Continuing Medical Education Accreditation Program

Procedure and Instructional Manual
For MSNJ Accredited CME Providers

January 2012

PREFACE

The Continuing Medical Education Accreditation Program Procedure and Instructional Manual has been prepared to assist organizations in developing, maintaining, and evaluating a continuing medical education (CME) program for physicians in the state of New Jersey.

This manual presents the requirements and accreditation process for intrastate providers of CME in New Jersey. This manual will updated as necessary.

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Introduction

The Medical Society of New Jersey (MSNJ) conducts a voluntary accreditation program for organizations to provide continuing medical education activities (CME) for A*MA PRA*[1] *Category 1 Credit*™ in New Jersey.

MSNJ recognizes that physicians have a professional responsibility to continue learning throughout their careers. MSNJ also recognizes that physicians are responsible for choosing their own CME activities in accordance with their perceived and documented needs, individual learning styles, practice setting requirements, and for evaluating their own learning achievements. The Essential Areas and their Elements, incorporating the Updated Accreditation Criteria which include the ACCME's Standards for Commercial Support℠, are written so that providers focus on physician strategies for patient care (competence), actual performance in practice, and/or patient outcomes. Providers must establish a specific mission, provide education interventions to meet that mission and then assess their program's impact at meeting that mission and improving their program.

It is important to note that MSNJ does not accredit individual CME activities, but organizations for their overall program of CME.

This manual contains The Essential Areas and their Elements incorporating the Updated Accreditation Criteria as well as additional standards, policies, criteria for compliance, procedures, and instructional materials prepared by MSNJ for the accreditation of New Jersey intrastate providers of continuing medical education.

[1] American Medical Association Physician's Recognition Award

Mission Statement

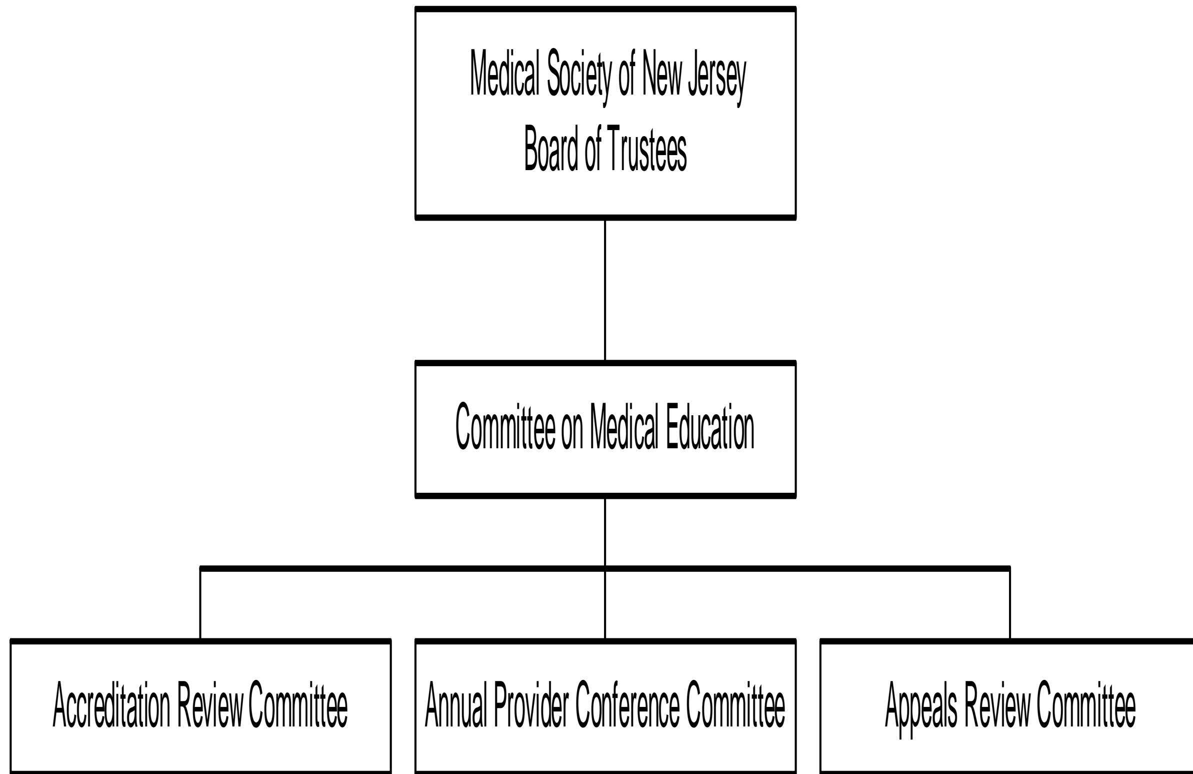
"The purposes of the Society are to promote the betterment of the public health and the science and art of medicine, to enlighten public opinion in regard to the problems of medicine, and to safeguard the rights of practitioners of medicine."

--Article II, MSNJ Constitution

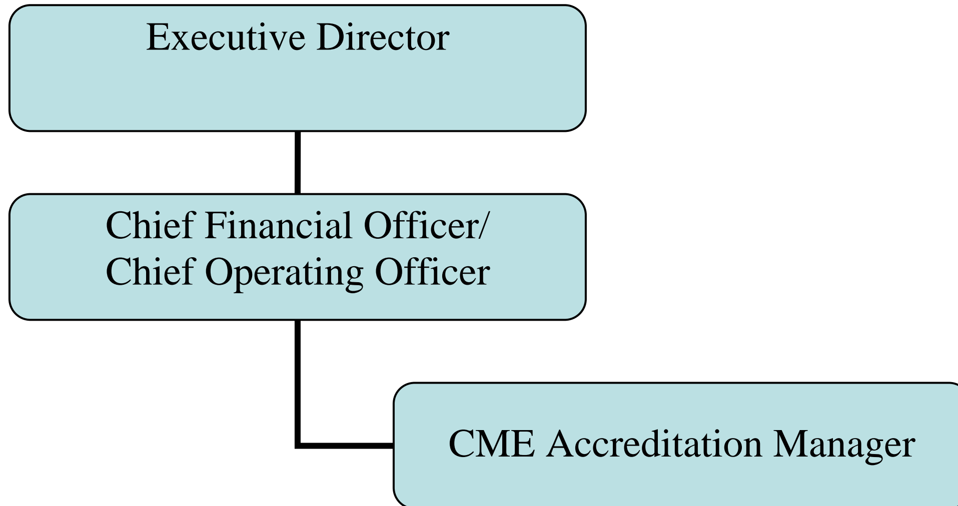
The mission of the Medical Society of New Jersey-Continuing Medical Education Accreditation Program is to provide New Jersey physicians with the necessary knowledge tools so to improve their knowledge, performance and competence which in turn improves performance in physician practices and patient outcomes.

The Medical Society of New Jersey Continuing Medical Education Accreditation Program will accomplish this through its accreditation process by accrediting and promoting programs that provide high quality continuing medical education in New Jersey.

Organizational Chart Reflecting the Relationship of the Committee on Medical Education to MSNJ



Organizational Chart Reflecting MSNJ Staff Support for the Committee on Medical Education



Definition, Purpose and Content of CME

Continuing Medical Education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, the provision of health care to the public as well as desirable physician attributes.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management, including coding and reimbursement in a medical practice, would be appropriate CME for practitioners interested in providing better service to patients.

Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, are not considered CME.

All CME educational activities developed and presented by a provider accredited by the MSNJ program and associated with *AMA PRA Category 1 Credit*™ must be developed and presented in compliance with all MSNJ accreditation requirements -- in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded,*AMA PRA Category 1 Credit*™ will be subject to review by the MSNJ accreditation process as verification of fulfillment of the MSNJ accreditation requirements.

Providers are not eligible for MSNJ 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for accreditation.

CONTENT VALIDATION

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

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Medical Society of New Jersey - Continuing Medical Education Accreditation Program (MSNJ-CMEAP)

PURPOSES OF ACCREDITATION

The main purpose of accreditation is to ensure the quality and integrity of accredited providers by:

- establishing criteria for evaluation of educational programs and their activities;
- assessing whether accredited organizations meet and maintain standards;
- promoting organizational self-assessment and improvement; and,
- recognizing excellence.

RECOGNITION AND ACCREDITATION

MSNJ is recognized by the Accreditation Council for Continuing Medical Education (ACCME) through their Committee for Review & Recognition (CRR), as the New Jersey accreditor of intra-state CME providers. In accordance with ACCME criteria, MSNJ's Committee on Medical Education sets New Jersey standards and guidelines for the accreditation of CME providers and accredits organizations providing CME activities for physicians in New Jersey and its contiguous borders.

MSNJ's RESPONSIBILITIES AS AN ACCREDITING BODY

The responsibilities of MSNJ's Committee on Medical Education include:

- setting and administering standards and criteria for providers of quality CME for physicians.
- certifying that accredited providers are capable of meeting the requirements of the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Standards and Policies of the MSNJ;
- evaluating the effectiveness of its policies and standards;
- assisting providers to continually improve their programs; and thereby
- Assuring physicians, the public, and the CME community that CME programs meet the MSNJ criteria for compliance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Standards and Policies of the MSNJ Essential Areas, Standards and Policies.

MSNJ has the following goals for its accreditation program:

1. That Directors of Medical Education, the Committees on Medical Education, CME Coordinators and Program Directors understand the process and principles of accreditation and are knowledgeable of the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Standards and Policies of the MSNJ.
2. That those organizations and institutions conducting CME programs provide quality educational programs relevant to identified needs of their medical staffs and patient populations and in accordance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Standards and Policies of the MSNJ

These goals are accomplished through the following activities:

1. Producing and disseminating information regarding the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Accreditation Criteria and additional Standards and Policies of the MSNJ and the ACCME.
2. Support accredited institutions by means of a Procedure and Instructional Manual.

3. Providing guidance, recommendations and information to the accredited organizations of any changes in CME practice as received.
4. Providing an Annual Provider Conference for Directors of Medical Education and others involved in the CME process.
5. Making the survey and accreditation process available within a reasonable period and at the least possible expense.

MSNJ is committed to the premise that a CME activity planned based on a determined need, with specific objectives and suitable evaluation, will be a quality educational program. The only way to determine that this process is followed is by **documentation**. The main objective for any CME activity should be a lasting usable educational experience, which improves physician proficiency.

FUNCTION OF THE COMMITTEE ON MEDICAL EDUCATION

MSNJ conducts a voluntary accreditation program for those institutions and organizations in New Jersey providing CME. By evaluating and granting accreditation to an institution or organization whose CME program complies with the Essential Areas/Elements, Accreditation Criteria and related standards and policies, MSNJ seeks to improve the quality of CME and to assist physicians to identify CME programs which meet these standards.

MSNJ provides the direct accreditation of New Jersey intrastate CME providers. This function is managed by MSNJ's Committee on Medical Education. The committee, comprised of volunteer physician members and consultants, collects, reviews, and analyzes data from multiple sources about a provider's compliance with the Essential Areas/ Elements, Accreditation Criteria, Standards and Policies of the MSNJ CME Accreditation Program. The Committee on Medical Education , renders a final decision about accreditation of an applicant/provider.

All providers seeking accreditation by MSNJ will be measured by the same standards. Accreditation decisions made by MSNJ will be made using the basic requirements described in this document. When non-compliant areas are identified via the survey process, a progress report will be required. The annual report is also a means the committee uses to monitor compliance.

MSNJ will review the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support^{SM}), Criteria for Compliance, Standards and Policies of the MSNJ on a continuing basis and will make modifications as data and experience dictate, however the MSNJ mirrors, by and large, the ACCME (Accreditation Council for Continuing Medical Education) process through the ACCME Markers for Equivalency under which the MSNJ is recognized as an Accreditor.

ELIGIBILITY FOR ACCREDITATION

Institutions and organizations located in the state of New Jersey that develop and/or present CME programs for physicians on a regular basis are eligible to apply for accreditation by MSNJ. An organization is not eligible to apply for accreditation if, in the judgment of the MSNJ Committee on Medical Education, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy. MSNJ reserves the right to make decisions on eligibility for accreditation.

MSNJ is the body that accredits the following institutions to provide CME:

- New Jersey hospitals and other medical institutions;
- New Jersey state or local specialty organizations;
- State agencies;
- County Medical Societies; and,
- Physician groups deemed eligible.

Organizations providing CME programs to audiences where more than 30% of the physician audience come from states other than New Jersey or the contiguous states of New Jersey, must seek national accreditation through the ACCME.

MSNJ does not accredit individual CME activities. MSNJ accredits institutions/organizations based on their overall program of CME. The CME program must consist of, at least in part, one or more educational activities that have been developed in accordance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ, and be available for review by MSNJ.

The Medical Society of New Jersey's Approach To Accreditation

MSNJ's system collects, reviews, and analyzes data for Essential Areas: Purpose and Mission (Purpose), Educational Planning and Evaluation and Improvement (Process and Assessment). Also considered is the Administration (Structure) of the program.

1. The Purpose and Mission Area describes *why* the organization is providing CME.
2. The Educational Planning Area explains *how* the organization provides CME activities and,
3. The Evaluation and Improvement Area defines *how well* the organization is accomplishing its objectives and mission in providing CME activities

Within each Essential Area are required **Elements** for which **Criteria for Compliance** have been established.

- The **Elements** are descriptors of performance in the Essential Area.
- The **Criteria** describes compliance with the particular criteria.

To make accreditation decisions, MSNJ will review the data collected for the three Essential Areas via Criteria 1 to 15. Compliance with the additional MSNJ Standards and Policies are also considered as well as requirements of the AMA. This is repeated at the end of every term for accredited providers. Where appropriate, areas for improvement will be cited at the time of accreditation. Post survey progress reports may be requested. Providers are also required to submit annual reports..

Implementing and Administrating the Essential Areas/Elements, Standards and Policies

Accreditation of hospitals, medical specialty societies, or other entities in New Jersey which provide continuing medical education (CME) aimed at New Jersey physicians is a responsibility of the MSNJ through its Committee on Medical Education. The criteria for accreditation (Essential Areas/Elements, Standards and Policies of the MSNJ) are largely established by the ACCME and adopted by MSNJ. Some policies are specific to the MSNJ CME Accreditation Program. The ACCME, through its Committee for Review and Recognition, delegates to state medical associations that satisfy ACCME recognition requirements, the authority to accredit **intrastate** organizations, institutions, and other entities. The Essential Areas/Elements and Standards and Policies promulgated by the national accrediting body, have been adopted (not all)) and used by MSNJ's Committee on Medical Education in surveying and accrediting New Jersey organizations.

All accredited organizations are required to have a written ***continuing medical education mission statement*** as described in ***Essential Area*** **1 that meets the Criteria for Compliance (C-1).** In community hospitals where the "governing body" is generally a board of trustees, it is essential that this body demonstrate its commitment to CME through timely approval of the mission statement in concert with the medical staff.

Implementation of ***Essential Areas*** **2** and **3** will be governed by the defined CME mission, with particular attention to the range of the overall CME program. These areas are covered by Criteria for Compliance, C-2 through C-15. To be accredited, all programs must be judged by MSNJ's Committee on Medical Education to be in substantial compliance with the Essential Areas/Elements, Standards and Policies of MSNJ.

A complete copy of the Essential Areas/Elements, Standards and Policies of the MSNJ can be found in Section 2 herein.

Administration of the CME Program

CME Committee

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a committee within the organization. This committee must be clearly identified as an official component of the organization's overall committee structure. The committee's responsibilities and authority in the program's operation, procedures for appointment, and member tenure also must be clearly defined. The committee must meet, minimally, on a quarterly meeting schedule at which official minutes are appropriately recorded and maintained. It should be comprised of members who have an active interest in CME and must be representative of the major specialties and service areas within the organization. Meeting minutes should show that the committee:

- has appropriate control and oversight of the overall CME program;
- assesses and reviews CME needs;
- assures that the activities and their objectives are appropriate in context of the CME mission, needs assessment data, and the target audience;
- Assures that the activities are appropriately designed according to the Essential Areas/ Criteria for Accreditation;
- Reviews and utilizes evaluation data;
- Annually reviews the CME mission annually evaluate the overall CME program in terms of its accomplishment of the mission.

Minutes should fully reflect discussions relative to CME planning implementation and review not just motions and resulting action. The minutes should also document meeting attendance, noting those who are present and absent, time called to order and time of adjournment

Providers which do not have members or a medical staff must have a physician CME advisory committee composed of physicians who represent the potential audience to be served. Many organizations, particularly large hospitals and medical centers, are involved in a diversity of educational efforts which may include undergraduate and graduate medical education, allied health, nursing, and patient education as well as physician CME. The physician CME program should be distinctly separate from the organization's other education endeavors. If the committee with responsibility for CME is involved in both CME and graduate medical education, separate meetings and minutes should be kept to clearly separate the dynamics of these two functions.

Administrative Support

The CME committee can be effective only to the extent that it has adequate administrative assistance as well as organizational support. Therefore, responsibility for the operation, continuity, and oversight of administrative aspects of the program should be clearly designated to appropriate personnel within the organization.

CME personnel must be officially identified within the organization's administrative structure and their responsibilities and authority for CME clearly defined.

Accreditation Process

The accreditation process involves a formal request for accreditation, submission of a supporting Self-Study report, selection of activity files prepared to show documented evidence of compliance, a survey interview, a site survey report, a review by the ARC and a final decision on accreditation by MSNJ's Committee on Medical Education.

All MSNJ accredited organizations are required to submit an Annual CME Program Update Report between surveys.

Adverse decisions include probation, loss of accreditation, or denial of initial Self-Study report. There is a formal appeal process for any adverse accreditation decision.

ACCREDITATION STATUS TYPES AVAILABLE WITHIN MSNJ'S PROGRAM

Status	**Term**
Full Accreditation (with Commendation)	Six Years (with joint sponsorship privileges)
Full Accreditation	Four Years (with joint sponsorship privileges)
Provisional Accreditation	Two Years (with joint sponsorship privileges)
Probationary Accreditation	Four Years* (without joint sponsorship privileges)
Non-Accreditation	Accreditation withdrawn or withheld for noncompliance

*The provider must submit a corrective Plan of Action within 90 days following receipt of the accreditation decision correspondence. The provider will then have up to two years to demonstrate full compliance via Annual Report submissions. Demonstration of the provider's effort to comply must be evident with the first annual report or additional progress report may be requested. If the program demonstrates full compliance with the second annual report following accreditation, the status will be changed to full accreditation and the provider will be able to complete the four-year term. Failure to submit the required Plan of Action within 90 days results in non-accreditation. Failure to submit annual reports and/or other requested reports will result in non-accreditation. If the program cannot demonstrate full compliance after the second annual report following the accreditation decision, the accreditation will be lost.

Application Process

INITIAL APPLICATION PROCESS

- Interested entity submits formal letter to MSNJ.
- Pre-application and pertinent information are mailed to applicant.
- Pre-application completed and returned with appropriate fee.
- Pre-application completion and conformity review conducted by staff and member of the committee; if needed additional materials may be requested.
- After approval of the Pre-application, the provider completes an initial Self-Study report, which is submitted in triplicate with the appropriate survey fee.
- When initial Self-Study is submitted and acceptable, a site survey is scheduled.

REACCREDITATION PROCESS

- Organization is notified of pending survey and provided instructions/documents for completing a Self-Study report.
- Selected activity files sent in advance
- Self-Study report is returned in triplicate
- A survey is scheduled.

SURVEY PROCESS

Pre-survey review of Self-Study report.

- Surveyors may make contact to identify issues for clarification.
- Survey involves: interviews, may discuss performance in practice reviews performed in advance, and a concluding discussion to clarify any issues with the data collected with the Director of Medical Education and the CME Coordinator.
- Survey team completes and submits their a Survey Team Report within 15 days of the site visit.
- The institution evaluates the survey process and effectiveness of surveyors on a survey Evaluation Form submitted within 10 days of the site visit.

ACCREDITATION DECISION AND APPEAL

- The ARC[i] reviews the completed Survey Team Report and renders a recommendation to MSNJ's Committee on Medical Education.
- MSNJ's Committee on Medical Education reviews each site visit report and the recommendations of the ARC and renders a final decision on accreditation.
- The institution is notified of the committee's decision within 30 days after the committee meets:

  Full Accreditation: requires submission of Annual CME Program Update Reports and prompt notification of any substantive changes to the CME program or leadership. Progress reports may also be required.

  Provisional Accreditation: for new applicants, progress reports may be required; must submit an Annual CME Program Update Report. Provisional Accreditation is for two (2) years, and is not renewable.

  Probationary Accreditation: for correctable deficiencies; must submit corrective plan for action within 90 days (or else accreditation is lost); requires submission of Annual CME Program Update Reports. Progress reports may also be required.

[i] The Accreditation Review Committee (ARC) is a subcommittee of the Committee on Medical Education, comprised of at least four members of the full committee.

Program must be in full compliance at the end of two years or the accreditation is lost. Probation is not renewable.
Non Accreditation: for new programs or programs on probation which have failed to meet the criteria.

- Upon notification of an adverse decision, the institution may submit a written request for reconsideration to MSNJ. Only adverse decisions may be reconsidered and appealed (see S1-21).
- If MSNJ sustains the decision, the institution may submit a formal appeal.
- If MSNJ sustains the decision following a formal appeal, a final appeal may be made to the MSNJ Board of Trustees.
- The decision of the MSNJ Board of Trustees is final.

Fee Schedule

The Board of Trustees of the Medical Society of New Jersey has approved the following fee schedule for CME Accreditation, effective January 2008[i]:

- The pre-application fee for new applicants is $150.00. The fee is paid upon completion and submission of the pre-survey questionnaire.
- The initial survey application fee is $2,500.00. The fee is paid upon completion and submission of the initial Self-Study Report.

Thereafter, an annual accreditation fee is required based on the physician staff size of the accredited provider. Beginning in 2011, the ACCME annual fee is an additional fee added to the MSNJ annual accreditation fee. There are no additional fees for the reaccreditation survey, except in the case where a surveyor must travel to the provider's location the day before the survey in order to facilitate the conduct the survey. The provider will be responsible to reimburse MSNJ for any hotel charges that may be incurred by the survey team if arrival the night before is necessary to facilitate a timely start of the survey.

MSNJ Accreditation Fee Structure

Pre-application $150
Initial Accreditation $2,500
Annual Accreditation Fee:

Tier	# Medical Staff	MSNJ Annual Fee	+	ACCME Annual Fee 2012	ACCME Annual Fee 2013
A	Under 50	$1,500	+	$450	$550
B	51-200	$2,000	+	$450	$550
C	201-400	$2,500	+	$450	$550
D	401+	$3,000	+	$450	$550

For system-wide accreditation:

- 2-3 facilities - add $500
- 4+ facilities - add $1,000

Other Associated Fees:

Progress Report	$500
Extensions:	
Annual Report (more then 30 days)	$250
Self-Study	$250
Report Late Fee	$250

It is expected that all reports be submitted by the due date. An extension may be requested if, for some unforeseen reason, an organization is unable to deliver the report on time. Reports submitted late, without prior approval, are subject to a late fees and further action:

1. Reports up to 45 days late are subject to an additional $250.00 late fee.
2. Reports that are more than 90 days late will result in the organization's program being placed on probation until the report is received.
3. Reports more than 180 days late will result in the organization losing their accreditation. The affected organization will then have to reapply and a resurvey will be necessary.
4. In any case, actions involving probation or loss of accreditation will be reviewed and approved by the Committee on Medical Education.

[i] Fees are subject to change.

Reaccreditation Application Process

The provider will be notified of the need to apply for reaccreditation and will be sent the appropriate documents and instructions for completing a Self-Study report as well as information for arranging a date for the survey. The survey is typically scheduled, at minimum, two months prior to the provider's accreditation expiration. Every effort will be made to complete the survey process on a schedule that enables the MSNJ Committee on Medical Education to make an accreditation decision prior to the program's expiration date.

The provider completes the Self-Study report and returns it in triplicate, as well as copies of the selected activity files, prepared according to instructions, to the Medical Society of New Jersey. All documents should be sent via a traceable delivery service.

The Self-Study report and supporting data are reviewed by MSNJ-CMEAP staff for completion. Should deficiencies be noted in the report, the applicant will be contacted and asked to provide supplemental information and/or revisions needed to properly complete the report. Materials are also subject to being returned to the provider for completion and at the provider's expense.

Guide to an Accreditation Survey

Goals of the Survey/Interview

The goals of the survey are to gather additional data about the organizational structure, resources and functionality of the CME program; clarification of information in the Self-Study report, review documents for the provider's performance in practice as indicators of compliance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ; discuss monitoring data and identify excellence whenever present.

Objectives of the Survey

To give the provider the opportunity to:

- introduce their CME unit to the survey team;
- clarify the information supplied in Self-Study report;
- provide information about the CME program that goes beyond the scope of the Self-Study but is in support of compliance with the Essentials/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ; and
- demonstrate the adequacy of the CME program's administrative structure and the resources that support the CME unit.

To give MSNJ the opportunity to:

- ensure that any specific documentation required by the MSNJ's Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ is present; and,
- ensure that the survey team has sufficient information about the provider's organization with which to formulate a report to MSNJ's Committee on Medical Education.

Format of the Survey

The format for all surveys involves interviews between the representatives of the accredited provider and the MSNJ-CMEAP's survey team, in addition to an advance review of activity files that support the provider's performance in practice. Standard elements of the survey generally include the following:

- introductory session
- organizational interview addressing the Self-Study report and activity files
- exit interview/closing comments

Types of Surveys

The MSNJ-CMEAP conducts two types of surveys: ON-SITE and REVERSE-SITE.

The on site survey is a face to face meeting of the leadership of the CME Program and the survey team of the MSNJ-CMEAP <u>at the administrative offices of the CME program undergoing the survey</u>. All records and documentation for the current accreditation period must be available for review.

The reverse site survey is reserved and offered at the discretion of the Committee on Medical Education. The reverse-site survey takes place at the administrative offices of the Medical Society of New Jersey

Agenda Elements – On Site Surveys

1. The survey team convenes privately on-site for a pre-survey meeting.
2. Meeting begins with introductions of those representing the Medical Society of New Jersey and those representing the applicant organization, (*Director of Medical Education*), (*CME Coordinator*) and a review of the agenda and accreditation decision making process; approx. 10 minutes.
3. Visit with the (*CEO/Administrator*) to introduce the survey team and explain the purpose of the accreditation survey visit; approx. 5-10 minutes.
4. Interview with the (*DME*) and (*CME Coordinator*) to clarify and/or obtain additional information arising from review of the Self-Study Report and/or the activity files, obtain additional information and data about the CME Program; approximate time: 1 to 1½ hours.
5. Survey team meets privately to review and formalize findings and assessments; approx. time ½ hour.
6. Survey team may request additional interview with (*DME* and *CME Coordinator)* to clarify any outstanding issues or questions; approx. time: 10 -15 minutes
7. Survey team meets privately on-site to complete the survey report approx. time ½ hour.

Agenda Elements – Reverse-Site Surveys – Lawrenceville, NJ

1. The survey team convenes privately for a pre-survey meeting.
2. Meeting begins with introductions of those representing the Medical Society of New Jersey and those representing the applicant organization,(*Director of Medical Education*),(*CME Coordinator*) a review of the agenda and accreditation decision making process; approx. 10 minutes.
3. Interview with the (*DME*) and (*CME Coordinator*) to clarify and/or obtain additional information arising from review of the Self-Study Report and/or the activity files, obtain additional information and data about the CME Program; approximate time: 1 to 1½ hours.
4. Survey team meets privately to complete the survey report.

(NOTE: Activity files are sent to MSNJ in advance of the survey. Additional documents/materials may be requested at the time of the survey. Providers will have 5-7 days to submit any additional documents.)

Survey Components

Introductory Session
Objective: To review with CME leadership the goals, schedule and format of the survey.
Format: The survey commences with a group meeting with the CME leadership.

Interview - Meeting(s) and discussions with CME administration/physician CME leadership
Objectives

- Clarify any questions the survey team have about the information submitted in the Self-Study Report or the activity files
- Gather additional information and data omitted or not provided in the Self-Study report
- Interview may also include discussions regarding:
    - organizational structure, responsibilities as well as mechanisms of control and oversight of the CME program
    - financial/management practices
    - whether there is significant physician input in the development of the program
    - the adequacy of administrative support and resources for the CME program

Format:
The surveyors will meet with the organization's representatives, which may include but are not limited to, senior management and organizational/unit leadership.

Exit Interview/Closing Comments
Objectives:

- To allow the surveyors to clarify any outstanding issues with the collected data
- To allow the provider to clarify and supplement specific points

Format:
The visit concludes with a an exit meeting between the survey team and the CME leadership.

Post-Survey

- Team meeting to prepare report.
- Survey team chairperson completes the survey team report form (see Section 4) and submits it to the MSNJ-CMEAP within 15 days of the survey.
- Provider completes and submits the Survey Process Evaluation form (see Section 4) with a list of those interviewed (with titles) at the time of the survey.

Accreditation Decision & Appeal

DECISION

At the completion of the survey visit, the site team submits its report and recommendations to the MSNJ office. The report is to be submitted within fifteen (15) days after the survey.

The Accreditation Review Committee (ARC) reviews the survey team report and findings and, in turn, makes a recommendation to the MSNJ Committee on Medical Education. The MSNJ Committee on Medical Education reviews and discusses each site visit report and the recommendations made by the ARC and makes a final determination regarding accreditation of the applicant's CME program. Each applicant that has been surveyed is notified by the MSNJ of its accreditation status within thirty days after the next regularly scheduled meeting of the Committee on Medical Education.

TYPES OF ACCREDITATION

(1) ***Full Accreditation*** is awarded to institutions demonstrating the ability and resources to plan and implement CME activities in accordance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ. The standard accreditation term shall be for four (4) years and is contingent upon the submission of satisfactory Annual CME Program Update Reports throughout the term *(see Section #5)* and prompt notification of any changes in the accredited program – including program leadership and staffing changes. Programs may granted Accreditation with Commendation which is for a term of six (6) years if the provider is found to be in compliance with Criteria 1-22. **An accreditation of less than 6 years does not constitute an adverse decision.**

(2) ***Provisional Accreditation*** is granted to new applicants who satisfy accreditation standards and are approved by the MSNJ Committee on Medical Education, are awarded provisional accreditation status. This is for a two (2) year term of accreditation requiring resurvey before termination of the two year period. This accreditation is also contingent on providing a satisfactory Annual CME Program Update Report of the CME program. Provisional accreditation is not renewable after the initial term.

(3) ***Probationary Accreditation*** is granted when an accredited institution has developed correctable deficiencies and is not in substantial compliance with the Essential Areas/Elements (incorporating the ACCME's Standards for Commercial Support[SM]), Standards and Policies of the MSNJ. The institution is given a period of ninety days to submit a corrective plan of action. Failure to do so results in loss of accreditation. If the corrective plan of action is approved by the MSNJ Committee on Medical Education, and subsequent progress and/or annual report(s) are also satisfactory, the provider's accreditation status will be changed to full accreditation and the provider will be able to complete its four-year term. Providers granted Probationary Accreditation who fail to demonstrate compliance with all MSNJ requirements within two years will receive Non-Accreditation.

(4) ***Non-Accreditation*** is the status given to new applicant institutions failing to meet accreditation criteria, to accredited institutions which no longer meet the criteria after a probationary period, or to institutions which fail to comply with the accreditation review process in a timely fashion.

APPEAL

Only adverse decisions of the committee are subject to reconsideration and appeal. An adverse decision is limited to denial of accreditation (non-accreditation) or probation.

When accreditation is denied or when an institution is placed on probation, the MSNJ Committee on Medical Education will notify the institution by mail*. The letter will list the reasons for non-accreditation or probation. The institution may submit a request for reconsideration to the MSNJ Committee on Medical Education within thirty days of receipt of notification.*

The request must cite the conditions under which the request for reconsideration is being filed and provide written information and documentation to substantiate the request. If a request for reconsideration is properly filed, the applicant institution's accreditation status will remain as it was prior to the survey, pending action taken by the MSNJ Committee on Continuing Medical Education on the request. (This is also the case if an applicant institution files an appeal.)

Conditions for Reconsideration/Appeal - Requests for reconsideration should be filed only under one or more of the following conditions:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the Essential Areas, Policies or guidelines as published and distributed to all accredited sponsors prior to the time of the review.

- The institution was not given sufficient opportunity to provide documentation of its compliance with the Essential Areas, Standards, Policies, or guidelines.

- The adverse decision was not supported by sufficient evidence that the institution was significantly out of compliance with written requirements of the Essential Areas, Standards, Policies, or guidelines.

The request must be based on written documentation and conditions that existed at the time of the self-study review and survey.

The MSNJ Committee on Medical Education will consider this request at its next regularly scheduled meeting, and if it sustains the adverse decision, the applicant institution will be notified via certified mail. The applicant institution will have thirty days from receipt of notification to submit a written request for a formal appeal.*

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

When a formal appeal is submitted, via certified mail, the MSNJ Committee on Medical Education, upon receipt of supporting information and documentation, will notify the institution within thirty days*, of a hearing date with the Appeals Review Team. The Appeals Review Team will consist of at least two members from the MSNJ Committee on Medical Education and two consultants **(none of whom participated in the original site survey)**. If the decision remains unfavorable, a final appeal may be made to the Board of Trustees within thirty days*. The MSNJ's Board of Trustees functions as the final authority to hear and decide on appeals.

The MSNJ Board of Trustees will appoint a special review committee to review the appeal and the previous report of the Appeals Review Team of the MSNJ Committee on Medical Education. They

will issue a final decision within ninety days of receipt of the appeal, defined as the date of the Board of Trustees meeting when the appeal was presented.

CME providers who have lost their accreditation may reapply as new applicants after a six (6) month period during which they demonstrate their ability to fully comply with Essential Areas and Policies.

Both the reconsideration and appeal process will be based on the status of the program and associated documentation which existed at the time of the survey and not on changes or corrective actions taken since the survey. If an institution wants changes or corrective actions taken subsequent to the survey to be considered, it must submit a new Self-Study report. Any action based on a request for reconsideration or appeal will be retroactive to the date of the survey.

** delivered via any overnight service that provides delivery tracking capability; date is defined as the delivery date recorded by the overnight service.*

Procedure for Managing Complaints against Accredited Institutions

MSNJ periodically receives complaints from physicians regarding CME announcements or activities. The following outline is a guide for managing these complaints.

1. To receive formal consideration, complaints must be submitted in writing to the MSNJ Committee on Medical Education.

2. The chair for MSNJ's Committee on Medical Education will review the complaint and decide whether it represents a substantive violation of established policies and procedures. If not, the complainant is notified. If not satisfied, the complainant may request a formal review by the full Committee Medical Education.

3. If the MSNJ's Committee on Medical Education that determines a violation exists, notification will be send to the accredited provider via an express delivery service requesting a plan for corrective action within thirty days.*

    a. With a satisfactory response from the provider, the MSNJ Committee on Medical Education arranges for appropriate follow-up measures to assure continued compliance.

    b. With no response or an unsatisfactory response, the provider is notified via an express delivery service that the continuing violation will result in withdrawal of accreditation if not corrected within thirty days.*

    c. Failure to comply results in the withdrawal of the accreditation.

    d. The offending institution may appeal this decision to the MSNJ Committee on Medical Education through a formal hearing of the Appeals Review Team and MSNJ Board of Trustees as previously outlined.

    e. The complainant is notified in writing via certified mail of the ultimate resolution of the complaint.

** delivered via any overnight service that provides delivery tracking capability; date is defined as the delivery date recorded by the overnight service*

MSNJ Essential Areas and their Elements

Introduction

MSNJ strives to increase physician access to quality, practice-based CME in the local community by accrediting organizations whose overall CME programs meet or exceed established criteria for education planning and quality. These criteria, called the “MSNJ Essential Areas and their Elements, incorporating the ACCME Standards for Commercial Support℠ (Essentials) are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted on the basis of an organization’s demonstrated ability to plan and implement CME activities in accordance with the Essentials, Standards, Policies and Accreditation Criteria for Compliance.

The Essentials adopted by the MSNJ Committee on Medical Education are derived from the Essential Areas and Their Elements for Accreditation of Providers of CME developed by the Accreditation Council for Continuing Medical Education (ACCME). The ACCME system of recognition, which governs intrastate accreditors (MSNJ is the New Jersey recognized intrastate accreditor), promotes uniform evaluation of CME providers throughout the country.

With the Updated Accredited Criteria adopted by the ACCME in September 2006, and formally by MSNJ in April 2007, the accreditation system seeks to reposition CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. Currently the focus is on contributing to the physician’s strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Providers must establish a specific mission, provide education interventions to meet that mission, and then assess their program’s impact at meeting that mission and improving their program.

MSNJ supports this new focus – **CME Mission→ Interventions→ Impact/Improvement** – with a system that collects, reviews, and analyzes data for three Essential Areas: Purpose and Mission, Educational Planning, and Evaluation and Improvement.

- The **Purpose and Mission Area** describes *why* the organization is providing CME.
- The **Educational Planning Area** explains *how* the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial Support to ensure independence.
- The **Evaluation and Improvement Area** evaluates *how well* the organization is accomplishing its purpose in providing CME activities and identifies opportunities for change and improvement in the CME program.
- The **Elements** describe performance in the Essential Area.
- **Criteria** have been developed for each Element to determine a provider’s compliance with the Element. Satisfactory compliance of various criteria will indicate a provider’s level of accreditation:
  1. Level **1**: Provisional Accreditation – Initial Applicants Only – Meet or Exceed Criteria #1-3, 7-12
  2. Level **2**: Full Accreditation – Meet or Exceed Criteria #1-15
  3. Level **3**: Accreditation with Commendation – Meet or Exceed Criteria #1-22

To make accreditation decisions, MSNJ will review the data collected for the three Essential Areas and their criteria to determine the level of accreditation. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement. The chart on the following page illustrates the levels of accreditation.

ACCREDITATION CRITERIA FOR COMPLIANCE WITH ESSENTIAL AREAS/ ELEMENTS

Adopted by MSNJ With *Modification to C1

	Criteria	Element	Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation with Commendation
1.	The provider has a CME mission statement, approved by the governing body*, 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.	1.1	☑	☑	☑
2.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	☑	☑	☑
3.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	☑	☑	☑
4.	The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	2.1		☑	☑
5.	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		☑	☑
6.	The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	2.1		☑	☑
7.	The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	SCS	☑	☑	☑
8.	The provider appropriately manages commercial support (if applicable, SCS 3).		☑	☑	☑
9.	The provider maintains a separation of promotion from education (SCS 4).		☑	☑	☑
10.	The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).		☑	☑	☑
11.	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	☑	☑	☑
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.	2.5	☑	☑	☑
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.			☑	☑
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.			☑	☑
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.			☑	☑
16.	The provider operates in a manner that integrates CME into the process for improving professional practice.				☑
17.	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).				☑
18.	The provider identifies factors outside the provider's control that impact on patient outcomes.				☑
19.	The provider implements educational strategies to remove, overcome or address barriers to physician change.				☑
20.	The provider builds bridges with other stakeholders through collaboration and cooperation.				☑
21.	The provider participates within an institutional or system framework for quality improvement.				☑
22.	The provider is positioned to influence the scope and content of activities/educational interventions.				☑

MSNJ Essential Areas and their Elements, incorporating the ACCME's Standards for Commercial Support^SM – Standards to Ensure Independence in CME Activities

Essential Area 1: Purpose And Mission

The provider must,

Element 1	Have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

Essential Area 2: Educational Planning

The provider must,

Element 2.1	Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
Element 2.2	Use needs assessment data to plan CME activities.
Element 2.3	Communicate the objectives of the activity to the faculty so that the identified needs are addressed and to the learner so he/she is informed before participating in the activity.
Element 3.3	Present CME activities in compliance with the ACCME's[4] policies for disclosure and commercial support. [NOTE: The ACCME's policies for disclosure and commercial support are articulated in: (1) *The Standards For Commercial Support:* Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All materials can be found on www.accme.org.]

Essential Area 3: Evaluation and Improvement

The provider must,

Element 2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
Element 2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

Administration

The provider must,

Have an organizational framework for the CME unit that provides the necessary resources to support its mission, including financial support, appropriate staff, and a CME Committee composed of representatives of the target audience that meet at least quarterly.

[4] Adopted by MSNJ September 2004

Note: *Standards For Commercial Support* now referred to as the The ACCME Standards For Commercial Support ^SM

2006 Updated Criteria for Compliance

Relevant to the Essential Areas and Elements

Essential Area	Element(s)	Criteria for Compliance
Essential Area 1: Purpose And Mission	The provider must, **E 1** Have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.	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	The provider must, **E 2.1** Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. **E 2.2** Use needs assessment data to plan CME activities. **E 2.3** Communicate the objectives of the activity to the faculty so the identified needs are addressed and to the learner so he/she is informed before participating in the activity **E 3.3** Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.	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. C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities. C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6). C 8 The provider appropriately manages commercial support (if applicable, SCS 3). C 9 The provider maintains a separation of promotion from education (SCS 4). C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

Note 1: Regarding E 3.3 and C7 to C10 - The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.

Note 2: MSNJ adopted the ACCME Standards For Commercial Support: Standards to Ensure Independence in CME Activities (2004) and all related policies..

Continued……

Essential Area and Element(s)		Criteria for Compliance
Essential Area 3: Evaluation and Improvement	The provider must, **E 2.4** Evaluate the effectiveness of its CME activities in meeting identified educational needs. **E 2.5** Evaluate the effectiveness of its overall CME program and make improvements to the program.	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 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. 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. 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. 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.
Accreditation with Commendation	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.	C 16. The provider operates in a manner that integrates CME into the process for improving professional practice. C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback). C 18. The provider identifies factors outside the provider's control that impact on patient outcomes. C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change. C 20. The provider builds bridges with other stakeholders through collaboration and cooperation. C 21. The provider participates within an institutional or system framework for quality improvement. C 22. The provider is positioned to influence the scope and content of activities/educational interventions.

THE ACCME STANDARDS FOR COMMERCIAL SUPPORT[SM]

Standards to Ensure Independence in CME Activities

PLEASE NOTE: THESE STANDARDS APPLY REGARDLESS OF WHETHER OR NOT THERE IS COMMERCIAL SUPPORT FOR AN ACTIVITY/PROGRAM

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.ACCME.org for a definition of a 'commercial interest' and some exemptions.)

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

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

STANDARD 2: Resolution of Personal Conflicts of Interest

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

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

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

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

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

Written agreement documenting terms of support

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

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

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

Expenditures for an individual providing CME

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

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of–pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

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

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

Accountability

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

STANDARD 4. Appropriate Management of Associated Commercial Promotion

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

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or 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 interleafed 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 interleafed between computer 'windows' or screens of the CME content.
- For ***audio and video recording***, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- ***For live, face-to-face CME***, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

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

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

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

STANDARD 5. Content and Format without Commercial Bias

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

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

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

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

Commercial support for the CME activity.

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

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

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

Supplemental Policies and Definitions for: 2004 ACCME Standards for Commercial Support[SM]: Standards to Ensure the Independence of CME Activities ("SCS".

As a state medical society accreditor recognized by ACCME, MSNJ must adopt all ACCME Policies relevant to the Standards for Commercial Support.

Relevant to SCS 1 (Ensuring Independence in Planning CME Activities)
A "**commercial interest**" is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME or MSNJ accreditation. Within the context of this definition and limitation, the following types of organizations are eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations *(Note: ACCME screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)*
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

Definition of a Commercial Interest as It Relates to Joint Sponsorship
In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors".

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest)

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. (**Added March 2005**)

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. **(Added November 2004)**

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. **(Added March 2005)**

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which
those agents/devises are used. **(Added November 2004)**

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months. **(Added November 2004)**

Relevant to SCS3 (Appropriate Use of Commercial Support)

Commercial Support is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME's Elements, Policies and Standards.

Element 3.12 of the ACCME's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. **(Added November 2004)**

Relevant to SCS4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be "commercial support". However, accredited providers are expected to fulfill the requirements of SCS4 and to use sound fiscal and business practices with respect to promotional activities.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply MSNJ with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. 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 disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

Acknowledgement of Commercial Support

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

Policy on Commercial Support

The provider is also required to have a written (stand-alone) Policy on Commercial Support.

Standards for Interpreting the Essentials, Standards and Policies as Applied to Enduring Materials

Enduring Materials

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

Design and use of enduring material must be consistent with the provider's overall CME mission statement and must be described as within the scope of the provider's CME efforts. Distribution of the enduring material must be limited to the State of New Jersey. If further distribution is desired, the provider apply for interstate accreditation to the Accreditation Council for Continuing Medical Education.

Enduring materials must comply with all MSNJ Essential Areas/Elements, Standards and Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

To comply with the Standards for Commercial Support/Standards to Ensure Independence of CME Activities:

1. there must be no product specific advertising in enduring materials
2. commercial support must be acknowledged in the enduring material
3. this acknowledgement must be placed only at the beginning of an enduring material
4. the institutional acknowledgement 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
5. no brand names or product-group messages may be used in the acknowledgement, even if they are not related to the topic of the enduring material

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

MSNJ policy does not require 'post-tests' for enduring materials, however, MSNJ Records and Retention policies do require providers to verify learner participation and evaluate all CME activities. To comply with those two requirements, one strategy providers may use is to include a post-test in their enduring material

Sometimes providers will create an enduring material from a live CME activity. When this occurs, MSNJ considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MSNJ requirements, and the enduring material activity must comply additionally with all MSNJ policies that relate specifically to enduring materials.

Journal CME

Journal CME *(Journal-based CME)*
Journal-based CME is development of an article(s) for CME credit within a peer-reviewed, professional journal; it is an enduring material. A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. Journal CME is not a group activity.

The educational content of journal CME must be within the MSNJ's Definition of CME. Journal CME activities must comply with all MSNJ Essential Areas and Elements, Standards and Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The MSNJ does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.

2. The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

Journal Club CME
A Journal Club activity is a live CME activity organized usually planned as a regularly scheduled conference series (RSS). It is not enduring material. The activity involves the review of selected articles, followed by a discussion by a group of participants that meet on a regular basis.

Policy on Internet CME

Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all MSNJ Essential Areas/Elements, Standards and Policies. However, there are other requirements for Internet CME because of the nature of the activities:

1. MSNJ accredited providers may not place their CME activities on a Website owned or controlled by a commercial interest.

2. With clear notification that the learner is leaving the educational website, links from the website of an MSNJ accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

3. Transmission of information: For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required MSNJ information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

4. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleafed between computer "windows" or screens of the CME content.

5. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

6. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

7. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

8. The accredited provider must be able to document that it owns the copyright for, or has received permission(s) for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

Regarding Documentation Review for Internet CME Activities:

An accredited provider must be prepared to demonstrate compliance with MSNJ Essential Areas, Elements, Standards and Policies (including the Standards for Commercial Support) for all activities offered during its current accreditation term. An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. For Internet CME, MSNJ will review the Internet CME activity to determine compliance with the MSNJ Internet CME policy. If the activity is available on the Internet, MSNJ will need the URL to access the activity. When an Internet CME activity is no longer available online, the accredited provider may provide the Internet activity saved to CD ROM or provide access to the activity on an archived web site.

Adopted by MSNJ - September 2002

Policy on Joint Sponsorship

ACTIVITY AND PRESENTATION IN
PARTNERSHIP WITH NON-ACCREDITED PROVIDERS

MSNJ accredited providers that plan and present one or more activities in partnership with a non-accredited partner are engaging in "joint sponsorship". A commercial interest*, defined as any proprietary entity producing health care products or services, with the exception of non-profit or government organizations and non-health care related companies, cannot take the role of non-accredited partner in a joint sponsorship relationship.

The accredited provider must be involved in the planning, implementation, and evaluation of the program and assumes full responsibility for insuring that CME activities are developed and conducted in accordance with the MSNJ Essential Areas/Elements, Standards and Policies. The accredited provider is responsible to issue the credits and retain the records for the CME activity.

1. The accredited provider must utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities. The accredited provider may require that the non-accredited provider meet requirements that are more restrictive than or exceed the minimum requirements of the MSNJ-CME Accreditation Program.

2. The accredited provider must be able to show with written documentation that each sponsored CME activity was planned and implemented in compliance with the Essential Areas/Elements, Standards and Policies of the MSNJ-CME Accreditation Program.

3. All printed materials for activities created according to the Essential Areas/Elements, Standards and Policies, must carry the appropriate accreditation statement for Joint Sponsored activities;

   "This activity has been planned and implemented in accordance with the Essential Areas Standards and Policies of the Medical Society of New Jersey through the joint sponsorship of (insert name of MSNJ accredited provider) and (insert name of non-accredited provider). The (insert name of accredited provider) is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians."

4. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated on all of the printed materials.

An accredited institution or organization has the same responsibility for an activity it jointly sponsors as for an activity it provides alone. The accredited provider should supply information on these jointly sponsored activities when being resurveyed for accreditation

Jointly sponsored activities must be consistent with the accredited provider's mission statement. The accredited provider must conduct an evaluation of each jointly sponsored CME activity in the context of its mission statement.

The name of the accredited provider should appear on all promotional materials and on the printed program of the jointly sponsored activity. If more that one accredited provider jointly sponsors a CME activity, one provider should assume responsibility for the activity and assumption of this responsibility should be clearly indicated on the promotional materials and printed programs.

Some local chapters or affiliates of national organizations are either independently accredited or specifically included in the accreditation of the national organization. The accredited national organization should take care that it not be listed as the joint sponsor of CME activities of such local chapters or affiliates unless the requirements of Joint Sponsorship are met.

If a provider is placed on probation, it may not jointly sponsor CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform MSNJ of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

Adopted by MSNJ - September 9, 1997
Revised September 2001

Policy On Mergers, Acquisitions, Or Affiliations Involving CME Accredited Organizations

There may be occasions when providers accredited by the Medical Society of New Jersey merge with each other or with non-accredited organizations. MSNJ requires organizations that it accredits to provide written notification no later than 30 days following the effective date of any merger, acquisition or affiliation agreement. Such notification should describe the impact this organizational change will have on the CME program, if any. Additional information may be requested. MSNJ reserves the right to require the completion of a Self-Study report to conduct a site survey.

While awaiting review, the organization may continue to provide CME programs. Accredited providers, however, are responsible for compliance with the Essential Areas/Elements, Standards and Policies at all times. It is crucial that continuity in programming and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program. In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.

In such a new program of accredited facilities, full accreditation may be granted at the discretion of the Committee on Medical Education. This determination will be based on the accreditation history of the accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the Essential Areas and Policies.

In situations where a new program is created with the merger of an accredited organization with a non-accredited entity, the program will be evaluated as an initial applicant and if, approved will be granted provisional accreditation.

When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard self-study and files review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis.

Therefore, a modified self-study process may be used for intra-system program consolidation, and for mergers involving the consolidation of individual programs into a system accreditation. The modified self-study process will include at least the following sections and elements:

- Institutional Contacts
- Demographic Section
- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process
- Essential Area 1 – Purpose and Mission
- Organizational Structure
- Administration
- Standards for Commercial Support: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards

As a matter of standard procedure, a modified site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans. Options will exist for the review team to recommend a waiver of the survey if it is felt that a survey would not be as productive or necessary. Waivers must be approved by the chair of the Committee on Medical Education.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the "MSNJ Guidelines and Criteria for System/Multi-Facility Accreditation" and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the Essential Areas/Elements, Standards and Policies.

Revised and Approved : January 2002, September 2009

Guidelines for Hospital System / Multi-Facility Accreditation

In today's changing environment, health care entities may find it more practical and cost effective to establish CME programs on a system-wide rather than an individual facility basis. System accreditation may make it more practical to provide CME activities to physicians practicing in rural or small hospital settings as well as facilitate more effective utilization of educational resources.

To assist organizations in meeting the Essential Areas, Standards and Policies in the development and operation of a system-wide or multi-facility CME program, the following criteria supplements the Essential Areas, Standards and Policies.

Essential Area 1: A common CME mission with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established. The CME mission should be approved by each facility with final approval by a governing body to which all facilities in the system are accountable. A facility is defined as a component that administratively exist as part of a larger system and initiates CME programming on a regular basis.

Essential Area 2: Centralized procedures and established methods to identify, prioritize and share needs assessment data throughout the system must be established. Patient care and quality improvement data from component facilities should feed into the central system for use in overall program planning as well as for use in developing activities within individual facilities.

In a system accreditation, the overall program is defined by the individual activities and services which are provided throughout the system, whether they are initiated centrally or from facilities within the system. Therefore, annual review of the overall program, and its accomplishment of the system's CME mission, must be conducted within the context of the system-wide program.

Ideally, the central office, with direction from the CME committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

Administration: The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. The CME committee must be actively involved in development of the overall program. The committee may not merely function as a clearinghouse for indiscriminate approval of activities generated by component facilities in the system. A well-structured and well functioning central CME committee will have:

- Appropriate representation from facilities in the system
- Clearly defined authority for control of the program's operation at both the system and local facility levels
- Procedures and policies which allow the committee to establish priorities and evaluate and approve the development of activities within the context of available resources and the system's CME mission.

An application or other procedures which merely provide for approval of activities after they have been planned within a respective facility does not constitute appropriate control of the program.

While component facilities may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairman should

actively serve on the central committee as the facility's representative. This structure will allow input from each component to assure that needs identified within the facilities are adequately met and will assure that all activities are developed within context of the system's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide hands-on daily oversight of program planning and implementation within the system. A well structured and well functioning central CME office will have:

- Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the Essentials, Standards and Policies and maintain the documentation required for program files

- Established procedures for central control and approval of all commercial support for CME activities within the system

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

- A well organized system of communication between component facilities

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

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

Requirements for Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: Attendance/Credit Award Records and Activity Documentation.

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify activity participation and the credits awarded to the physician for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. Specific information is to be maintained for physician participants: name of the physician, title of the activity, location where the activity took place, the date the activity took place and the number of credits claimed and awarded to the physician.

2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term. Maintenance of this documentation enables the provider to show MSNJ at the time of reaccreditation how the activities it provided during its current term of accreditation were compliant with MSNJ's Essential Areas/Elements, Standards and Policies. For guidance on the nature of documentation that MSNJ will expect to review at the time of reaccreditation, review the MSNJ's Documentation Review for a CME Activity Form that the survey team uses, as well as the Documentation Review File Labels, which providers will use to identify evidence of compliance within their files/records.

Additionally, if MSNJ receives a complaint about an accredited provider, and the complaint relates to the provider's implementation of one or more MSNJ Essential Areas/Elements, Standards and Policies, MSNJ may ask the provider to respond to the complaint according to MSNJ's Procedure for Handling Complaints/Inquiries Regarding MSNJ Accredited Providers ("the Procedure"). The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the MSNJ is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question. Information and correspondence generated via the Procedure is maintained as confidential.

Public Recognition Requirements

Accreditation and Credit Designation Statements:
The accreditation statement identifies which MSNJ accredited organization is responsible for demonstrating the CME activity's compliance with all MSNJ's Essential Areas/Elements, Standards and Policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included. Refer to the AMA (www.ama-assn.org), "The Physician's Recognition Award and Credit System - Information for Accredited Providers" booklet for other specifics (i.e.: "Save-the-Date announcements, etc.).

The activity announcement must also inform participants of the number of *AMA PRA Category 1 Credits™* being designated. Providers are to determine the number of credits by the actual clock hours of educational time. Time allotted for registration, breaks, lunch, etc., should not be counted toward credit. Providers may designate activities and award credit to physicians in fifteen-minute or 0.25 credit increments. The time it takes to participate in an activity may be rounded up to the nearest quarter hour and credits should be designated accordingly. *AMA PRA Category 1 Credit™* cannot be designated retroactively nor can a participant be awarded more credit then originally designated.

Awarding *AMA PRA Category 1 Credit*™
Please refer to the AMA booklet, "The Physician's Recognition Award and Credit System - Information for Accredited Providers" for information regarding awarding credits claimed by physician participants, credit certificates for physicians and certificates of attendance for non-physicians.

Accreditation Statements:
For Directly Sponsored Activities: "The *(name of accredited provider)* is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians."

For Jointly Sponsored Activities: (when an accredited provider works with a non-accredited provider) "This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of New Jersey through the joint sponsorship of (*name of accredited provider*) and (*name of non-accredited provider*). The (*name of accredited provider*) is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians."

Co-Sponsored Activities (when an accredited provider works with another accredited provider(s)
There is not a "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

AMA Credit Designation Statement: (The wording for this statement is dictated by the AMA. NEW REQUIREMENTS IMPLEMENTED EFFECTIVE JULY 1, 2011)
"The [name of accredited provider] designates this [activity format] activity for a maximum of [number of ___ credits] *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity."[i]

[i] Revised by the AMA January 2006

Note: if less then 2 credits are designated, you do not have to use (s), on the other hand if 2 or more credits are designated, you don't have to use ( ).

Acknowledgement of Commercial Support

The organization accredited by MSNJ is the *provider* (sponsor) of CME activities. CME activities may be funded (supported) by pharmaceutical companies or other commercial organizations, but these organizations should not be referred to as the providers or sponsors of the activity. The source of commercial support must be disclosed to participants (**SCS6.3)** and in these situations the announcement must also carry a statement acknowledging the commercial support. "Disclosure" of the commercial supporter must never use a trade name or product-group message **(SCS6.4)**.

One Example: "This activity is supported by an educational grant from (*name of funding entity)."*

MSNJ Logo/Service Mark: This previous requirement has been suspended until further notice.

General Program Updates

Accredited providers are responsible for immediately informing MSNJ 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/ Director of Medical Education
- Turnover in the Provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program
- Turnover, addition, or decrease in CME administrative personnel

When reporting changes, please include effective date and direct contact information to include:

- Full Name and degree
- Title
- E-mail address
- Telephone number
- Fax number

Annual Report - Provider Program Update

All accredited providers must submit an annual report for their CME program each year. A letter of notification, along with the reporting forms are mailed to the provider 45-60 days before the due date. It is required that the annual report be submitted by the due date (30 days after the accreditation anniversary date). The form can be down loaded from www.msnj.org. Formal annual reports are not required in the year an organization is surveyed – rather an abbreviated version will be requested. There are no additional fees for filing an annual report unless the report is late without prior approval for an extension

Providers that have not submitted the annual report by the due date or who have not requested an extension are subject to the following actions:

1. MSNJ staff will place a call to the organization the day after the report was due.
2. CME programs filing annual reports 45 days late shall be fined $250.00. This is in addition to the current annual report fee.
3. Annual reports that are more than 90 days late will result in the organization's program being placed on probation until the report is received.
4. Annual reports more than 180 days late will result in the organization losing their accreditation. The affected organization will then have to reapply and a resurvey will be necessary. The application fee in this case will be $2,750.00 (or the current application fee, plus the current annual fee, plus the current late annual report fee).
5. All actions involving probation or loss of accreditation will be reviewed and approved by the Committee on Medical Education.

FORMULATING OBJECTIVES

Objectives communicate expectations for an activity or course of action. These explicit statements provide a context for what will be learned. There are both discipline-specific (knowledge, skills, attitudes, and behaviors) and non-discipline-specific (communication and presentation skills, moral values, and ethics) objectives. Objectives can help participants clarify their personal goals for an activity and provide a framework against which to measure their success.

Explicit objectives are important for a number of reasons. First, when clearly defined objectives are lacking, there is no sound basis for the selection of instructional materials, content, or methods. If you don't know where you're going, it is difficult to select a suitable means for getting there. Instructors/faculty simply function in a fog unless they know what they want the participants to accomplish as a result of their instruction.

A second important reason for stating objectives has to do with finding out whether the objective has, in fact, been accomplished. Evaluations, tests, or examinations are the mileposts along the road of learning and should tell instructors and participants alike whether they have been successful in achieving the activity objectives. But unless the objectives are clearly and firmly fixed in the minds of both parties, tests/evaluations are at best misleading; at worst, they are irrelevant, unfair, or uninformative.

A third advantage of clearly defined objectives is that they provide participants with the means to organize their own efforts toward accomplishment of those objectives.

Objectives are an integral part of a well-designed course. Writing objectives helps to organize the content and to divide the activity into units of information. Objectives state the specific criteria of acceptable performance, or "learning outcomes", to be achieved by a participant. By stating the criteria, participants can understand the requirements and focus their learning activities appropriately. Clear, definable objectives can be used as indicators of success, and will help participants recognize their progress.

Objectives need to be organized in such a way as to be useful to the participant and the faculty. To accomplish this, objectives need to be written as participant learning outcome statements. Learning objectives should be measurable and observable and written to answer the question "What must the participant do to prove that he/she has succeeded?" or "What should a participant be able to do as a result of instruction/participation?"

Develop objectives to focus on the Mission of the CME.

The three essential elements of learning objectives are a statement of *who* (the learner), *how* (the action verb), and *what* (the content):

WHO	HOW	WHAT
The learner will be able	To name	The three elements in the management of perennial rhinitis
The participants will be able	To identify	The psychosocial factors important in the development of the child abuse syndrome
The physician will be able	To explain	The dangers of using hexachlorophene in skin prophylaxis of the newborn
The healthcare provider will be able	To perform	CPR

Examples of HOW

To apply	To create	To employ	To list	To relate
To arrange	To describe	To evaluate	To name	To review
To assess	To defend	To explain	To organize	To report
To categorize	To diagram	To formulate	To predict	To sort
To classify	To discuss	To illustrate	To prepare	To solve problems
To contrast	To discriminate	To integrate	To recall	To translate
To construct	To distinguish	To interpret	To recognize	To update

Examples of WHAT

Consider adding performance standards to your learning objectives. Wording that describes acceptable standards might include:

- in a fifteen-minute time period
- with no mistakes
- with 98% accuracy
- getting 22 out of 25 correct

Define the criteria or conditions under which the learning is to be demonstrated. Wording that describes learning conditions might include:

- Given a problem of the following type...
- Without the use of any reference materials...
- Using a specific instrument.

Then list however many objectives (usually not more than five). While too few may not provide enough information about the learning opportunity, too many may be confusing and overwhelm the potential participants.

WORDS TO AVOID: Avoid the following words as they are open to many interpretations

Appreciate	Believe	Have faith in
Know	Learn	Understand

The following **action verbs** have been found to be effective in formulating educational objectives:

VERBS THAT COMMUNICATE KNOWLEDGE:

Information

Cite	Count	Define	Describe
Draw	Identify	List	Name
Point	Quote	Read	Recall
Recite	Recognize	Record	Relate
Repeat	Select	State	Summarize
Tabulate	Tell	Trace	Underline
Update	Write		

Comprehension

Assess	Associate	Classify	Compare
Compute	Contrast	Demonstrate	Describe
Differentiate	Discuss	Distinguish	Estimate
Explain	Express	Extrapolate	Interpolate
Interpret	Locate	Predict	Report
Restate	Review	Translate	

Application

Apply	Calculate	Choose	Complete
Demonstrate	Develop	Employ	Examine
Illustrate	Interpolate	Interpret	Locate
Match	Operate	Order	Practice
Predict	Prescribe	Relate	Report
Restate	Review	Schedule	Select
Sketch	Solve	Translate	Treat
Use	Utilize		

Analysis

Analyze	Appraise	Contract	Contrast
Criticize	Debate	Deduce	Detect
Diagram	Differentiate	Distinguish	Experiment
Infer	Inspect	Inventory	Measure
Question	Separate	Summarize	

Synthesis

Arrange	Assemble	Collect	Combine
Compose	Construct	Create	Design
Detect	Document	Formulate	Generalize
Integrate	Manage	Organize	Plan
Prepare	Prescribe	Produce	Propose
Set up	Specify	Validate	

Evaluation

Appraise	Assess	Choose	Compare
Critique	Decide	Determine	Estimate
Evaluate	Grade	Judge	Measure
Rank	Rate	Recommend	Revise
Score	Select	Test	

Verbs That Impart Skills:

Demonstrate	Diagnose	Diagram	Empathize
Hold	Integrate	Internalize	Listen
Massage	Measure	Operate	Palpate
Pass	Percuss	Project	Record
Reflect	Visualize	Write	

Regularly Scheduled Series (RSS)

A Process for CME activities such as Tumor Board, Morbidity/Mortality, and other types of case-review also referred to as regularly scheduled conferences.

(Note: MSNJ-CMEAP does not follow the ACCME's policies regarding "monitoring" of Regularly Scheduled Series (RSS) although MSNJ-CMEAP expects that RSS sessions be noted as such activity types, but requires that they be treated like courses for the purposes of planning and evaluation.)

How does the Accreditation Criteria affect the sessions within their Regularly Scheduled Series (RSS), such as Grand Rounds?

Each accredited provider will continue to decide what they are trying to accomplish through their regularly scheduled series.
Those who have access to data and information about the professional practice gaps of their own institution's learners will have the opportunity to decide if changing knowledge, competence or performance will be their goal (Criterion 2). They will be able to design their series to meet these objectives (Criterion 3) and to use the same measurement tools that identified the gaps (Criterion 2) as measurements of effectiveness (Criteria 11 and 12).

Those providers who do not yet have access to data and information about the professional practice gaps of their own learners, may want to use these sessions to get that information.

Here is how this might work. **Regularly scheduled series** often provide "Updates" to the medical staff on specialty or sub-specialty areas of medicine. These Updates can be used to help physicians recognize the 'quality gap' within their own competence, performance or patient outcomes. The 'evaluation' of the activities can be used to help physicians identify aspects of their own knowledge, competence or performance that needs to change – which can translate into needs data for the provider.

For example,

To assess knowledge- based needs, the provider might ask the physician learner: "From what you heard today, on which aspects of this clinical problem do you need more information before you feel you can change your approach to the diagnosis or management of this clinical problem?"
To assess competence- based needs, the provider might ask the physician learner: "From what you heard today, which practice strategies can we help you develop, or expand, regarding this clinical problem?"
To assess performance- based needs, the provider might ask the physician learner: "Upon reflection or from your own audit of your practice, how often do you approach a patient in the manner describe in this presentation? What can this CME program do to help you change your practices?"
To assess the learner patient outcomes, the provider might ask the physician learner: "From what you heard today, your patients get the best possible outcomes from your treatment, as described in the presentation? What can this CME program do to help you change your patients' outcomes?"

The aggregated data from these responses will contribute to the provider's analysis of hoped for changes in learners' competence, performance, or patient outcomes that could be achieved by future activities/educational interventions.

How can small providers be expected to produce data on patient outcomes and evaluate the impact of CME on patient outcomes? This seems impossible.

The Accreditation Criteria do not require that CME providers measure patient outcomes -- neither in needs assessment nor in the evaluation phase of CME activities. The Updated Criteria require providers to base their education activities on practice-based needs and to measure educational outcomes in terms of change -- in competence, performance-in-practice and/or patient outcomes. Each provider will decide, and may already have decided, their CME mission in the context of the Updated Criteria. Will they want to support changes in physicians' abilities or performance? Or will the provider support changes to patient outcomes? Any of these three CME missions is in keeping with the Accreditation Criteria.

Definition– A series typically offered in one-hour sessions, recurring either weekly or monthly, and are primarily planned by and presented to the provider's professional staff and designated for credit as one activity. Examples are grand rounds, case conferences, tumor boards, and teaching conferences. The format does not change and maintains the same time period, meeting day, structure, etc., for the duration of the series.

Educational Needs (derived from Professional "Practice Gaps")

Sources:

- Current or recent patient activity with interesting, unexpected, adverse or otherwise instructive outcomes or aspects
- Quality Assurance (QA)/Quality Improvement (QI) data (local, regional, or national)
- Autopsy data
- Drug utilization data
- Current literature, professional or lay (e.g., recent publicity given to increased morbidity and mortality from asthma would justify presentation of patient summaries with specific teaching points about asthma)

Activities: Guidelines for "Ongoing" Objectives

Learning objectives can be useful in demonstrating and defining ongoing CME activities. Since it is usually the nature of ongoing programs to not have topics planned for all sessions prior to the beginning of the year, it is essential that the framework of the program be well described If this is accomplished (including sufficient detail of the planning activities, the methodology used in subject selection, and a definition of the scope of the program), the objectives do not need to be topic specific. Rather they can provide the framework for demonstrating the planning of the activity.

If the program scope is not defined, then it becomes necessary to list all the topical areas to be covered and the objectives that apply to each topic. Defining the scope of the activity demonstrates the results of the planning function and the results of the needs assessment

The general objectives therefore need to include three components:

1. **Time** (e.g. *"Over the* next *twelve* months"),
2. **Scope** (e.g. *"Patients presenting with uncommon symptoms or presentations of common Problems encountered by a specific category of physician, and*
3. **Objectives** The following are only examples of appropriate descriptions and objectives to assist activity developers in their planning and documentation.

Generally, ongoing activities fall into three separate categories:

1. **PATIENT ORIENTED SERIES -** A patient case acts as the trigger for a presentation, discussion, or problem solving activity relative to a specific medical subject or topic, or health problem. Examples include Morbidity & Mortality Rounds and Tumor Boards. The emphasis in these conferences is usually problem-solving and clinical decision-making activities. Evidence-based medicine is key to providing a quality learning activity. These conferences are also useful to introduce, and emphasize the importance of appropriate resource management and cost effective, efficient care.

   To meet the requirement of a "planned activity," the scope of what problems, topics, and subjects will be covered in a defined time period needs to be determined and stated.

   Example: <u>Tumor Board</u>
   Time: *Over a one year period*
   Scope: *Pattern problems covering the areas commonly seen by primary care physicians.*
   Objectives: *For the topics to be covered the participant will be able to:*

   - *Correlate Clinical diagnosis with pathologic, radiologic, and surgical finding*
   - *Discuss the staging and grading of the specific presented tumors*
   - *List the treatment options for specific presented problems, and*
   - *Identify the psychosocial aspects, and how they affect treatment*

2. **SUBJECT ORIENTED SERIES -** A topical series based on a needs assessment in which some aspect(s) of a discipline, specialty, or subspecialty is covered. The teaching/ learning techniques used are usually lecture, lecture/discussion, and panel discussions. The usual activities that seem to fit best in this category are activities like Grand Rounds, Visiting Professor Lectures, and Clinical Updates. Since they are not patient based it is usually easier to define the scope of the program prospectively. This type of series is an appropriate place to include topics on managed care, cost effectiveness, quality improvement, and various forms of clinical practice guidelines.

   Example: <u>Grand Rounds</u>
   Time: *One year on a weekly basis*
   Scope: *The major topics which are commonly seen by generalist physicians (based upon the incidence of disease, value of early diagnosis and timely treatment and effects on the population in general are selection criteria which are important to the physician)*
   Objectives: *After participating in this activity, learners should be able to:*

   - *Relate current concepts of pathophysiology,*
   - *Cite established and new strategies in diagnosis*
   - *Discuss management, and future directions of treatment, and*
   - *When applicable, list methods of presentation and/or early diagnosis.*

COMBINED PATIENT/SUBJECT ORIENTED SERIES - In recent years it has become common to alter the form of an ongoing series to try to deal with more didactic material in the same setting as patient related and problem solving sessions. The variety in a single program is thought by some to maintain participant interest. This kind of program enables more variety in teaching/learning methods as well and this may have a role in the maintenance of interest. With physician time commitments being so tight some physicians feel that this is more efficient use of their time.

Example: Uncommon Presentations of Common Problems and/or Common Presentations of Uncommon Problems
Time: *One year*
Scope: *Unusual presentations of common patient problems seen by the primary care physician*
Objectives: *After participating in this activity, one should be able to:*

- *List the common health problems that have recognized unusual clusters of clinical manifestations.*
- *Explain the pathophysiology of these clinical manifestation clusters.*
- *Describe the initial step of management for these conditions, and indicate the criteria for necessary consultation and/or referral*

OTHER STEPS:

EVALUATION: Evaluations must be completed by activity participants. These evaluations must address the participants' perceptions as to whether the stated objectives were met. Participants need to be given an opportunity to suggest additional topics for further sessions.

Note: MSNJ does not follow the ACCME's policies regarding the *monitoring* of Regularly Scheduled Series (RSS).

MSNJ expects that RSS activities be reported as RSS activity types but requires that they be treated like courses for the purposes of planning and evaluation.

Learning From Teaching CME Activities

In January 2006, the American Medical Association (AMA) shifted to allow accredited providers to award *AMA PRA Category 1 Credit*™ to faculty for teaching at their designated live activities. In response, the ACCME directed that *AMA PRA Category 1 Credi* ™ can only be awarded as a result of "learning" from an activity that has been developed like any other designated CME activity and according to the Essential Areas, Standards and Policies for CME. The MSNJ-CME Accreditation Program follows this directive as well. Note: For a fee, the AMA still awards credits for teaching through their Direct Credit application, which can be found on their website.

What are MSNJ's expectations of providers that would like to offer "teaching in CME activities" as a CME activity?
MSNJ expects that all CME activities, including an activity based on preparing to teach in live CME activities and any of the new formats of CME, will be implemented within the current framework of the MSNJ accreditation requirements, i.e., the educational and organizational requirements as well as the Standards for Commercial Support. The MSNJ will seek information and verification of performance in practice of provider compliance with MSNJ accreditation requirements at the time of reaccreditation.

What does the MSNJ expect from Providers who award credit for teaching in CME activities?
Providers who award credit for teaching in CME activities must recognize that they are now building an educational activity that must meet the requirements of the MSNJ. Every activity needs to comply with all applicable MSNJ requirements. MSNJ accredited providers have the ability to designate CME activities for *AMA PRA Category 1 Credit*™. The American Medical Association (AMA) defines what kinds of activities are eligible for credit. MSNJ accredited providers add value for participants by the facilitation and measurement of learning through the application of the MSNJ Essential Areas/Elements, Standards and Policies. Accredited CME providers can now designate credit for teaching in CME, internet searching and learning, test item writing, manuscript review and performance improvement activities, in addition to live activities (including some committee learning), enduring materials, and journal-based continuing medical education. The MSNJ supports AMA efforts, which address the need for a continuing medical education credit and accreditation system that recognizes a) the variety of formats in which physicians learn and b) the added value of the delivery of these educational interventions through accredited CME providers. The MSNJ's educational and organizational requirements, including the ACCME Standards for Commercial Support℠, can be applied to all formats of CME activities. When an MSNJ accredited provider designates an educational activity for *AMA PRA Category 1 Credit*™, it does so under the umbrella of the MSNJ accreditation statement.

"Learning from Teaching" is a relatively new activity format. An accredited provider might choose to make one activity for all faculties throughout the year, thus making the documentation for the activity more centralized. Whatever the manner of record keeping, it is MSNJ's expectation that these activities will comply with the accreditation requirements, equal to any other format of activity offered by an accredited provider.

Why can't we just award credit to faculty for teaching or writing in an activity certified for credit?
Teachers and authors provide the link between learner needs and expected results. Faculty is chosen for their ability to facilitate learning in order to achieve the expected result of the activity. Implicit in one's role as faculty is the expectation that the teacher/author's expertise and skill is the same as the purpose or objective of the activity. In other words, the teacher's starting point is the

learner's end. CME is about learning and change. It is about improvements in competence, or performance, or patient outcomes.

Accredited providers, therefore, need to find a way to facilitate improvements of the teachers and authors who receive credit. This is applicable to all formats of CME. **Following is one example of a process for this activity type:**

CME Activity Type: Learning from Teaching – (Credit for teaching at an activity designated for *AMA PRA Category 1 Credit™* designed and implemented as a Regularly Scheduled Series (RSS)).

Statement of Need:
In discussions with faculty, the (Name of Accredited Provider) finds that presenters preparing to teach at CME activities need to perform a self-assessment of their current knowledge of the assigned topic. Presenters routinely need to update their current knowledge through literature review, professional relationships, to assure they are presenting the most recent, evidenced-based, scientifically vigorous information.

Learning objectives for teaching credit:

- Assess current literature on the assigned topic;
- Incorporate new information into one's current body of knowledge;
- Apply knowledge about the assigned topic to clinically or professionally relevant situations; and
- Reflect on the appropriate ways to structure the learning activity for a given audience.

Design:
Working independently, presenters will conduct literature reviews, synthesize information from a variety of sources, and make determinations of the available evidence for clinical recommendations.

Evaluation:
All presenters at (Name of Accredited Provider) sponsored CME activities will be asked to complete an evaluation survey.

Obtaining Credit for Teaching:
In order to earn credit for teaching at (Name of Accredited Provider) a sponsored CME activity, presenters must review the needs, objectives, and educational design information above. In addition, they must complete a conflict of interest/disclosure form, making sure to indicate the length of the presentation where indicated.

Accreditation Statement:
(Name of Accredited Provider) is accredited by the MSNJ to provide continuing medical education for physicians.

AMA Credit Designation Statement:
(Name of Accredited Provider) designates this live activity for a maximum of ** *AMA PRA Category 1 Credit(s)™.* Physicians should claim credit only the commensurate with the extent of their participation in the activity.

**The AMA allows that the number of credits claimed can be equal to twice the length of the presentation (for example, for a 45-minute presentation, may be awarded 1.5 credits. Presenters may only claim credit for the first time a presentation is given).

Evaluation: A completed Evaluation Form (attached) must be submitted in order to be awarded *AMA PRA Category 1 Credit™.*

LEARNING FROM TEACHING ACTIVITY
EVALUATION FORM
(Example)

1. Name/Degree:____

2. Last 4 digits of your SS#_____- _____- _____ -_____

3. Date of Presentation:_______________________________________

4. Title of Presentation:_______________________________________

5. Type of Presentation: ☐Grand Rounds ☐Live Seminar

6. **What resources did you use in preparation for your presentation? (check all that apply)**

☐Standard Text Book
☐Peer Reviewed Journal
☐Web Based Resources
☐Clinical Guidelines
☐Systematic Reviews
☐Clinical Decision Support Tools
☐Enduring Materials
☐Other________________

7. **Please indicate the extent to which Learning Objectives were met:**

		Extremely Well	Well	Somewhat	Not at all
a.	Assess current literature on the assigned topic	☐	☐	☐	☐
b.	Incorporate new information into your current body of knowledge	☐	☐	☐	☐
c.	Apply knowledge about the assigned topic to clinically or professionally relevant situations	☐	☐	☐	☐
d.	Reflect on the appropriate ways to Structure the learning activity for a given audience	☐	☐	☐	☐
e.	Objectives of this activity were met	☐	☐	☐	☐
f.	Content was relevant to your practice	☐	☐	☐	☐
g.	Participation in this activity changed your knowledge and or attitudes	☐	☐	☐	☐
h.	This activity changed your skills	☐	☐	☐	☐
i.	You will make a change in your practice as a result of participation in this activity	☐	☐	☐	☐

8. **Which ONE of the following best describes the impact of this activity on your performance**

☐ This program will not change my behavior because my current practice is consistent with what was taught
☐ This activity will not change my behavior because I do not agree with the information presented
☐ I need more information before I can change my practice behavior
☐ I will immediately implement some of the information into my practice

9. **Will you take any of the following actions as a result of participating in this educational activity? (check all that apply)**

☐ Discuss new information with other professionals
☐ Consult the literature
☐ Discuss with industry representative(s)
☐ Participate in another educational activity
☐ None
☐ Other ____

Signature____ Date__________________

Medical Society of New Jersey
Accreditation Requirements
OVERVIEW

1. Providers focus their CME programs through a clearly articulated educational mission of change and improvement.

   Criterion 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.

   "CME purpose, content areas, target audience, type of activities" same as 1998 System. "Expected results' must go beyond "We will change 'competence', for example.

2. Providers' programs of CME are practice-based, change-focused, aligned with the learners' professional practice, use the appropriate educational format, and are linked to desirable physician attributes.

   Criterion 2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

   Provider starts by identifying a gap then deduces the 'knowledge cause', or 'strategy' cause' or'' performance' cause. Planning education so as to address the need is the same as 'the provider incorporates.'

   Criterion 3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

   The implementation of C2. Final product (the activity) demonstrates an attempt to change issues identified as the need.

   Criterion 4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

   A rational link between the content of the activity and what the learners are reasonably expected to be doing in the type of professional practices that they have.

   Criterion 5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

   Didactic sessions, small group discussion, interactive, hands on skills labs -- all perfectly acceptable – rationalized against what Provider is trying to accomplish.

   Criterion 6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

   Simple juxtaposition of activity against a 'competency' is a start. Thoughtful reflection on integrating the competency into educational design is our goal.

3. Providers' programs appropriately manage the boundary issues created by personal and organizational financial relationships with commercial interests (as defined by the ACCME) through compliance with the ACCME Standards for Commercial Support[SM].

   Criterion 7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).

   Criterion 8. The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support[SM]).

   Criterion 9. The provider maintains a separation of promotion from education (SCS 4).

   Criterion 10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

   As per the 2004 ACCME Standards for Commercial Support[SM] and on-going enhancements. Will require self-monitoring and self assessment.

4. Providers' programs of CME measure their successes at meeting their missions and respond appropriately to what the data says – with changes and improvements. A cascade of events.

   Criterion 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

   At a PROGRAM level but requires some measures of all activities – analogous to RSS expectations. Asking learners what they think of value is NOT adequate. Learners as a source of data is expected. ("Describe your new strategy"; "Describe for us the pathophysiology of the disease process." "Provide us with next month's performance measurement data."). MSNJ is looking for a reflective process whereby the Provider assimilates information from all activities into a self assessment of their program's successes.

   Criterion 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

   Provider integrates C11 information into a broader view of the organization – as judged against its own mission.

   Criterion 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

   Focus on identifying the Provider's strategic plan for organizational improvement.

   Criterion 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.

   "….and implements." Provider needs to be able to show Accreditor that things have changed as a result of C11. C12 and as planned in C13.

   Criterion 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.

   C11 and C12 for issues identified in C13 and interventions chosen in C14.

5. Providers' programs of CME operate in the context of the healthcare environment in which they are situated by being an asset to those attempting to improve professional practice, working to overcome barriers to change and collaborating with others.

Criterion 16. The provider operates in a manner that integrates CME into the process for improving professional practice.

Evidence that CME supports practice based learning and improvement. Provides opportunities for investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Criterion 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Evidence of use of rewards, process redesign, peer review, audit feedback, monitoring, reminders, decision report systems, encouragement.

Criterion 18. The provider identifies factors outside the provider's control that impact on patient outcomes.

Has data and information that explains patient outcomes of learners

…..beyond the performance of physicians.

Criterion 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.

Has data and information on barriers to change applicable to own learners. Incorporated into educational program as activities, or modules.

Criterion 20. The provider builds bridges with other stakeholders through collaboration and cooperation.

Evidence of alliances with other organizations that has a demonstrable impact on the program of CME.

Other organizations participate in needs assessment and planning with the accredited provider (C2-10).

Incorporated into elements of evaluation (C11-12).

Other organizations part of solutions in achieving mission (C14-15).

Criterion 21. The provider participates within an institutional or system framework for quality improvement.

Evidence of the integration of, and contribution by, the CME provider to quality improvement initiatives.

Criterion 22. The provider is positioned to influence the scope and content of activities/educational interventions.

Evidence of provider's control of the development of CME activities from inception of idea to evaluation.

Resources

ACCME – www.accme.org

Alliance for CME – www.acme-assn.org

American Medical Association - CME Provider Resources – www.ama-assn.org

The Society for Academic Medical Education www.sacme.org