



**RIMS Guide to the  
Accreditation Process:  
Demonstrating the  
Implementation of the  
Updated Accreditation Criteria**

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# Overview and Background Information

## Contents of these Materials

These materials were developed by the ACCME. These materials are divided into areas, as outlined on the table of contents:

1. Overview & Background Information
2. The Role of Verification in the Accreditation Process
3. Contents Structure and Format of the Self Study Report for ACCME Accreditation
4. Review of a Provider's Performance-in-Practice
5. Interview
6. Decision Making Process
7. Accreditation Timelines

## Conducting Your Self Study

The Self Study process provides an opportunity for 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 ACCME, 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 or just a few individuals in the process. Regardless of the size or nature of your program, the Self Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- 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 content matched to your learners' current or potential scopes of practice (C4),
  - Includes formats appropriate for the setting, objectives, and desired results (C5),
  - Is in the context of desirable physician attributes (C6),
  - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10).
- How implemented improvements helped your organization better meet its mission (C13 – C15).
- The extent to which your organization is engaged with its environment (C16-C22).

## Resources to Support the Accreditation Process

The accreditation process is facilitated by your use of documents and completion of forms available on [www.accme.org](http://www.accme.org). Please refer to the “Documents and Forms Library” page of the ACCME’s website for the section “Materials for **November 2009** Decision Cohort.” You will find the following documents and forms in that section:

1. ACCME Guide to the Accreditation Process
2. Demographic Information Form
3. Summary of CME Activities
4. Self Study Report Tabs Template
5. CME Activity List
6. Performance-in-Practice Review Labels

## Data Sources Used in the Accreditation Process

RIMS *verifies* that a provider meets the ACCME's accreditation expectations *in practice* through a review of materials used in the planning and implementation of individual CME activities or groups of activities and materials used in the administration of a CME program.<sup>1</sup>

RIMS' accreditation process is **an opportunity** for each provider to verify its practice of CME. In the accreditation process, these opportunities are in the following forms:

**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, RIMS expects to see documentation/documents/materials that demonstrate the implementation of the practice that was described. This means using documentation/documents/materials from activities that have been planned and/or implemented. **Unless otherwise noted**, RIMS expects to see actual materials or completed forms.

**Performance-in-Practice Review:** Providers are expected to demonstrate and verify that their CME activities meet ACCME's Updated Criteria through the documentation review process. RIMS will select up to 5 activities that your organization will be expected to present to RIMS for review. This review is based on the ACCME's Updated Criteria. Information on this process is provided in this guide as well as in the "Instructions for Submitting CME Activities List" (enclosed). In addition to documentation review, initial applicants must have an activity review prior to Accreditation. The CME activity may be of any format and will entail surveyor observation.

For **re-accreditation**, RIMS will select up to 7 activities for which the provider will be expected to present evidence of performance-in-practice to RIMS for its documentation review.

For **initial accreditation**, the organization will identify at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. In addition to documentation review, the initial applicant must have an activity review prior to Accreditation. The CME activity may be of any format and will entail surveyor observation.

**Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the RIMS survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

The Self Study Report, the Performance-in-Practice Review, and the Accreditation Interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-22. RIMS expects all organizations

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<sup>1</sup> The administration of a CME program may create evidence that is applicable to some or all CME activities. For example, a provider may have a strategic planning retreat and determine one or more professional practice gaps which ALL of its CME activities should be designed to fill.

to verify the extent to which the organization meets Criteria 1-15. Not all providers will meet C16-22, which could lead to Accreditation with Commendation. However, the information gathered through your organization's responses will be used to determine eligibility for Accreditation with Commendation.

## Expectations for Regularly Scheduled Series (RSS)

Providers that produce Regularly Scheduled Series (RSS) need to ensure that their program of RSSs contributes to fulfilling the provider's mission, fulfills RIMS' requirements, and manifests a provider's engagement with the system in which they operate – just like any other activity type.

RIMS is aligning its expectations about RSSs with the 2006 Updated Accreditation Criteria. Your organization's 'monitoring' process, and its results, will be described and verified as part of Criteria 11 and 12. As with any activity type, you will need to have information on the Compliance of your program of RSSs with Criteria 2 through 10 in order to draw conclusions in C11 and C12. Your conclusions about your Compliance, and your improvement plans, will be reported as part of Criteria 13, 14 and 15.

RIMS expects that:

1. All series, and all sessions within a series, will meet ACCME's 2006 Updated Accreditation Criteria and be in Compliance with ACCME/RIMS Policies.
2. At the activity level, a provider will monitor successes at meeting Criteria 2 through Criteria 10 through self-assessment procedures that meet the requirements of Criteria 11 and 12.
3. Some information from all series will contribute to the provider's analysis (Criteria 11 and 12) and any subsequent improvements (Criteria 13 through 15).
4. As with all activity types, a provider will analyze data and information (C11-C12) about RSSs and determine if this activity type has met the ACCME's 2006 Updated Accreditation Criteria (C2-C10 and C16-22) and ACCME/RIMS Policies.
  - A provider can determine if the activity has met a Criterion or is in Compliance with an ACCME Policy if the provider's analysis indicates Compliance.
  - If monitoring data indicate that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem (C13), implement improvements (C14), and measure the impact of the implemented improvements (C15).

# Self Study Report for Accreditation: Contents, Structure and Format

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## Contents of the Self Study Report for Accreditation

### I. Introduction

- A. Demographic Information Form - enclosed (or can be found in “Documents and Forms Library” on [www.accme.org](http://www.accme.org))
- B. Summary of CME Activities Form - enclosed (or can be found in “Documents and Forms Library” on [www.accme.org](http://www.accme.org))
- C. CME Activity List Form – enclosed (a list of your CME activities for the current term of accreditation)
- D. Self Study Report Prologue
  1. Describe brief history of your CME Program
  2. Describe the leadership and structure of your CME Program.
- E. Describe your organization’s change process and timeline for incorporating the ACCME’s 2006 Updated Accreditation Criteria.

### II. Essential Area 1: Purpose And Mission (Criterion 1)

- A. Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.

Note: It is important that RIMS can identify in the expected results section of your mission statement the changes that are the expected results of your CME program (i.e., changes in competence, or performance, or patient outcomes). (C1)

### III. Essential Area 2: Educational Planning (Criteria 2-3)

- A. Describe how you incorporate into your CME activities the educational needs (knowledge, competence, performance) that underlie the professional practice gaps of your own learners. Use the following as an outline of your descriptions:
  1. *how you identify the professional practice gaps you start with* (for professional practice gaps that are identified in methods other than direct measurement of your own learners -- e.g. national trend data, state level data-- explain how you connect these gaps to your own learners);
  2. *how the need(s) that you identify are based on those gaps*; and,
  3. *how the need(s) are articulated in terms of knowledge, competence, or performance*.
  4. *how you incorporate these needs into activities or a set of activities*. (C2)
- B. Include **two examples** that demonstrate your practice(s), as described in **A** above. In your examples **make the professional practice gap explicit**, as well as the educational needs, that you identified for your activities or a set of activities. (C2)

- C. Describe your process of designing activities to change competence, performance, or patient outcomes, as described in your mission statement. (C3)
- D. Include **two examples** that demonstrate your practice(s), as described above, of designing activities that change competence, performance, or patient outcomes. (C3)

#### IV. Essential Area 2: Educational Planning (Criteria 4-6) and ACCME Policies

- A. Describe how your organization, at the CME program or activity planning level, matches the content of your activities to your learners' current or potential scope of practice. (C4)
- B. Include **two examples** that demonstrate your practice(s), as described above, of matching content of your activities to your learner's current or potential scope of practice. (C4)
- C. Describe the different educational formats (i.e., activity type and methodology) you have utilized for your activities. Explain the rationale or criteria you used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity.
- D. Include **two examples** that demonstrate your practice as described in C above. (C5)
- E. Describe that you have developed CME activities in the context of desirable physician attributes (e.g., IOM competencies, ABMS competencies, specialty specific competencies).
- F. Include **two examples** that demonstrate your practice as described in E above. (C6)
- G. Describe the mechanism your organization uses to **verify physician participation** for six years from the date of your CME activities.
- H. Include **two examples** that demonstrate your practice as described in G above.

**V. Essential Area 2: Educational Planning (Criterion 7: Standards for Commercial Support - Independence)**

- A.** Describe how your organization makes the following decisions free of the control of a commercial interest: (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. (SCS 1.1)
- B.** If your organization enters into joint sponsorship relationships with non-accredited providers, describe the process you use to ensure that these organizations are not commercial interests. Provide a list of joint sponsors and a brief description of each joint sponsor's purpose, function and mission. (SCS 1.2)
- C.** Describe the mechanism(s) your organization uses to ensure that everyone in a position to control educational 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. (SCS 2.1, 2.2)
- D.** Describe the mechanism(s) your organization uses to **identify** conflicts of interest prior to an activity. (SCS 2.3)
- E.** Describe the mechanism(s) your organization uses to **resolve** conflicts of interest prior to an activity. (SCS 2.3)
- F.** 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, if applicable. (SCS 6.1-6.5)
- G.** Include **two examples**, show how your organization:
- (1) Your organization makes decisions free of the control of a commercial interest; (SCS 1.1)
  - (2) Everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; (SCS 2.1, 2.2)
  - (3) Your organization identifies and resolves conflicts of interests prior to an activity; (SCS 2.3) and,
  - (4) Your organization discloses relevant financial relationships and the source(s) of support from commercial interests to learners prior to the activity. (SCS 6.1-6.5)

**VI. Essential Area 2: Educational Planning (Criterion 8: Standards for Commercial Support – Management of Funds)**

**NOTE: ALL ORGANIZATIONS must respond to items A and B, regardless whether or not your organization accepts commercial support.**

- A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8)
- B. Describe how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.11)
- C. Include **two examples** of income and expense statements from CME activities that itemize the receipt of all sources of income and expenses related to the activity. If your organization accepts commercial support, your two examples should be from activities with commercial support and the income statement should itemize the commercial support received. (SCS 3.1.-3.3, 3.12)

**Note: If your organization accepts commercial support, respond to D-F; if not, go to section VII.**

- D. Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1-3.3)
- E. 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 sponsor, or any others involved in the activity. (SCS 3.3; 3.9)
- F. Attach an **example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS Standard 3. (SCS 3.4-3.6)

**VII. Essential Area 2: Educational Planning (Criteria 9-10: Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)**

**NOTE: ALL ORGANIZATIONS must respond to this section.**

- A.** Do you organize any **commercial exhibits** in association with any of your 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. *(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. *(SCS 4.2, 4.4)*
- C.** Describe the process or procedure your organization uses to ensure that educational material which are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. *(SCS 4.3)*
- D.** Besides the provision of commercial support, describe what role commercial interests play in providing access to CME activities for learners? *(SCS 4.5)*
- E.** 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. *(SCS 5.1)*
  2. CME activities give a balanced view of therapeutic options. *(SCS 5.2)*
  3. The content of CME activities is in Compliance with ACCME's content validity value statements<sup>2</sup>. *(Policy on Content Validation)*
- F.** Using **one example**, show how the planning and monitoring processes your organization uses detected commercial bias and/or invalid content and what your organization did to correct this situation.

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<sup>2</sup> 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.

## VIII. Essential Area 3: Engagement with the Environment (Criteria 11-15)

- A. You are required to have data about the changes your activities have achieved. Provide RIMS with a summary of those data. (C11)
- B. What were the conclusions you drew from your analysis of these data? (C11)

**NOTE:** RIMS expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this Self Study Report, you attached your organization's CME mission statement. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Your learner change data and the conclusions you reached about those data will help you determine the degree to which the expected results of your CME mission have been met. The following items are designed to elicit information on *what other information* you reviewed to help you determine if your CME mission was met and *your conclusions* regarding your success at meeting your mission.

- C. *In addition to learner change data*, **describe** and include **examples** of other data and information you gathered as a part of your overall program evaluation.
- D. Based on your review of the data and information provided in the responses to questions A-C, describe your conclusions regarding **your organization's success at meeting its CME mission**, including the degree to which your organization has:
  - 1. reached its target audience;
  - 2. provided CME on the content areas outlined in the mission;
  - 3. produced the types of activities stated in the mission;
  - 4. fulfilled its purpose; and,
  - 5. achieved its expected results (C12)
- E. Your organization may have implemented practices that demonstrate your fulfillment of Criteria 16-22. How have you evaluated the impact of these practices on your organization's ability to meet its mission? If so, **describe** how these initiatives helped your organization meet its CME mission by responding to items 1-7 below. (C12)
  - 1. Did the manner and degree to which your organization integrated CME into the process for improving professional practice (C16) help your organization meet its CME mission? If so, how?
  - 2. Did the manner and degree to which your organization utilized non-educational strategies to enhance change as an adjunct to your activities/educational interventions (e.g., reminders, patient feedback) (C17) help your organization meet its CME mission? If so, how?
  - 3. Did the manner and degree to which your organization identified factors outside of your control that impact on patient outcomes (C18) help your organization meet its CME mission? If so, how?
  - 4. Did the manner and degree to which your organization implemented educational strategies to remove, overcome, or address barriers to physician change (C19) help your organization meet its CME mission? If so, how?

5. Did the manner and degree to which your organization built bridges with other stakeholders through collaboration and cooperation (C20) help your organization meet its CME mission? If so, how?
  6. Did the manner and degree to which your organization participated within an institution or system framework for quality improvement (C21) help your organization meet its CME mission? If so, how?
  7. Did the manner and degree to which your organization has been positioned to influence the scope and content of activities/educational interventions (C22) help your organization meet its CME mission? If so, how?
- F.** As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission? In your response, explain how each change, if implemented, could impact a component of your CME mission (purpose, content areas, target audience, type of activities, or expected results).
- G.** Based on the changes you identified that could be made, describe the changes to your program that you **implemented**. For any potential changes (as described in question F above) that you did not implement, please explain why they were not implemented and plans to address them in the future. (C14)
- H.** Describe how your organization measured, or will measure, the impact of the improvements that you have described in G.
- I.** If the data are available, include information on whether or not the changes made to your program have fulfilled the intended purpose. Include evidence (e.g. data) to support those conclusions. (C15)

## IX. Essential Area 3: Evaluation and Improvement (Criteria 16-22)

**Note: Information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation.**

- A. If your organization integrates CME into the process for improving professional practice, show how this integration occurs. **Examples** should be explicit organizational practices that have been implemented. (C16)
- B. If your organization utilizes non-educational 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-educational strategies were connected to either an individual activity or group of activities. Include examples of non-educational 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** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. **Include examples** 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** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. **Include examples** 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 relations with other stakeholders, **describe** instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. In your description, indicate the *nature* (e.g. held meetings, planned activities, shared information) and rationale (e.g. to reach shared goals, to meet our mission, to reach a larger physician audience, to share resources) of the collaboration and cooperation. **Include examples** 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. For example, your organization's framework may link the CME committee with a quality or performance improvement committee. **Include examples** 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** of your organization positioned to influence the scope and content of activities/educational interventions. (C22)

## Structure Requirements for Self Study Report

The Self Study Report must be organized in the sections listed below.

Each section must be included behind a tab labeled with the title of the section. Formatted tabs can be downloaded from [www.accme.org](http://www.accme.org) and three sets can be printed to standard 5-count tab paper.

The outline below must 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. A Self Study Outline is also enclosed.

- I. Introduction
- II. Essential Area 1: Purpose and Mission (Criteria 1)
- III. Essential Area 2: Educational Planning (Criteria 2-3)
- IV. Essential Area 2: Educational Planning (Criteria 4-6) and ACCME Policies
- V. Essential Area 2: Educational Planning (Criteria 7: SCS - Independence)
- VI. Essential Area 2: Educational Planning (Criteria 8: Standard for Commercial Support – Management of Funds)
- VII. Essential Area 2: Educational Planning (Criteria 9-10: Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)
- VIII. Essential Area 3: Engagement with the Environment (Criteria 11-15)
- IX. Essential Area 3: Evaluation and Improvement (Criteria 16-22)

### EXAMPLE TABLE OF CONTENTS

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<b>IV. Essential Area 2: Educational Planning (Criteria 4-6)</b>	
A. Description of how provider XYZ's program matches activity content with learners' scope of practice .....	30
B. Description of XYZ's educational formats and criteria for their selection .....	35
C. Description of desirable physician attributes addressed by Provider XYZ's CME activities .....	40

## Format Requirements

1. Provide **required narrative and attachments** for each item of the outline and tabs.
  2. Put attachments at the end of the appropriate section of the report. Do not put them all at the end of the report.
  3. Type with at least **1" margins** (top, bottom and sides), using **11 point type or larger**. The topics from the Outline should be in **bold**, clearly separated from the type style (font) of your answers. Use **double-sided printing** when possible.
  4. **Consecutively number each page** in the binder including the attachments. The name (or abbreviation) of your organization must appear with the **page number on each page**.
  5. Include a **Table of Contents** listing the page numbers of each narrative and attachment of the Self Study Report.
  6. Include the following completed forms behind the "Introduction" Tab:
    - a) Demographic Information Form
    - b) Summary of CME Activities
    - c) CME Activity List
- NOTE:** The above forms are enclosed and also available on [www.accme.org](http://www.accme.org).
7. **Use formatted tabs** to separate the content of your Self Study Report. A tab template and instructions can be downloaded from [www.accme.org](http://www.accme.org).
  8. Submit the Self-Study Report and all attachments in a **three-ring, two-inch binder**. They must hold the materials securely. The materials held by the binders also should be **no more than two inches** in width.
  9. **Do not** insert single pages or multi-page documents (i.e. brochures, handouts, etc) in plastic sleeves. Instead, copy pertinent excerpts to standard paper for inclusion in your 3-ring binder.
  10. Submit **three copies** of the Self Study Report to RIMS. Keep a separate copy for your use during the interview.

The Self Study materials must be shipped to:

***The Rhode Island Medical Society  
Accreditation for Continuing Medical Education  
235 Promenade St., Suite 500  
Providence, RI 02908***

# Instructions for Printing Self Study Report Tabs

## Step 1 – Download the tabs

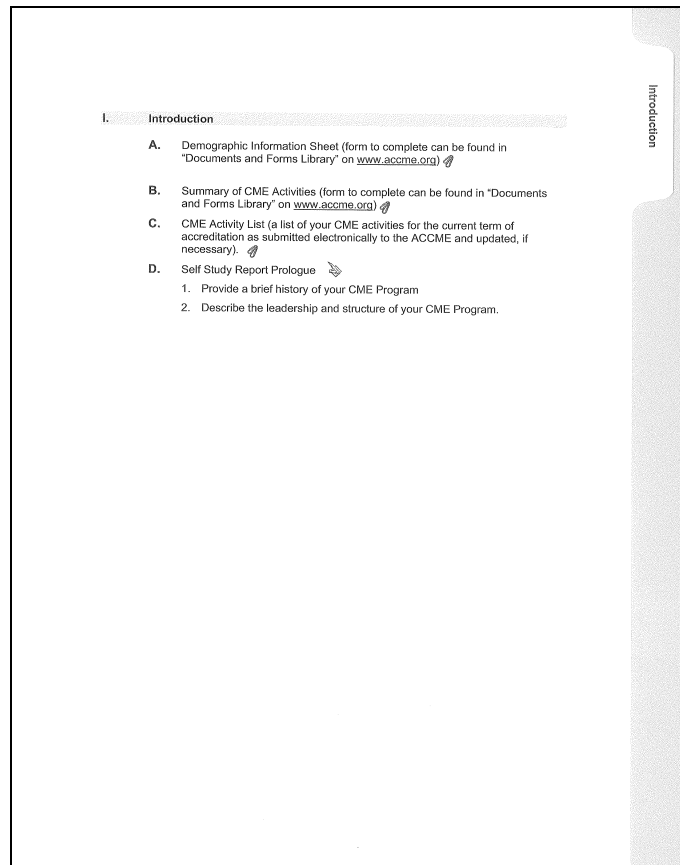
Download the Self Study Report Tabs from [www.accme.org](http://www.accme.org). Please refer to the “Documents and Forms Library” page of the website for the tabs specific to your organization’s decision cohort.

## Step 2 – Print the tabs

The template is preformatted to print on standard blank, printable 5-count tabs (index dividers; available at many office supply/stationary stores).

Printing instructions are copier/printer specific; please consult your own technical support staff or a local office supply/stationary store for assistance in printing the tabs.

**NOTE:** When printing the tabs, please make sure that the text box on the right hand side of the page is adjusted to print onto the “tab” portion of the tab page and the rest of the text prints on main portion of the tab page as illustrated below:



## Step 3 – Assemble the binders

Use the tabs to organize your organization’s Self Study Report.

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

RIMS' performance-in-practice review allows providers to demonstrate compliance with RIMS' expectations and offers providers an opportunity to reflect on their CME practices. This reflective process can support providers' practices to determine the extent to which it has met its mission, as required in Criterion 12. Providers should take advantage of their preparations for the performance-in-practice review to identify, plan, and potentially implement any needed changes to CME activities or the overall CME program. These changes can be tangible examples that a provider uses to demonstrate compliance with Criteria 13-15.

Materials that demonstrate compliance with the ACCME's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets ACCME's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Facilitation of the ACCME's review of a provider's performance-in-practice in its activity files involves three stages:

- (1) The provider's submission of its CME activity list;
- (2) Selection of activities for performance-in-practice review; and,
- (3) The provider's submission of reports and evidence of performance-in-practice for the activities selected for review.

### Review of Performance-in-Practice

#### STAGE 1: Submitting your CME Activity List

1. Please submit your list of activities by using the CME Activities List Form, which is provided or can be downloaded at [www.accme.org](http://www.accme.org) (see CME Activities List Form).
2. **For re-accreditation**, all activities that your organization has offered, or plans to offer, under the umbrella of your accreditation statement, during the current accreditation term should be included on your list. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in November 2005, your list should include all accredited CME activities offered, or scheduled to be offered, from December 1, 2005 through November 30, 2009.

For **initial accreditation**, this list should include data for at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. This list should reflect only those activities that are being presented for review of performance-in-practice. It is RIMS' expectation that all of the activities listed have been planned and presented in compliance with ACCME Essential Areas, Elements, and Policies.

3. **For activities which have not yet occurred**, please use best available information, year-to-date figures, or estimates to complete all required fields. (You will have the opportunity to update this information for inclusion with the self study report.)

4. Please list your activities chronologically by month and year within activity type, i.e., list all activities for 2006, first courses, then enduring materials, then journal-based CME, etc. Then, list all activities for 2007, first courses, then enduring materials, then journal-based CME, etc.
5. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as “multiple,” “various,” or “ongoing” are not acceptable for activity date or location.
6. **For organizations that produce regularly scheduled series (RSS; also known as RSCs): List Regularly Scheduled Series (e.g., grand rounds, tumor boards) by year and series (e.g. department).** Do not list each daily, weekly, or monthly session.
  - RIMS defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.
  - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the definition of RSS. If you are not certain whether an activity is categorized as an RSS, please contact RIMS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
7. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.

Column A: List the title of the activity.

Column B: List the date the activity occurred in “MM/DD/YYYY” format. If the activity is multi-day, only provide the beginning date of the activity. If the activity is an enduring material, only provide the release date or date of most recent review.

Column C: List the activity’s location in “City, ST” format. For enduring materials and internet activities, please list your organization’s home city and state or indicate not applicable.

Column D: Use the drop down menu to indicate whether the activity was directly or jointly sponsored (Co-sponsorship is not an option. Please list only those co-sponsored activities where your organization took responsibility for the activity).

Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity

Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.

Column F: List the number of maximum number of hours available for the activity.

Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission of your list, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.

Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission of your list, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.

Column I: Indicate whether the activity received commercial support. Your **only** choices are Yes and No.

8. There are 8 new columns in the CME Activity List Spreadsheet; columns (J-Q).

Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.

Column K: List the number of commercial supporters of the activity. (If activity has not been presented, estimate the number of commercial supporters you expect to have).

Column L: Indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.

Column M: Indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.

Column N: Indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.

Column O: Indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.

Column P: Indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.

Column Q: Indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

9. Please observe the following instructions:

**Do not** alter the formatting of the cells in anyway, such as adding shaded cells or changing the column names (you may, however, temporarily resize column width to view cells' contents);

**Do not** leave blank cells in the spreadsheet for columns A-I;

**Do not** add blank rows or columns to the spreadsheet;

**Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

10. **You can submit your list as an attachment via email to RIMS – cnorton@rimed.org.**  
Or mail it to RIMS c/o Continuing Medical Education, 235 Promenade St., Prov, RI 02908.

## **Review of Performance-in-Practice**

### **STAGE 2: RIMS' Selection of Activities for Review**

Based on your completed CME Activity List you provide, RIMS will select up to 7 files for review.

Keep in mind:

- Providers are accountable for demonstrating Performance-in-Practice for all activities selected for documentation review. In addition, providers may invoke evidence from an additional activity of their choosing if the sample selected by RIMS does not capture best practices or accurately reflect their CME program.
- If, after reviewing the list of selected activities, an error such as incorrect activity date or format is noted, please notify RIMS via email or fax and the selection will be updated.

## **Review of Performance-in-Practice**

### **STAGE 3: Submitting evidence of Performance-in-Practice for Review**

RIMS utilizes the review of a provider's Performance-in-Practice, as seen in materials from CME activities, to verify that the provider meets accreditation expectations.

### **Instructions for Preparing Materials for review**

Submit evidence according to the specifications outlined below:

#### **Relevant Evidence to Support Compliance**

RIMS does not need to see your entire working activity file. Instead, you should pull just those materials that help your organization demonstrate Compliance with the ACCME/RIMS Criteria or Policy. The evidence is of your Performance-in-Practice.

RIMS expects that your organization has been transitioning to the Updated Accreditation Criteria announced in September 2006. RIMS' accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

- (A) the date of the activity precedes your organization's implementation of the Criterion listed on the label; or
- (B) the Criterion is not applicable to the activity.

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, place the label for the Criterion on a sheet of paper which explains why there is no evidence. For example, “No evidence because the date of the activity preceded our organization’s implementation of the Updated Criteria” or “No commercial support accepted for this activity”. *Please know that surveyors may discuss with you during your interview the implementation timeline your organization utilized to integrate the Updated Criteria into your activity planning processes.*

#### Helpful Tips

- You should utilize materials developed for the activity to help your organization demonstrate Compliance. A review of your organization’s Performance-in-Practice is not intended to generate new or additional documentation.
- If multiple Criteria and/or Policies are addressed on one document (such as a course brochure or syllabus page), you make of it on the document.
- If you opt to include strings of email communications or meeting minutes as evidence of your Performance-in-Practice, highlight relevant items.
- Use discretion in selecting evidence that relates specifically to Compliance criteria. RIMS does not need to see every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in order to verify Compliance. However, all signed written agreements must accompany a list of commercial supporters, if commercial support was received. Also, evidence of disclosing to learners the presence or absence of relevant financial relationships for all persons in control of content must be provided.
- *Blank forms and checklists alone do not verify Performance-in-Practice.*

#### **Assemble an Activity File**

1. Each activity selected must be submitted in an 8 ½” by 11” file folder.
2. Each file folder should be no more than ½” thick
3. Affix label on the front of folder that specifies:
  - Full Name of organization (no acronym)
  - Activity title as it appears on the CME Activity List;
  - Activity date and location;
  - Type of Activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, and Internet Searching and Learning);
  - Directly or jointly sponsored activity;
  - If commercial support was accepted

#### Helpful Tips about Assembling an Activity File:

- The name, date and location that you provide to identify each activity should be the same as it appears on your list of CME activities. Any variation must be explained to RIMS prior to the submission of the materials.
- Your activity file should be easy to navigate through. You may consider using colored sheets, tabs, or pagination to organize your activity file.
- Do not submit activity files in three-ring binders.
- Provide documentation that effectively demonstrates Compliance. “More” is not necessarily “better.”

### **Enclose the CME Product**

Please submit the **CME product** in its entirety for each **internet, journal-based and/or enduring material CME activity** selected in addition to documented evidence for these activities. CME products are being requested to assess Compliance with ACCME policy requirements relative to the activity type. Please make clear where the information supporting Compliance with the policy requirements can be found by providing written directions, a direct link to online activities or 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 CD-ROM or provide access to the activity on an archived web site. If RIMS 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 term, as online activities will be accessed at multiple levels of RIMS' review.

### **Submitting Materials to RIMS**

All providers seeking re-accreditation are required to submit (1) one set of your evidence of Performance-in-Practice for the identified activities, (2) one copy of the CME product(s) for any enduring materials, internet, or journal-based CME activities selected, and (3) three self study report binders.

All initial applicants seeking provisional accreditation are required to submit (1) one set of your evidence of Performance-in-Practice for identified activities (2) one copy of CME product(s) for any enduring materials, internet, or journal-based CME activities selected, and (3) three self study report binders.

Please do not send original documents; activity files will **not** be returned to you. RIMS will provide each surveyor with one copy of the self study report and a portion of your activity files to review in preparation for your interview.

***All providers should retain a duplicate set of files at their offices for their own reference, and, if the need arises, RIMS may ask for a second copy of a file or set of files. In addition, providers having on-site interviews must retain a copy/original of the evidence documenting your Performance-in-Practice to have it available for the surveyors at the time of the interview.***

### **RIMS' shipping address**

Rhode Island Medical Society, c/o CME Program, 235 Promenade St., Suite 500, Providence, RI 02908

## Accreditation Interview

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The RIMS interview offers opportunities to the provider and RIMS. The interview allows the provider to: (1) discuss its CME program, overall CME program evaluation, and self study report and (2) clarify information described and shared in the self study report and Performance-in-Practice evidence. The interview offers opportunities for RIMS to: (1) ensure that any questions regarding the provider's procedures or practices are answered and (2) ensure that the survey team has complete information about the provider's organization with which to formulate a report to RIMS' CME Committee and ACCME. For more information about what to expect during an accreditation interview, please refer to *ACCME's Accreditation Process* on [www.accme.org](http://www.accme.org).

RIMS surveyors will not provide feedback on your Compliance, nor will they provide your organization with a summary of their findings or an assessment of the expected outcome of the accreditation review. Your organization's Compliance, your findings, and the outcome of the accreditation review are determined by RIMS CME Committee based on the recommendations of the Survey Team.

## RIMS Decision Making Process

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Data and information collected in the accreditation process is analyzed by the RIMS CME Committee, which meets four times per year. All accreditation decisions are ratified by the full committee. The fairness and accuracy of RIMS' decisions are enhanced by RIMS' use of a criterion-referenced decision-making system.

The decision making process assesses providers' Compliance with the Accreditation Requirements based on information collected during the accreditation process.

Accreditation decision letters and Report of Findings are sent to providers via mail following RIMS CME Committee meetings.