

Rhode Island Medical Society's Accreditation Requirements

The Rhode Island Medical Society (RIMS) recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. RIMS also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements. RIMS' accreditation requirements and policies, therefore, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies, RIMS has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Essential Areas and Elements, the Standards for Commercial Support, and Accreditation Policies are the requirements which a provider must meet for accreditation.

Essential Areas and Elements

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be 'In Compliance.'

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	The provider must, E 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.	C 1 The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
	<p>[Note: Regarding E 3.3 and C7 to C10 - RIMS' policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities; and (2) RIMS' policies applicable to commercial support and disclosure. All these materials can be found on www.rimed.org/cme]</p>	

Essential Area and Element(s)	Criteria for Compliance
Essential Area 3: Evaluation and Improvement	<p>The provider must,</p> <p>E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>
	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions</p> <p>C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>

Accreditation with Commendation	<p>In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>
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Requirements for Initial Accreditation

Those institutions and organizations desiring accreditation from the Rhode Island Medical Society must demonstrate the following criteria:

1. Offer a program of continuing medical education for physicians on a regular and recurring basis with specific educational objectives and methods for review and evaluation.
2. The capacity to carry on the education of physicians in a medical or medically-related field must be documented.
3. A commitment to continuing medical education must be evident in their adopted policies.

If a provider meets the above requirements, it should submit a request to RIMS' CME Coordinator for an accreditation application. Upon completion, the application along with supporting documents should be submitted in triplicate to RIMS. The application and supporting material will be reviewed by two CME surveyors, members of RIMS CME Committee, to determine whether information presented is sufficient to justify scheduling a site survey visit. The CME Coordinator notifies the applicant regarding scheduling and confirmation of a survey visit; usually at a time when a CME activity can be observed by the survey team. In order to allow sufficient time for the appointment of the survey team and the exchange of information, one to three months notice will be given prior to the time of the survey visit. A bill for the survey fee will be sent to the applicant at this time; \$750 for initial application, \$1,000 per year thereafter.

Requirements for Continued Accreditation

According to the terms of previous accreditation, the CME Coordinator will advise accredited providers when they may apply for continued accreditation.

Those organizations seeking continued accreditation will follow the same procedure as that of initial accreditation. This requires submission of an application which will be provided by the

CME Coordinator. The application and any supporting documents must be submitted in triplicate. A site survey will be scheduled.

If the survey team is satisfied that the CME provider demonstrates continued compliance with the Essential Areas and Elements and policies, it will submit a recommendation for accreditation, depending on individual circumstances. The CME Committee will make the final decision on accreditation.

The Decision Making Process

The decision making process begins with review of an institution's self study; followed by the on-site survey. A survey report is submitted to RIMS CME Committee and a vote is taken by the committee regarding the institution's accreditation status. This process provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of RIMS' decisions are also enhanced by RIMS' criterion-referenced decision-making system.

The decision-making process assesses providers' level of compliance with RIMS' accreditation requirements based on information furnished by the provider via the self-study report as well as information collected by RIMS' accreditation surveyors. Compliance options for each individual Requirement include:

- Compliance
- Non-Compliance

Types of Accreditation

Initial and Re-accreditation Decisions

Based on the accumulated compliance findings for each individual accreditation requirement, RIMS makes a decision regarding the provider's accreditation status. This decision could be one of five options:

1. Provisional Accreditation,
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, or
5. Non-Accreditation.

1. **Provisional Accreditation:** Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a **two year term**. To achieve Provisional Accreditation, the applicant must be found in compliance in nine (9) Level 1 requirements. RIMS may grant "Extended Provisional" accreditation to an already provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. **Accreditation:** Accreditation is the standard status for re-accreditation applicants, and is associated with a **four year term**. For accredited providers seeking accreditation, non-compliance with any accreditation requirement will necessitate a progress report and/or full survey. Failure to demonstrate compliance in a progress report and/or full survey may result in Probation.

3. Accreditation with Commendation: Accreditation with Commendation is associated with a **six year term**, and is available only to re-accreditation applicants. A reaccreditation applicant is considered for Accreditation with Commendation if the applicant meets the criteria for Accreditation with Commendation: Compliance with Criteria 1 - 22

Providers that meet the criteria for Accreditation with Commendation but have a Criterion in Non-Compliance may be eligible to receive Accreditation with Commendation, and a term extension of two years only once they have demonstrated through a Progress Report compliance with the Element(s) that was previously in Non-Compliance. RIMS will consider a provider eligible for a change in accreditation status if the provider is able to demonstrate that the issue in question was brought into Compliance within the first two years of the current accreditation term.

4. Probation: An accredited program that seriously deviates from compliance with the accreditation requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate compliance in a progress report.

Providers who receive Probation at re-accreditation receive the standard **four-year term of accreditation for two years, maximum**. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a progress report is received, validated, and accepted by RIMS.

Probation may not be extended. Therefore, providers on Probation that fail to demonstrate compliance with all RIMS requirements within two years will receive Non-Accreditation.

Note that Provisionally accredited providers cannot be put on Probation. Rather, Provisionally accredited providers that seriously deviate from compliance will receive Non-Accreditation.

5. Non-Accreditation: Although decisions of Non-Accreditation are rare, RIMS reserves the right to deliver such decisions under any of the following circumstances:

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in compliance in all accreditation requirements. Initial applicants who receive Non-Accreditation may not be reviewed again by RIMS until one year from the date of RIMS' decision.
- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a progress report. For accredited providers on Probation, non-compliance with any one of the Elements will be cause for Non-Accreditation.
- After undergoing a re-accreditation process. Accredited providers that seriously deviate from compliance will receive Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the RIMS decision. RIMS will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is only permitted to sponsor accredited CME activities that they have already planned for that year, but may not plan any new activities from the date of its Non-Accreditation decision.

The provider is also responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.

RIMS may refuse to grant accreditation to an initial applicant, if upon review of the application by a CME Committee member and the CME Coordinator, the applicant does not meet the Essential Areas and Elements and Policies.

Any institution that is denied or has their accreditation withdrawn must wait a period of six months before submitting a new application.

Progress Report Decisions

Some providers are required to submit Progress Reports to RIMS. A decision regarding a provider's progress report could be one of three options.

1. Accept: RIMS accepts a progress report when the provider has submitted evidence of Compliance with the requirements that were in Non-Compliance. A provider's demonstration of Compliance in all Elements will result in its ability to complete its four-year term with a status of Accreditation.

Providers who meet the criteria for Accreditation with Commendation, but have a Criterion in Non-Compliance, may have their accreditation status changed to Accreditation with Commendation and their term extended by two years (for no more than a total of six years from the original accreditation decision), once they have demonstrated through a progress report Compliance with the Element(s) that were previously in Non-Compliance.

2. Clarification Required: In the case that the provider has corrected most of the Criteria that were in Non-Compliance, but some additional information is still required to be certain the provider is in Compliance, an additional progress report may be required.

3. Reject: RIMS rejects a progress report if it does not provide evidence that the areas of Non-Compliance have been corrected. Either a second progress report or a focused accreditation survey may be required. RIMS can place a provider on Probation or Non-Accreditation as the result of findings on a progress report.

Duration of Accreditation

The awarded accreditation is effective on the date of decision by the RIMS CME Committee. The period of accreditation will extend from the effective date of accreditation until the provider's subsequent application for continued accreditation is acted upon. The date of non-accreditation of a formerly accredited provider will be determined by the RIMS CME Committee but will not be less than 60 days and not more than one year following the date of action.

The RIMS CME Committee may re-evaluate a provider at any time if information is received indicating that the provider may no longer be in compliance with the Essentials.

Required Reports

Annual Report: The form of data collection that requires an annual submission of data from

each accredited provider and allows the RIMS to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Progress Report: A report prepared for RIMS by the accredited provider communicating improvements in the provider's program to demonstrate compliance with the Essential Areas and Elements/accreditation policies that were found in non-compliance during the most recent accreditation review.

If any report indicates major deficiencies or non-compliance with the Essential Areas and Elements/accreditation policies, the Committee may initiate a resurvey prior to the prescribed resurvey period.

All accredited institutions are responsible for promptly informing RIMS whenever changes to its program occur. Changes which must be reported include, but are not necessarily limited to the following:

- Turnover in CME Committee chair.
- Turnover in the institution's ownership, CEO, president, or other administrator with ultimate responsibility for the program.
- Turnover, addition, or decrease in CME administrative personnel.
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources.

Designation of CME Credit Requirement

The designation of CME credit relates to the requirements of credentialing agencies, certificate programs, or membership qualifications of various societies, and the accredited provider is responsible to these agencies, programs, and societies in the matter of designation of credits and verifications of physician attendance. The designation of credit for specific CME activities is not within the purview of RIMS or the ACCME.

It is the responsibility of the director of CME in a Rhode Island Medical Society (RIMS) accredited institution or organization to comply with the rules and regulations of the appropriate credentialing and qualifying bodies regarding the designation of CME credit for specific activities and to ensure the proper wording of the designation statements in promotional literature. The following is an example of such statements:

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

Accreditation Statement Requirement

The accreditation statement requirement is the standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly provided activity --An activity planned and implemented by a RIMS accredited provider of CME.

The (name of the accredited provider) is accredited by the Rhode Island Medical Society to

provide continuing medical education for physicians.

Jointly sponsored activity --An activity planned and implemented by one Rhode Island Medical Society accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Essential Areas and Policies.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Rhode Island Medical Society (RIMS) through the joint providership of (name of accredited provider) and (name of non- accredited provider). (Name of accredited provider) is accredited by (RIMS or the ACCME) to provide continuing medical education for physicians.

Record/Activity File Retention Requirement

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

This policy does not take the place of, and should not be confused with, the requirement of the retention of physician participation records (attendance records) for at least six year.

Standards for Commercial Support Requirement:

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. RIMS 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.⌘

RIMS does not consider providers of clinical service directly to patients to be commercial interests. For the purposes of eligibility, RIMS considers the following types of organizations eligible for accreditation and free to control the content of CME (Standard 1):

- *Liability insurance providers*
- *Health insurance providers*
- *Group medical practices*
- *For-profit hospitals*
- *For-profit rehabilitation centers*
- *For-profit nursing homes*

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. RIMS defines “relevant’ financial relationships” as

financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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

With respect to personal financial relationships, 'contracted research' includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant. (relevant to Definition of Financial Relationship and SCS 2.1)

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 during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

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

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Monies paid by commercial interests to providers for this promotional opportunity are not considered to be 'commercial support' of CME. Accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to these exhibits.

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.

The acknowledgement of commercial support may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

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. ⌘

Providers must be able to supply written verification if appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:

- *A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: (a) that verbal disclosure did occur; and (b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2); and*
- *The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.*

