



Pennsylvania
MEDICAL SOCIETY®

Guide to the Accreditation Process:

June 2019 and October 2019 Cohorts

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Overview and Background Information

Conducting Your Self-study

The self-study is a crucial accreditation document and plays an integral part of the review process. The self-study process requires the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *self-study report* is specified by the Pennsylvania Medical Society's CME Advisory Panel, but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many individuals in the process. Regardless of the size or nature of your program, the self-study is intended to address:

- Clarity of CME Mission - the extent to which your organization has met its CME Mission tied to the learners' practice gaps and educational outcomes (C1, C12)
- Activity planning and delivery - the extent to which, in the context of meeting your CME mission, your organization produces CME that:
 - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2)
 - Is designed to change competence, performance, or patient outcomes (C3)
 - Includes formats appropriate for the setting, objectives, and desired results (C5)
 - Is in the context of desirable physician attributes (C6)
- Compliance with Standards of Commercial Support – education is independent of commercial interests, separate from promotion, with appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10)
- Overall program evaluation - an analysis of factors that supported or detracted from the CME mission being met (C11, C12) including how implemented improvements helped your organization better meet its mission (C13)
- Accreditation with Commendation - Providers have the option to choose whether or not they want to apply for accreditation with commendation. Providers receiving accreditation decisions through November 2019 may choose Option A or Option B.

Option A includes seven criteria (C16-22) that demonstrate engagement with healthcare environment.

Option B provides a menu of 16 criteria (C23-38) from which providers must select and present evidence for eight criteria, including at least one from "Achieves Outcomes". **See separate document titled "Self-Study Menu Commendation Form"**.

Resources to Support the Accreditation Process

PAMED's accreditation process is facilitated by your use of documents and completion of forms available in the CME Accredited Providers Collaboration Site. You can access this site by following the instructions below:

1. Log into PAMED's website (www.pamedsoc.org)
2. Scroll down to the Welcome Box and click on "Collaboration Sites"
3. Click on "CME Accredited Providers Collaboration Site"
4. click on "Accreditation Documents";
5. click on the document(s) you need





Under **Accreditation Documents** you will find the following related content:

- [Accreditation Requirements \(Criteria & Policies Language\)](#)
- [Guide to the Accreditation Process](#)
- [Self Study Table of Contents](#)
- [Self Study Outline Application Form](#)
- [Self Study Menu Commendation Form](#)
- [Organizational Demographic Form](#)
- [PIP Structured Abstract Template](#)
- [Survey Schedule Template \(Morning/Afternoon\)](#)
- [Accreditation Survey Evaluation](#)

Accreditation Timeline and Provider Milestones

Reaccreditation Timeline –October 2019 Decision Cohort

This timeline is a key resource in your organization’s preparations of its self-study materials.

Date	Milestone
March 1, 2018 (June 2019) July 3, 2018 (Oct 2019)	PAMED mails Reaccreditation notification to provider with form “Intent to Reapply for Accreditation” and provides reference details to online documents and forms used in the process.
 Sept 7, 2018 (June 2018) January 3, 2019 (Oct 2019)	Provider deadline for submission of: Intent to Apply for Reaccreditation with three potential dates identified for onsite interview.
Oct-Nov 2018 (June 2019) Feb - March 2019 (Oct 2019)	PAMED confirms accreditation site visit with providers.
 December 2018 (June 2019) April 1, 2019 (Oct 2019)	Provider updates PARS with <u>all available information</u> for activities scheduled for current year through term expiration.
December 2018 (June 2019) April 2019 (Oct 2019)	PAMED informs provider of activity files selected for performance-in-practice review. Provider uses structured abstract template to document these selected activity files.
 Jan 25, 2019 (June 2019) May 23, 2019 (Oct 2019)	Provider deadline for submission of completed self-study report & files
 Mar 1-April 26, 2019 (June 2019) July 8 – Aug 30, 2019 (Oct 2019)	Accreditation interviews occur.
June 2019 October 2019	CME Advisory Panel meeting – survey team accreditation reports reviewed.
June 2019 October 2019	Provider receives written accreditation decision from PAMED.

Member Services/CME/Provider Accreditation-Process & Surveys/Surveys/Forms/2018 Survey Documents/Accreditation Timeline & provider Milestones

Data Sources Used in the Accreditation Process

PAMED's accreditation process is an opportunity for each provider to demonstrate that its practice of CME is in compliance with the ACCME's accreditation requirements through three primary sources of data about the provider's CME program:

- 1. Self-study Report:** Providers are expected to *describe* and provide *examples* of their CME practices. When describing a practice, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. When asked for an example of a CME practice, PAMED expects to see documentation/documents/materials that demonstrate the *implementation* of the practice that was described.
- 2. Performance-in-Practice (PIP) Review:** Providers are asked to verify that their CME activities meet the PAMED/ACCME Accreditation requirements through the documentation review process.

PAMED will select up to 15 activities for which the provider will be expected to prepare evidence of performance-in-practice.

- 3. Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practices described and verified in the self-study report or activity files.

Expectations about Materials

The materials submitted to PAMED, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly represent the organization, and are the property of the organization.

Materials submitted for accreditation (self-study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Missing or Incomplete Information

Meeting all of the deadlines in the reaccreditation review process will result in a timely accreditation decision from PAMED in February, June, or October as applicable. Please note: in some cases, PAMED is unable to render a decision due to missing or incomplete information. If this occurs, PAMED reserves the right to request additional information, temporarily extend the accreditation term of the provider, and/or reschedule the date of an accreditation site survey.

PLEASE PAY CAREFUL ATTENTION TO THE **DUE DATES** AND THE **REQUIREMENTS** FOR ORGANIZING AND FORMATTING THE SELF-STUDY.

These requirements facilitate the review of your program. Missing deadlines or not fulfilling the requirements can result in 1) suspension of the reaccreditation process, resulting in the provider's review being deferred to the next cohort, 2) extension fee required, and 3) all self-study materials discarded, and another complete set will be required by the new deadlines.

Expectations for Regularly Scheduled Series (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission, fulfills the ACCME requirements, and potentially demonstrates the provider's engagement with the system in which it operates – just like any other activity type.

If Regularly Scheduled Series (RSS) activities are chosen for Performance-in-Practice, the provider should submit evidence for the series, not just for a single session or a sampling of sessions. The series is in the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.

A Regularly Scheduled Series (RSS) is a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

Self-study Report for CME Accreditation: Contents, Structure and Format

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Contents of the Self-study Report for ACCME Accreditation

Important - When the words “you” or “your” are used throughout this document, the terms refer to everyone planning and developing CME activities accredited through your organization (CME office, other departments, other organizations, etc.)

I. Introduction

A. Size and Scope of the Program

1. Complete and include the Organizational Demographic Form
2. Attach copies of your organization’s annual reports filed through the ACCME Online Provider Database for each year of your current accreditation term

B. Self-study Report Prologue

1. Describe a brief history of your CME Program. This can include:
 - a. How long a CME program has been offered at your institution
 - b. An overview since the last survey including challenges, changes in leadership, staffing or direction
 - c. An update on any areas of deficiency noted at the time of your last survey
 - d. When a representative(s) from your organization participated in any educational offerings provided by PAMED, ACCME, MAACME, ACEPH, etc. such as an annual CME provider conference, conference calls, provider online forum, webinars, etc.
2. Describe the leadership and structure of your CME Program. If your organization utilizes a CME Committee or similar group to manage the CME program, describe the structure of the CME Committee including how members are selected or appointed, how long each member serves on the committee, and the primary responsibilities of the CME Committee.
3. Attach a list of your CME Committee members indicating their specialty or department within your organization.
4. Attach copies of the minutes from any CME Committee meetings over the last 12-month period.

Note: PAMED/ACCME Accreditation Requirements contain more detailed information (full language) about the Criteria, Standards for Commercial Support and Policies and can be found on the CME Accredited Provider Collaboration site at pamedsoc.org.

II. Purpose and Mission (Criterion 1)

- A. **Attach** your CME mission statement. Identify and highlight expected results of the program, with expected results articulated in terms of changes in competence, performance, or patient outcomes. (C1)

NOTE: The Expected Results section of the mission statement does not have to specifically include the words “competence, performance, or patient outcomes” but the details written in this section must imply and address changes related to competence, or performance, or patient outcomes.

III. Educational Planning (Criteria 2-7 SCS1) and ACCME Policies

The next set of items is designed to gather information on the educational planning process. Describe the following components of your organization’s planning process including:

- A. **How** you identify the problems in practice (practice gaps) related to your learners. (C2)
- B. **How** you identify what the educational needs are related to the practice gaps. In other words, how do you determine if the underlying needs related to the practice gaps are knowledge-based (needs information or skill), competence-based (doesn’t know when or how to apply the information or skill in practice) or performance-based (fails to apply information or skill in practice)? (C2)
- C. **What** your activities are designed to change: competence, and/or performance, and/or patient outcomes. (C3) (*this should align with your mission statement expected results*)
- D. **What** educational formats (i.e., activity type and methodology) you use and why you use them. (C5)
- E. **How** the formats are appropriate to the setting, objectives, and desired results of an activity. (C5)
- F. **That** your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6)
- G. **How** your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a. identification of needs; b. the determination of educational objectives; c. the selection and presentation of content; d. the selection of all persons and organizations in a position to control the content; e. the selection of educational methods, and f. the evaluation of the activity. (C7 SCS1)
- H. **Attach** documentation/documents/materials from **two** activity examples that illustrate all of the steps of the planning process you have described. For both of the activity examples, explicitly identify and/or describe:
- (1) The problem, or professional practice gap, the activity was addressing. (C2)
 - (2) The educational need that was underlying this gap for your learners. (C2)
 - (3) What the activity was designed to change (competence, performance, or patient outcomes). (C3)
 - (4) The format of the activity. (C5)
 - (5) The desirable physician attribute associated with the activity. (C6)
 - (6) That the activity was designed to ensure independence from commercial interests. (C7 SCS1.1)

IV. Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 & SCS6)

- A. Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization's mechanism(s) for disqualifying individuals who refuse to disclose. (C7 SCS 2.1, 2.2)
- B. Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to the planning and delivery of a CME activity. (C7 SCS 2.3)
- C. Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. Include how you resolve COIs for planners and speakers/authors. (C7 SCS 2.3)
- D. Describe** your organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, including "in-kind" support, if applicable. (C7 SCS 6.1-6.5)
- E. Attach** two activity examples that illustrate your descriptions above. For each activity example, explicitly show and/or describe:
- (1) Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff). (C7 SCS 2.1)
 - (2) That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified. (C7 SCS 2.1)
 - (3) The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity. (C7 SCS 2.3)
 - (4) Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. (C7 SCS 6.1, 6.2, 6.5)
 - (5) If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including "in-kind" support, from commercial interests. (C7 SCS 6.3-6.5)

V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (Criterion 8)

NOTE: All organizations must respond to items A - B, regardless of whether or not your organization accepts commercial support.

- A. Do you provide honoraria and/or expense reimbursement to planners, teachers, and/or authors? If yes, attach** your written policies and procedures governing honoraria and/or reimbursement of expenses for planners, teachers, and/or authors. If you do not provide honoraria and/or reimbursement of expenses enter below “we do not provide honoraria” and/or “we do not reimburse expenses” for teachers, planners, reviewers, or authors.” (C8 SCS 3.7-3.8)
- B. Describe** how you ensure that social events do not compete with or take precedence over educational activities. (C8 SCS 3.11)

NOTE: If your organization accepts commercial support respond to C - E; if not, go to Section VI.

- C. Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1)
- D. Describe** how you ensure that all commercial support is given with your organization’s full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved in the activity. (C8 SCS 3.3; 3.9)
- E. Attach an example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. (C8 SCS 3.4-3.6)

VI. Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criteria 9-10)

NOTE: All organizations must respond to this section, regardless of whether or not your organization accepts commercial support or arranges for commercial exhibits or promotion.

- A. Do you organize commercial exhibits in association with any of your direct or jointly provided CME activities? If yes, describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. **If no, write “No”.** (C9 SCS 4.1)
- B. Do you arrange for advertisements in association with any of your CME activities? If yes, describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. **If no, write “No”.** (C9 SCS 4.2, 4.4)

C. Describe the planning and monitoring your organization uses to ensure that:

- (1) The content of CME activities does not promote the proprietary interests of any commercial interests. *(C10 SCS 5.1) (i.e., there is not commercial bias)*
- (2) CME activities give a balanced view of therapeutic options. *(C10 SCS 5.2)*
- (3) The content of CME activities is in compliance with the ACCME's content validity value statements. *(Policy on Content Validation)*

ACCME's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

VII. Evaluation and Improvement (Criteria 11-13)

- A. Describe** how your organization assesses changes in learners' competence, or performance, or patient outcomes as a result of your accredited CME activities.
- B.** Based on data and information from your program's activities/educational interventions, provide a summary/analysis of changes achieved in your learners' competence, performance, or patient outcomes. (C11)
- C.** Based on data and information gathered **describe** your conclusions regarding your organization's success at meeting the expected results of your CME mission. (C12)
- D.** As a result of your program-based analysis, **describe** the needed or desired changes in the overall program (e.g. planners, teachers, infrastructure, methods, resources, facilities, interventions) that could help you better meet your CME mission that have been identified, planned and implemented. (C13)

VIII. Records and Retention

- A. **Describe** the mechanism(s) your organization uses to record and verify physician participation in CME activities for six years from the date of your activities. Include information regarding how long your organization retains attendance records as well as what documentation you furnish to participants to verify participation in activities.
- B. **Provide** an example of a report, certificate, or other document you produce for an individual to show their participation in CME.

Submitting for Accreditation with Commendation

Your organization has three options regarding submitting for Commendation:

- Apply for accreditation with commendation answering questions related to Criteria 16-22 – OPTION A is available for cohorts whose terms expire prior to November 2019.
- Apply for accreditation with commendation answering questions related to Criteria 23-38 – OPTION B is available to cohorts whose terms expire prior to and after November 2019. After 11/2019 this is the only option for those pursuing commendation.

IX. Option A - Criteria 16-22

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

Option B: Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)

If your organization chooses Option B, you must demonstrate compliance with any seven criteria from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Please do not include descriptions/evidence for more than eight criteria.

Note: The Option B, Menu commendation application questions can be found in a separate Self Study Report Outline document titled *Self Study Report Menu Commendation* that must be completed and submitted as a separate document along with your main Self Study report and activity files.

Below are the Option B criteria and critical elements

A. CATEGORY: Team-Based Education

Promotes Team-Based Education (C23) If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, please:

- 1) **Attest:** Include the following statement, with the name of your organization and the individual responsible for your CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 23](#) in at least 10% of the CME activities (but no less than two activities) during the accreditation term. [INDIVIDUAL NAME, title]

- 2) **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8)¹.

For each example activity you present, please provide the name/date/type of the activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of the competence or performance of the healthcare team (maximum 250 words per example).

Engages Patient/Public Representatives (C24) If your organization engages patient/public representatives in the planning and delivery of CME, please:

- 1) **Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 24](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- (2) **Submit Evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; Large:6; extra-large: 8)

For each example activity you present, please provide the name/date/type of the activity and describe in what way the planners and presenters of the activity represent the patient or public, along with the role they played in the planning/presentation of your CME activity (maximum 250 words per example).

Engages Health Professions' Students (C25) If your organization engages health professions' students in the planning and delivery of CME, please:

- (1) **Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 25](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- (2) **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the health professions' students involved in the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity (maximum 250 words per example activity).

B. CATEGORY: Addresses Public Health Priorities

Health and Practice Data for Healthcare Improvement (C26) If your organization advances the use of health and practice data for healthcare improvement, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

- 1) **Describe** how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.
- 2) **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data and how the activity used health/practice data to teach about healthcare improvement (maximum 250 words per activity description).

Factors Beyond Clinical Care (C27) If your organization addresses factors beyond clinical care that affect the health of populations, please:

- 1) **Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 27](#) in at least 10% of the CME activities (but no less than two) reported during the accreditation term. [INDIVIDUAL NAME, title]

- 2) **Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health (maximum 250 words per example).

Collaboration to More Effectively address Population Health (C28) If your organization collaborates with other organizations to more effectively address population health issues, please **describe** four collaborations with other organizations during the current term of accreditation and **show** how these collaborations augmented your organization's ability to address population health issues (maximum 250 words per collaboration).

C. CATEGORY: Enhances Skills

Optimize Communication Skills of Learners (C29) If your organization designs CME to optimize communication skills of learners, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

*For each example activity you present, please provide the name/date/type of the activity and describe the elements of the activity that were designed to improve communications skills. In addition, please describe the evaluation of communications skills used for learners in this activity (maximum 250 words per example). For each activity, **include an example** of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).*

Technical and Procedural Skills (C30) If your organization designs CME to optimize technical and procedural skills of learners, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

*For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners (maximum 250 words per example). For each activity, **include an example** of the formative feedback provided to a learner about technical or procedural skills. This may be a written description if the feedback was provided verbally.*

Individualized Learning Plans (C31) If your organization creates individualized learning plans for learners, please **submit evidence** of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (small: 25; medium: 75; large: 125; extra-large: 200).

*Please **provide a description** of the types of individualized learning plans that you have offered (maximum 250 words).*

Support Strategies to Enhance Change (C32) If your organization utilizes support strategies to enhance change as an adjunct to its CME, please:

- 1) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for Criterion 32 in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- 2) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the support strategy(ies) that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategy(ies) and describe planned or implemented improvements (maximum 250 words per example).

D. CATEGORY: Demonstrates Educational Leadership

Engages in Research and Scholarship (C33) If your organization engages in CME research and scholarship, please:

- 1) **Describe** at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, manuscript) (maximum 250 words for each project).
- 2) For each project described above, **include**, the project itself (e.g. poster, abstract, presentation, manuscript).

Continuous Professional Development of CME Team (C34) If your organization supports the continuous professional development of its CME team, please **describe** your organization's CME team, the CPD needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated (maximum 500 words).

Creativity and Innovation (C35) If your organization demonstrates creativity and innovation in the evolution of its CME program, please present four examples of innovations implemented and **describe** each innovation and how it contributed to your organization's ability to meet your mission (maximum 250 words per innovation).

E. CATEGORY: Achieves Outcomes (at least one required)

Improvement in Performance of Learners (C36) If your organization demonstrates improvement in the performance of learners, please:

- 1) **Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:
 - a. *On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 36](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]*
- 2) **Submit** a description(s) of the method(s) used to evaluate learner performance.
- 3) **Submit** evidence for the number of activities that match the size of your CME program, (small: 2; medium: 4; large: 6; extra-large: 8).
For each example include the following information:
 - Activity title
 - Activity date
 - Activity type
 - Mechanism to determine change in performance of learners
 - Number of learners that participated in the activity
 - Number of learners that participated in the evaluation
 - Number of learners that improved their performance

Healthcare Quality Improvement (C37) If your organization demonstrates healthcare quality improvement related to its CME program please:

- 1) **Describe** at least two examples in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted (maximum 500 words per collaboration).
- 2) **Include data** (qualitative or quantitative) the demonstrates those improvements.

Impact on Patients (C38) If your organization demonstrates the impact of its CME program on patients or their communities, please:

- 1) Describe** at least two examples of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted (maximum 500 words per collaboration).
- 2) Include data** (qualitative or quantitative) that demonstrates those improvements.

Creating your Self-study Report

Everyone has different writing and organizational skills. PAMED has compiled the following tips to help you as you begin the self-study process.

1. **Review the Self Study Report Outline Form.** Are you familiar with the terms? Do you understand what is being asked? If you have any questions, reach out to one of your CME peers or to the PAMED CME office for clarification.
2. **Identify and invite other people** such as your CME Chair and CME Committee, quality improvement department, allied healthcare representatives, etc. who should assist in writing the self-study or compiling supporting materials to be included in the self-study. Discuss the self-study and their potential role in the process.
3. **Start early.** Don't wait until the last minute to start writing the self-study. Other projects always crop up and waylay the best made plans.
4. **Consider creating a timeline** outlining when each section should be completed, and who is responsible for materials within that section. As mentioned in Item 2, perhaps there are multiple people who can assist in the writing or compiling of the self-study components.
5. **Gather documentation/examples first.** If you have your policies, activity examples, etc. in front of you, it may be easier to describe your organization's practices when writing the narrative.
6. **Talk with other people involved in CME** planning/needs assessment for your organization about any other roles they serve within your hospital/health system or in the community. How are these individuals positioned to help your organization address practice gaps, identify factors that could impact patient outcomes, build bridges with other stakeholders, and/or address barriers to physician change?
7. **Don't let a section derail your efforts.** If you find one section more difficult to address, move onto another section and go back to the tougher tasks later. Keeping positive helps you keep moving forward.
8. **Be direct in your narrative; don't embellish but don't skimp.** The survey team has a lot of data to review when reading the self-study. Be thorough and present a complete story but restrict the narrative to relevant information. On the other hand, a one sentence response probably doesn't do justice to your CME program.
9. **Engage multiple reviewers.** Ask your CME Committee and any other applicable leadership to review the self-study. Do the reviewers think you have adequately described your program and included appropriate examples?

Organizing your Self-study Report

The self-study report must be in a PDF format and bookmarked according to the nine sections in the Self Study Report Outline. This outline must also be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below:

- I. Introduction
- II. Purpose and Mission (C1)
- III. Educational Planning and ACCME Standards for Commercial Support – Independence (C2-C7 SCS 1) and ACCME Policies
- IV. Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (C7 SCS 2 and SCS 6)
- V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)
- VI. Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (C9-C10)
- VII. Evaluation and Improvement (C11-C13)
- VIII. Attendance Records and Retention Policy
- IX. Engagement with the Environment: Accreditation with Commendation Option A (C16-C22) or Option B (C23-38 Menu)

EXAMPLE TABLE OF CONTENTS

	<u>PAGE</u>
V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)	
A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8)	45
B. Describe how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.1)	50

Formatting your Self-study Report

1. **Provide required narrative and attachments** for each item indicated on the PAMED self-study report outline.
2. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.
NOTE: A single attachment can be used to satisfy multiple requirements. Please include a copy only in the section where the attachment is first referenced. Do not append a copy to other sections of the self-study; rather make reference to the page in the self-study where the attachment is appended and then include comments on the specific details of the attachment that are relevant to the current section.
3. **Include a table of contents** that follows the self-study report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.
4. **Consecutively number each page** in the PDF including the attachments.
5. **Type with at least 1” margins** (top, bottom and sides), using **11-point type or larger**.
6. Include a **cover letter** with the self-study that is **signed by the CME Chair and the CEO** of the organization to verify that the self-study was reviewed and approved by these leaders prior to submission to PAMED.
7. **PAMED has moved to an electronic submission process.** You will upload to the Accredited provider collaboration site at pamedsoc.org a copy of the Self-Study Report and the individual activity files selected for review on the same date. See Instructions for Submitting Materials to PAMED in section 5.

Materials not submitted according to required specifications may be returned at the organization's expense. This may result in a delay in the accreditation review process and may impact your organization's accreditation status. Particularly important format considerations are size and pagination.

Review of Performance-in-Practice Content, Structure and Format

4

Content of Your Performance-in-Practice Review Materials

The performance-in-practice (PIP) review allows providers to demonstrate compliance and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate compliance may be directly related to one specific activity or may be related to many activities, within your overall program of CME activities. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an individual activity meets expectations. Providers must include such materials and they must be labeled as evidence to verify compliance.

Facilitation of PAMED's review of a provider's PIP in its activity files involves three stages:

- (1) Provider updates PARS with known information about the CME activities that their organization has provided or will provide through the expiration date of the current term.
- (2) PAMED selects up to 15 activities for PIP review and notifies provider.
- (3) Provider uses the PIP Structured Abstract Template and submits a copy of each file to the CME accredited Provider Collaboration Site by the specified due date prior to the site survey.

Updating PARS & Selection for Performance-in-Practice Review

The CME Staff will generate a list of activities for your organization from the ACCME's Program and Activity Reporting System (PARS). From this list the staff will identify those activity files for your organization to submit for performance-in-practice review. Notification of the selected files will be sent to you via email at least 30 days prior to the due date for the files.

NOTE: In order for this staff to create this list, you will need to make sure that all of your activities for the current year are entered into PARS by the due date specified on the timeline. All activities that occurred, been approved and scheduled must be entered into PARS. This means that some activity information may not yet be available and the activities will be in "open" status.

If your organization only enters activities into PARS at the end of the year using batch upload, then you will have to send via email an activity file list for the current year(s) to the CME office. Remember to include all offered and scheduled to be offered activities. Ensure that your RSSs are listed yearly, and as one activity (not all sessions within an RSS) with the start date being the first date it was offered in the 12-month period. "Recurring", means the same content offered multiple times to different audiences and all of the offerings must be listed as separate activities.

Preparing Evidence for Performance-in-Practice Files

All activity files that have been selected for review must be prepared using the **PIP Structured Abstract template**. (*Stick on labels are no longer used*).

Step A – Downloading the Performance-In-Practice Structured Abstract Template

To download the Performance-in-Practice Abstract Template follow the instructions below:

- **log into** www.pamedsoc.org
- Scroll down to the Member Resources Box and click on “My Collaboration Sites”
- From the list of Collaboration Sites, Click on “CME Accredited Providers Collaboration Site”
- Click on the Reaccreditation Documents, then download the Structured Abstract

Step B: Instructions for Preparing Performance-in-Practice Review using the Structured Abstract Template

The instructions for using the structured abstract are listed on the abstract template. Complete the text-limited fields, tables, and attach evidence that verifies the activity meets the PAMED/ACCME’s requirements.

- *RSS Activity Files:* When organizations are submitting RSS activity files for performance-in-practice review, evidence should be submitted for the entire RSS series, not just a single session or a sampling of sessions. The series is the activity, and compliance for the RSS activity should be demonstrated in the same manner as for a large annual meeting with multiple sessions. Disclosure information from all those in control of content for the entire series needs to be included in your evidence. This may be submitted on a single spread sheet listing the person, role, company, nature of relationship, & COI resolution. Additionally, disclosures made to learners at all sessions will need to be submitted. Please contact the CME office if you have any questions.
- *Internet activities:* **provide a direct link to the online activities or the URL, and a username and password, when necessary.** If an Internet activity selected is no longer available online, you may submit the activity saved to flash drive or provide access on an archived web site. If PAMED surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization’s current accreditation review.

Submit your **Self Study Report and Performance-In-Practice files in electronic format:**

Note: Submission in electronic format may require an Adobe Acrobat updated version

1. Save the evidence for each activity as a separate PDF file. The file you create should appear as a single document when opened. Please create and label bookmarks to correlate with the “bookmarks” (attachments) listed on the structured abstract. E.g. “Bookmark 1”. If a bookmark does not apply you should state “this does not apply” on the label and on a blank page. Use the following format for the file name: Brief activity title Date of activity (YYYYMMDD)
2. Save a copy of all the PDF files for your organization including your Self-Study Report and PIP files and **upload the documents to the collaboration site following the instructions below:**
 - log into www.pamedsoc.org
 - Scroll down to the Welcome Box and click on “Collaboration Sites”
 - Click on “CME Accredited Providers Collaboration Site”
 - View and or download the Instructions for uploading documents
 - Click on “+new document” to browse and select the file you are submitting
 - Upload each document individually, completing the questions for each one each time. The drag/drop feature is not available.
 - You will receive multiple emails letting you know we have received each document

Please contact the PAMED CME office with any questions!

Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. PAMED surveyors will be assigned to review the self-study materials you submit to PAMED. These surveyors will then meet with representatives of your CME program to engage in a dialogue about your CME program and your organization's policies and practices to ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies. At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted. PAMED surveyors are expected to conduct their interactions with providers in a professional manner. You can expect surveyors to be familiar with your materials and the ACCME's Accreditation Criteria and Policies. Surveyors are expected to communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

Interview Format

PAMED utilizes a face-to-face personal interview format. A survey team will travel to the provider location. Please refer to the template provided regarding times and components of the onsite interview. The interview should take approximately 2 hours or less.

PAMED will prompt the provider to submit three tentative interview date preferences using a written response form. PAMED staff will confirm your assigned surveyor(s) and the interview date and time approximately three months in advance via email. You will be asked to confirm receipt of this communication via a reply email.

Preparing for the Accreditation Interview

In preparing for the onsite interview, PAMED offers the following tips:

1. **Organize a "team"** to meet with the surveyors. Have a knowledgeable group gathered to answer questions from the surveyors the day of the interview. Consider including representatives from senior management and your CME committee. You may want to also invite representatives from various departments/entities that are involved in the activity planning/needs assessment process, healthcare team education, and/or quality improvement initiatives for your organization.
2. **Review the self-study with the team.** Make sure everyone has seen a copy of the self-study report. Are there certain team members that should answer questions in one area, while others would be the best candidates to answer questions in another area?
3. **Convey the survey schedule** to members of your team. Everyone's time is valuable. Make sure your team is aware of the time commitments – be clear about where you want them to be, at what time, and for how long.

Decision Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by PAMED's CME Advisory Panel based on the data and information collected in the accreditation process. The CME Advisory Panel will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized at one of three regularly scheduled meetings of the Advisory Panel (February, June, or October) and accreditation decisions are rendered at these meetings.

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of PAMED decisions is also enhanced by the use of a criterion-referenced decision-making system.

Accreditation decision letters are sent to providers via mail following the meeting at which the accreditation materials were reviewed, and prior to the expiration of the provider's current term of accreditation.

Levels and Terms of Accreditation Awarded

Organizational accreditation is awarded based on an applicant's ability to meet the PAMED/ACCME Accreditation Requirements that are applicable at the time of an accreditation decision. Satisfactory compliance with various criteria will indicate a provider's level of accreditation:

- Level 1 – Provisional Accreditation – *Initial Applicants Only* – Meet or Exceed Criteria # 1-3, 7-12
 - Accreditation Term – 2 years
- Level 2 – Accreditation – Meet or Exceed Criteria #1-13
 - Accreditation Term – 4 years
- Level 3 – Accreditation with Commendation – Meet or Exceed Criteria #1-22 (or option B Menu of Commendation Criteria requirements).
 - Accreditation Term – 6 years

Please refer to the [PAMED/ACCME Accreditation Requirements](#) for detailed information (full language) about the Criteria, Standards for Commercial Support and Policies on the CME Accredited Provider Collaboration site at pamedsoc.org.