the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in the written requirements of the IMQ/CMA CME Accreditation Standards, as published and distributed to all accredited CME providers prior to the time of review.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the institution was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The organization's appeal may be based only upon written documentation and conditions that existed at the time of the application review and on-site or off-site survey.

Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or considered in the appeal process. If a request for an appeal is properly filed, the organization's status will remain as it was prior to the adverse decision until the CMA Board of Trustees has taken final action on the appeal. The decision of the CMA Board of Trustees will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the IMQ/CMA CME Committee.