

ArMA Accreditation Guide 2014

Developing and Maintaining a CME Program



ARMA
ARIZONA MEDICAL
ASSOCIATION

2014 Edition
Arizona Medical Association
810 W Bethany Home Rd.
Phoenix, AZ 85013

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1 General Information

Summary of Changes to Accreditation Criteria and Policies Effective March 2014

This guide has been updated to reflect the simplification changes adopted by the ACCME on February 25, 2014. This edition of the manual includes changes to simplify or eliminate some of the criteria and policies, adds a HIPAA Compliance Attestation policy, and the expansion of the Definition of Terms section.

ACCREDITATION CRITERIA

Criterion 1 has been simplified. Criteria 4, 14, and 15 have been eliminated. To avoid confusion, the numbering of the criteria has not changed.

STANDARDS FOR COMMERCIAL SUPPORT

Standard 4.2 incorporates the requirements related to Internet CME and journal-based CME that previously were included in the policies.

TERMINOLOGY

The term “joint sponsorship” is replaced by the term “joint providership” throughout the requirements, including in the Standards for Commercial Support and in the Accreditation Statement Policy.

The term “Essentials” in the accreditation statement is replaced with “accreditation requirements.”

POLICIES

The Organizational Mission and Framework Policy has been eliminated.

The Accreditation Policies section now includes the following policies:

- HIPAA Compliance Attestation
- Content Validity of Enduring Materials

CME ACTIVITY TYPES

The CME Activity Types originally included in the Accreditation Policies section have been eliminated. Some of the special requirements for Internet CME, enduring materials, regularly scheduled series, and journal-based CME, were eliminated as part of the simplification process. The remaining requirements related to the Standards for Commercial Support and therefore have been incorporated into the Standards, as described above. Previously, these policies also included descriptions of these activity types. These are not requirements, but rather, descriptions, used by accredited providers for annual reporting, and are now incorporated into the Definition of Terms section to follow.

ArMA incorporates these descriptions into the annual reports to present the diversity of accredited CME.

Definition of Terms

ACCME: Accreditation Council for Continuing Medical Education. Learn about the ACCME at www.accme.org.

Accreditation Criteria: The requirements against which CME providers’ compliance is determined in order to achieve or maintain accreditation. To achieve Provisional Accreditation, accompanied by a two-year term, providers must comply with

Criteria 1, 2, 3, and 7-12. Providers seeking full Accreditation or reaccreditation with a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, along with a six-year term, providers must demonstrate compliance with all Criteria (1-22).

Accreditation Statement: The standard statement that must appear on all CME activity materials and brochures distributed by accredited providers. There are two variations of the statement; one for directly provided activities, and one for jointly provided activities.

Accredited CME: The term used to refer to those activities in continuing medical education that have been deemed to meet the requirements and standards of a CME accrediting body. When ArMA uses the term “accredited CME” in its documents and processes it is referring to activities and programs within the ACCME accreditation system, including CME providers accredited by the ACCME as well as providers accredited by ACCME Recognized Accreditors (state/territorial medical societies such as ArMA).

Accredited CME Provider: is an entity accredited by either the ACCME or by an ACCME-recognized state medical society such as the Arizona Medical Association (ArMA).

Activity: A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria and accreditation policies.

Commercial bias: Content or format in a CME activity or its related materials that promotes the products of business lines of an ACCME-defined commercial interest.

Commercial Interest: 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 accreditation, nor for accreditation through an ACCME Recognized Accreditor. Commercial interests cannot be accredited providers and cannot be joint providers.

Commercial Support: Monetary or in-kind contributions given by an ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. The ACCME Standards for Commercial Support (SM): Standards to Ensure Independence in CME Activities explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CME providers receive from advertising and exhibits are NOT considered commercial support.

Committee for Review and Recognition (CRR): The volunteer committee that collects, reviews, and analyzes data about Recognized Accreditors’ (state or territory medical societies) compliance with the ACCME’s recognition requirements, the Markers of Equivalency through a process called Maintenance of Recognition.

Committee Learning: A CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Conflict of interest: The ACCME and ArMA considers financial relationships to create 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 potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME - an incentive to insert commercial bias.

Continuing Medical Education (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 is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public.

Credit: The “currency” assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Organizations that administer credit systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for more information.

Designation of CME Credit: The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Please note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors.

Enduring Materials: CME activities that are printed, recorded or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines when and where to complete the activity. Examples: online interactive educational module, recorded presenta-

tion, podcast.

Internet live activity: An online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. Example: live webcast.

Internet searching learning CME: An activity based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.

Joint Providership: providership of a CME activity by one accredited and one nonaccredited organization. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of nonaccredited entity in a joint providership relationship.

Jointly provided activity: A CME activity that is planned, implemented, and evaluated by an accredited provider and a nonaccredited entity.

Learner: An attendee at a CME activity.

Learning from teaching activities: Personal learning projects designed and implemented by the learner with facilitation from the accredited provider.

Maintenance of Recognition: System to ensure that Recognized Accreditors (i.e., ArMA) are applying the national standards for accreditation decisions and the accreditation process. Recognized Accreditors submit documents and information on an ongoing basis. The ACCME provides detailed, formative feedback to Recognized Accreditors in real-time as the data is reviewed. Feedback is given

in relation to the Markers of Equivalency.

Manuscript review CME: An activity based on a learner's participation in a manuscript's pre-publication review process.

Nonphysician participants: CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. For ACCME and ArMA data collection purposes, residents are also included in this category.

Performance improvement CME: An activity based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.

Physician participants: CME activity attendees who are MDs or DOs. For purposes of ACCME and ArMA data collection, residents are NOT included in this category, but are included under nonphysician participants.

Program of CME: The provider's CME activities and functions taken as a whole.

Recognition: The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.

Regularly Scheduled Series: A course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples: Grand Rounds, Tumor Boards, and M&M Conferences.

Standards for Commercial SupportSM; Standards to Ensure Independence in CME Activities: (SCS) ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards:

independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

Test-item writing: A CME activity based on a learner's participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.

Introduction

This document defines the policies and procedures of the Arizona Medical Association's Committee on Accreditation and Medical Education (ArMA CME Committee) and provides an overview of the responsibilities of accredited intrastate providers of Continuing Medical Education (CME).

The Accreditation Council of Continuing Medical Education (ACCME)

The organization which is responsible for the national program of accreditation for continuing medical education is the Accreditation Council for Continuing Medical Education (ACCME). The functions of ACCME are:

1. To set national standards and guidelines for accreditation of CME sponsors;
2. To accredit state medical societies, medical schools, and entities which provide nationally promoted CME activities; and
3. To recognize state medical associations as the accrediting bodies for their states.

The ACCME provides general supervision for those state and territorial medical societies which are

responsible for operating intrastate accreditation programs. The ACCME directly accredits organizations/institutions which are national in character; that is, their educational activities are regularly attended by persons from three or more states.

The Role of the ArMA Committee on Accreditation and Medical Education

The Arizona Medical Association's Committee on Accreditation and Medical Education (ArMA CME Committee) accredits institutions and other intrastate organizations that sponsor CME activities on a regular and recurring basis and whose participants are primarily local physicians. ArMA accredits organizations and institutions, not specific courses, programs, or activities. It is ArMA's responsibility to assure accredited providers observe the established standards for accreditation.

The ArMA Committee on Accreditation and Medical Education Mission Statement

The ArMA Committee on Accreditation and Medical Education (ArMA CME Committee), through recognition of the ACCME, serves as the official accreditor body for Arizona organizations to provide quality continuing medical education for physicians and various healthcare professionals. The primary goal of the Committee is to foster quality continuing medical education programs, in response to the equivalency requirements of the ACCME to demonstrate physician competence, performance or patient outcomes.

ArMA's accreditor program is administered under the purview of the ArMA Committee on Accreditation and Medical Education. Final accreditation decisions are made by the ArMA Accreditation and Medical Education Committee and reported to the

ArMA Executive Committee and ArMA Board of Directors.

Physician's Recognition Award of the AMA

The American Medical Association (AMA) Physician's Recognition Award (PRA) and the related credit system recognize physicians who demonstrate their commitment to staying current with advances in medicine by participating in certified continuing medical education (CME) activities. The AMA PRA was established by AMA in 1968 to formally recognize and encourage physician participation in CME activities.

AMA PRA credit is recognized by many state licensing boards, medical specialty boards, hospital credentialing bodies and other entities. The AMA Physician's Recognition Award or or AMA-approved application is currently accepted in many states as documentation for purposes of licensure reregistration.

When selecting CME activities, physicians should be certain that the activity is certified for for *AMA PRA Category 1 Credits™* by an accredited CME continuing medical education provider. The AMA credit designation statement is required to be on promotional and activity materials for any activity that is certified for *AMA PRA Category 1 Credit™*.

Designating Credit: Authority and Responsibility

Only organizations accredited as CME providers by the ACCME or their state medical society (such as ArMA) may designate a CME activity for *AMA PRA Category 1 Credit™*. Accredited entities are responsible for understanding AMA PRA credit requirements and have the authority to determine which

of their activities meet these requirements.

PRA requirements and materials are revised periodically in the booklet, *The Physician's Recognition Award and credit system*. The AMA's Council on Medical Education most recently approved revisions to the AMA PRA credit system that became effective July 1, 2011. All ACCME and state medical society accredited CME providers that certify activities for *AMA PRA Category 1 Credit™* need to ensure implementation of these changes.

In brief, these modifications include:

- Enduring materials - must include an assessment of the learner's performance; credit may only be awarded to participants that meet a minimum performance level (pg. 5 of AMA booklet)
- Journal-based CME activities - must include an assessment of the learner's performance; credit may only be awarded to participants that meet a minimum performance level (pg. 5)
- Manuscript review activities – credit may only be awarded to physicians that submit review deemed to be acceptable by the editor (pg. 6)
- Performance Improvement CME (PI CME) – a physician must begin a PI CME activity with Stage A (pg. 6)
- AMA Credit Designation Statement – has been modified to indicate the learning format for the activity (pg. 7)

More information about these modifications and the other requirements for AMA PRA credit may be found in the AMA PRA credit system informational booklet.

The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of the Arizona Medical Association (ArMA) as an

accrediting body. AMA Division of Continuing Physician Professional Development (CPPD) staff is available to help accredited CME providers understand and apply these changes when certifying activities for *AMA PRA Category 1 Credit™*. Please email cme@ama-assn.org if you have any questions.

Application forms and current information on criteria and requirements as found in the AMA PRA Booklet may be obtained from the AMA website at www.ama-assn.org/go/pr.

Credit Statement

An accredited organization's authority to designate credit for its CME activities extends only to credit for the AMA PRA. The following credit statement must be used on all promotional pieces that are designated for *AMA PRA Credit™*:

The [name of the accredited provider] designates this [learning format] 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.

Please refer to the AMA PRA Booklet for wording for non-physician certificates or transcripts.

Providers may apply for and grant other types of credit for physicians, e.g., AAFP, ACOG. Providers may also seek continuing education credit for other healthcare professionals as appropriate for the content of the activity. Examples include nurses, physical therapists, and social workers.

Counting CME Credits

Credit for the AMA PRA is determined by the actual clock hours of educational time. Time allotted for registration, breaks, lunch, etc., is not applied toward the number of hours. The time it takes to participate in an activity may be rounded to the

Accreditation Statements for Activities Designated for *AMA PRA Category 1 Credit™*

For Directly Provided Activities

Accreditation Statement: The (name of the accredited provider) is accredited by the Arizona Medical Association to provide continuing medical education for physicians.

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

For Jointly Provided Activities

Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Arizona Medical Association (ArMA) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by ArMA to provide continuing medical education for physicians.

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

Collaborative Relationships with Multiple Accredited CME Providers

There is no “co-providership” 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-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity.

Statements on promotional materials to the effect that CME credit is “pending” or “applied for” are PROHIBITED by the American Medical Association and the Arizona Medical Association.

nearest quarter hour and credit should be awarded accordingly.

Physicians should be instructed to claim credit equal to their participation in an activity.

Accreditation Statement Requirements

Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of hours offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement, both of which must appear on program announcements and brochures distributed to potential participants by accredited providers. The accreditation statement indicates that the organization is accredited and by whom it is accredited. The credit designation statement indicates the number of AMA PRA credits for which it is designated. Use the exact wording as stated in the table.

Arizona Medical Board CME Requirements

The Arizona Medical Board requires that physicians complete 40 credit hours of CME during the two calendar years preceding biennial renewal. A physician may not carry excess hours over to another two-year cycle. The Arizona Medical Board conducts random CME audits to ensure physicians are meeting their obligations.

2 General Accreditation Overview

Definition and Purpose of Accreditation

ArMA's accreditation program is administered under the purview of the ArMA CME Committee and final accreditation decisions are made by the CME Committee.

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

Accreditation is official recognition by a state medical association or the Accreditation Council for Continuing Medical Education (ACCME) that an organization's overall program of physician CME meets established criteria for educational planning and quality.

The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards. Only organizations, institutions, or other CME provider entities are accredited; NOT seminars, conferences, educational materials or speakers. Conferences, seminars, or materials, however, may be designated for credit by an accredited provider.

Equivalency

The Arizona Medical Association's accreditation program is designed and executed to meet ACCME Markers of Equivalency in Rules, Process, Interpretation, Outcomes, and Process Improvement. The Markers of Equivalency are designed to ensure fair and equitable accreditation decision-making across the spectrum of diverse CME providers and institutions. The ArMA CME Committee's role is to ensure that the ArMA accreditation program is accurately following the Markers of Equivalency.

Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME and Arizona Medical Association at the same time. (It is recognized that short periods or overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.) When an ArMA-accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify ArMA, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by ArMA, a similar procedure must be followed.

ArMA Accreditation Eligibility

The organization must:

- Be located in Arizona;
- Be developing and/or presenting a program of

CME for physicians on a regular and recurring basis;

- Serve a target audience of no more than 30% of physician learners from outside Arizona and its contiguous states. Organizations with a national audience should apply for accreditation from the ACCME (www.accme.org);
- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources;
- Not be a commercial interest. A “commercial interest” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients;
- Not be developing and/or presenting a program of CME that is, in the judgment of ArMA, devoted to advocacy on unscientific modalities of diagnosis or therapy;
- Present activities that have “valid” content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients;
- Demonstrate the capacity to comply with the ArMA accreditation requirements and policies.

When there is a question regarding eligibility, ArMA reserves the right to make decisions on the issue.

Types and Duration of Accreditation

Accreditation with Commendation

Compliance in all 19 criteria and policies (Level 3).

Term: 6 years

Accreditation

Compliance in Criteria 1-13 and policies (Level 2).

Term: 4 years (Standard Accreditation Term)

Note: Any criterion found in noncompliance must be brought into compliance in a Progress Report.

Provisional Accreditation

Compliance in Criteria 1, 2, 3, 7-12 (Level 1) and policies.

Term: 2 years

Note: Any criterion or policy found in noncompliance may result in a status on nonaccreditation.

Probation

An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider’s failure to demonstrate Compliance in a Progress Report or failure to pay accreditation fees.

Term: Providers who receive Probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria and policies within two years will result in Nonaccreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, and all

criteria and policies are found in compliance by the ArMA CME Committee.

Restrictions: May NOT jointly sponsor with non-accredited entities. Any jointly sponsored activities already planned may be provided.

Extension: May NOT be extended

Non-Accreditation

1. Given to an initial applicant following formal review and a site survey when the ArMA CME Committee determines that an organization is not in compliance with all Level 1 Accreditation requirements. Initial applicants who receive Non-accreditation may not be reviewed again by ArMA until one year from the date of the ArMA meeting at which the decision was made.
2. Given to providers on Probation that do not demonstrate that all Noncompliance findings have been converted to Compliance within not more than two years.
3. Possible result of failure to pay accreditation fees or submit Progress Reports.

- Annual fees are increased to accurately reflect the operational costs of the ArMA program.
- The Active Committee member discount is discontinued.
- Committee members will receive stipend and mileage from surveyed institution for participating in site survey.
- ArMA will bill surveyed institution for surveyor stipend and mileage costs.

Fee Schedule, effective January 1, 2015

Preapplication Fee: \$1,000

Initial Accreditation Fee for Self Study and Site Survey: \$5,000

Annual Fee for Single Site organization: \$3,600

Annual Fee for Corporate (Multi-Facility) Site organization: \$4,600

Accreditation Extension Fee: \$500

Survey costs paid by Site organization: \$250 stipend per surveyor plus mileage

Accreditation Fee Schedule

The ArMA CME Committee established a new fee schedule that more closely reflects that of the AC-CME. The new fee schedule takes effect on January 1, 2015, and will apply to 2014 Annual Fees. It reflects the following changes.

- The new fee schedule eliminates reaccreditation site survey fees, joint sponsorship fees, and progress report fees.
- The preapplication fee and initial site survey fees remain in effect and are moderately increased.

3 Procedures for Obtaining CME Accreditation

Initial Accreditation for New Applicants

Establishing a CME Track Record

An organization must be able to demonstrate compliance with the accreditation requirements and policies by producing CME activities prior to preparing the self study for accreditation. While it is not mandatory that these activities be granted credit, they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider.

At least two CME activities should be implemented within the 24 months prior to submission of the self study for initial accreditation. One of these activities should be implemented prior to submission of the pre-application. It is recommended that the activities be conducted as a Joint Providership with a provider accredited through the ACCME or ArMA.

STEP 1: Assessment and Pre-Application

Organizations meeting the eligibility criteria described in this publication should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the Accreditation of CME Providers. There are four vital elements of any successful CME program that should be in place before the formal application is submitted:

(1) a CME Committee providing leadership;

(2) administrative support assigned to the CME effort;

(3) interested physician attendees; and

(4) a CME track record.

The pre-application is designed to help organizations assess their program and determine when they are ready to begin the application process. When the organization feels that its program sufficiently meets the criteria outlined in this manual, the pre-application should be submitted to ArMA.

1) Upon receipt, the completed pre-application is reviewed by the ArMA CME Committee to determine if the organization appears to have the basic structure in place to begin the formal application process.

2) Upon review of the pre-application, a recommendation will be made either for the organization to begin the full application process by writing a self study report or that certain aspects of the program be refined or more fully developed prior to application.

3) Application for accreditation using a self study report should be submitted within twelve (12) months of a successful pre-application.

ArMA Accreditation Program staff and physician representatives are available for consultation and to assist with interpretation and understanding of accreditation requirements and materials.

For assistance at any stage in the accreditation process contact: Arizona Medical Association, CME & Accreditation, 810 W Bethany Home Rd, Phoenix,

AZ 85013; (602)347-6908.

STEP 2: First Level Review – The Self Study Report

CME Providers should refer to ArMA's Self-study Report Guide and Outline for guidance on developing a self-study. When the self study report application is submitted to ArMA, it is evaluated by a survey team composed of selected members of the ArMA CME Committee, and one ArMA staff representative. ArMA staff will be responsible for consolidating the report of the site surveyor findings after consensus has been reached by the survey team.

Outcome A: If the survey team feels that the self study report shows preliminary evidence that the organization's program may meet accreditation requirements, a site survey will be scheduled prior to one of the committee's next meetings.

Outcome B: If survey team members feel the application is inadequate for preliminary assessment, they may recommend that a site visit be deferred and the matter submitted for discussion and action by the CME Committee at its next meeting.

At the next scheduled CME Committee meeting, or via an email exchange, the CME Committee may recommend that:

- (1) the review process proceed with a site visit,
- (2) a site visit be postponed pending additional information or evidence of further development in a particular area, or
- (3) the organization not be accredited at this time.

Note: If the CME Committee finds that the review process should proceed with a site visit, it is recommended that the organization work with ArMA staff to ensure that a site survey is scheduled within the next twelve (12) months. In the case of a non-accreditation recommendation to the Committee by

the survey team, the organization will be notified of the procedures for reconsideration or appeal if this recommendation is approved by the ArMA CME Committee.

STEP 3: Second Level Review – The Site Survey

Upon favorable review of the self study report, the organization will be contacted to schedule a site visit by the survey team, composed of selected members of the ArMA CME Committee. The site visit normally takes place between 9:00 am and 3:00 pm on the selected day. The exact schedule is determined by mutual convenience and individual circumstances. The site survey team may wish to visit on a day during which a CME activity is scheduled. At the survey, the survey team will generally:

- 1) meet with applicable physicians, CME staff, and the organization's administration;
- 2) review CME files and documentation; and
- 3) meet with the organization's CME committee.
- 4) if possible, attend a CME activity.

STEP 4: Committee Action

Following the site visit, the survey team leader (lead or primary surveyor) will report to the ArMA CME Committee at their next scheduled meeting. If for any reason the survey team leader is unable to attend, the second survey team member or ArMA staff member will report the findings and survey team recommendation. The ArMA CME committee then votes to grant the status and appropriate term of accreditation. The survey team leader, and any representatives from the program that is under review, and any potential conflict of interest representatives that are identified, are not eligible to vote.

Action by the Committee may result in standard provisional accreditation of two years or non-accreditation. A decision of non-accreditation will be

reported to the organization with notification that they may utilize procedures for reconsideration and appeal. Non-accredited organizations may later re-apply as an initial applicant (after one year).

Reaccreditation Process for Accredited Providers

According to ArMA CME Committee policy, ArMA notifies accredited providers by e-mail of the need to complete a self study report and schedule a site survey no less than 90 days prior to the expiration of their current accreditation. Self study deadlines are determined by the dates of scheduled ArMA committee meetings, which typically occur in February, May, September, and November. Resurveys of accredited providers are conducted in accordance with the following procedures.

STEP 1: Create and Submit Self Study Report

CME Providers should refer to ArMA's Self-study Report Guide and Outline for guidance on developing a self-study. The provider creates a self-study report according to the guidelines offered by the ArMA CME Committee, and submits the report to ArMA staff at least three weeks prior to any scheduled site survey.

STEP 2: Review and Site Visit

At the time of the survey, a team composed of selected members of the ArMA CME Committee will meet with applicable physicians, CME staff, and the provider's administration; review files and documentation; and meet with the provider's CME Committee. To ensure quality and consistency in the accreditation system, the survey team consists of selected members of the ArMA CME Committee, and one ArMA staff representative. ArMA staff will be responsible for writing the report of the findings after consensus has been reached by the survey

team.

The site visit normally takes place between 9:00 am and 3:00 pm on the selected day. The exact schedule for each survey is determined by mutual convenience and individual circumstances.

STEP 3: Committee Action

Following the site visit, the survey team leader (lead or primary surveyor) will report the survey team findings and recommendation to the ArMA CME Committee at their next scheduled meeting. If for any reason the survey team leader is unable to attend, the second survey team member or ArMA staff member will report the findings and survey team recommendation.

Action by the Committee may result in: (1) accreditation with commendation for up to six years; (2) accreditation for four years; (3) provisional accreditation for two years; (4) probationary accreditation; (5) non-accreditation. A result of non-accreditation will occur only if a provisionally or probationary accredited organization is not in substantial compliance with the accreditation requirements and policies

Decisions of probation or non-accreditation will be reported to the organization with notification that they may utilize the procedures for reconsideration and appeal of the decision.

Organizations receiving non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

Progress Report Procedure

ArMA expects organizations found to be in non-compliance with Criteria 1-13, or with the policies, to demonstrate compliance through the Progress Report process. ArMA will notify providers whether or not a Progress Report is required in the ac-

creditation decision report letter. Generally, a first Progress Report must be reviewed no more than one year from the date of the original finding.

The Progress Report notification is sent out well in advance of the specified meeting of the ArMA CME Committee at which the report will be reviewed. The notification specifies the due date for the Progress Report and the content. For the specific performance issues described for noncompliance findings with Criteria 1-13 or policies, providers must describe improvements and their implementation and provide evidence of performance in practice to demonstrate compliance.

Providers should utilize the ArMA Progress Report Guide in creating their progress report.

Providers will receive a decision from ArMA based on a review of all the information and materials submitted as part of the Progress Report. A Progress Report review will result in the following feedback from ArMA:

- *All Criteria in Compliance:* The provider demonstrated that it has corrected the Criteria or policies that were found to be in noncompliance.
- *All Criteria Not Yet in Compliance:* The provider has not yet demonstrated that it has corrected all of the Criteria or policies that were found to be in noncompliance.

If all Criteria or policies that were found to be in noncompliance are not corrected, ArMA may require another Progress Report, a focused interview, and/or a change of status.

Reconsideration and Appeals

A provider that is granted non-accreditation may request reconsideration when it feels the evidence that was presented to ArMA at the time of the site

visit justifies a different decision. Please see the Reconsideration and Appeal of Adverse Accreditation Decisions policy in the policies section of this manual.

Accreditation Extensions and Late Self Studies

If extenuating circumstances prevent a provider from submitting its self study report for resurvey by the designated deadline, the organization may request an extension of its current accreditation by submitting a written request to the Chair of the ArMA CME Committee. Requests for extension must be submitted two weeks prior to the original deadline for the self study report. The ArMA CME Committee may, via email or fax vote, at its discretion, determine to grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 8 months
- The organization must submit its self study report for review at the committee's next meeting.

Early Survey or Special Report

ArMA may reevaluate an organization at any time less than the period specified for resurvey if information is received from the organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and policies.

Time Frame in the Accreditation Process

The ArMA CME Committee normally meets in February, May, September, and November. An organization's accreditation is effective upon the date

Proposed Time Frame in the Accreditation Process	
Initial Applicants	
February	Pre-application received and approved
May	Initial self study received
June - August	Self study review and site survey conducted
September	Final committee action
Accredited Applicants	
Twelve (12) months before accreditation expiration	Notice of accreditation expiration date sent
Nine (9) months before accreditation expiration	Self study report notice and information sent
Three (3) months before accreditation expiration	Site survey scheduled
Four (4) weeks prior to site survey	Self study report submitted to ArMA
No less than 30 days before accreditation expiration	Self study review and site survey conducted
Prior to accreditation expiration	Final committee action

of committee action and extends until subsequent action, normally taken in the last month of the accreditation term. A proposed time frame in the accreditation process is shown above.

Suggested Wording for Press Release on Accreditation Approval

The following wording is suggested for those wishing to publicly announce the full or provisional accreditation of their organization.

The (name of organization) has been (re)surveyed by Arizona Medical Association (ArMA) and awarded accreditation for ___ years as a provider of continuing medical education (CME) for physicians. ArMA accreditation seeks to assure both physicians and the public that CME activities sponsored by (name of organization) meet the high standards of the accreditation requirements and policies as adopted by ArMA. ArMA rigorously evaluates the overall CME programs of Arizona organizations according to national

criteria adopted by the Accreditation Council for Continuing Medical Education (ACCME).

Accreditation with Commendation Logo

ArMA-accredited providers that have achieved Accreditation with Commendation may use the Accreditation with Commendation ArMA logo for educational and identification purposes. On activity brochures, flyers, etc., the logo must be placed next to the accreditation statements. ArMA-accredited providers may also use this logo in announcements, e.g., the wording in the statements above, related to their attainment of ArMA accreditation. ArMA-accredited providers will receive the Accreditation with Commendation logo at the time of accreditation.

4 ArMA Accreditation Requirements

Introduction

ArMA strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the “ArMA Accreditation Requirements and Policies,” 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 accreditation requirements and policies.

The accreditation requirements and policies adopted by the ArMA CME Committee in 2007 are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in September 2006. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

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. The focus now is on contributing to the physician’s strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Provid-

ers must now 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.

The Accreditation Requirements and their Criteria are organized as follows:

- The Purpose and Mission Area describes why the organization is providing CME (C1).
- The Educational Planning Area explains how the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial Support to ensure independence (C2-10).
- 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 (C11-13).
- The Accreditation with Commendation criteria recognize an organization’s engagement with the environment (C16-22).

The Criteria are divided into three levels:

- Level 1: Provisional Accreditation for initial applicants only that requires compliance with Criteria 1, 2, 3, and 7-12.
- Level 2: Providers seeking full Accreditation or reaccreditation for a four-year term must be in compliance with Criteria 1-13.
- Level 3: Accreditation with Commendation

which requires compliance with all 19 Criteria and results in a six-year term.

Note: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in C16 - 22 or an ArMA policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1 – 13, and must have no more than one noncompliant finding for Criteria 16 – 22 or an ArMA policy. If the provider submits a Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

The ACCME Standards for Commercial Support(SM): Standards to Ensure Independence in CME Activities

The ACCME Standards for Commercial Support as adopted in 2004 and revised in 2014 are reflected in the Accreditation Criteria in Criteria 7-10. They are designed to ensure that CME activities are independent and free of commercial bias. All accredited CME providers must defer to independence from commercial interests, transparency, and the separation of CME from product promotion.

ArMA Policies

ArMA policies supplement the Accreditation Criteria and the Standards for Commercial Support: Standards to Ensure Independence in CME Activities. These policies offer more specific guidelines on areas including CME program and activity administration, education activity formats, and compliance with the Standards for Commercial Support. In some cases policies are developed to address emerging issues.

To make accreditation decisions, ArMA will review the data collected for the accreditation requirements and policies 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.

Arizona Medical Association Accreditation Criteria

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two-year term, providers must comply with Criteria 1, 2, 3, and 7-12. Providers seeking full Accreditation or reaccreditation for a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, a six-year term, providers must comply with all Accreditation Criteria.

Criterion 1

The provider has a CME mission statement, approved by the governing body, that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

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.

Criterion 3

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

Criterion 4 ELIMINATED

Criterion 5

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

Criterion 6

The provider develops activities/educational

interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

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).

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).

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

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.

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.

Criterion 14 ELIMINATED

Criterion 15 ELIMINATED

ACCREDITATION WITH COMMENDATION

Criterion 16

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

Criterion 17

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

Criterion 18

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

Criterion 19

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

Criterion 20

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

Criterion 21

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

Criterion 22

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

***Standards for Commercial Support (SM):
Standards to Ensure Independence in CME Activities***

Standard 1: Independence

Standard 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.

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

Standard 2: Resolution of Personal Conflicts of Interest

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

Standard 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.

Standard 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

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

Standard 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.

Standard 3.3 All commercial support associated with a CME activity must be given with

the full knowledge and approval of the provider.

Standard 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 provider.

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

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

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

Standard 3.8 The provider, the joint provider, 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.

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

Standard 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.

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

Standard 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 provider or educational partner.

Standard 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

Standard 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.

Standard 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. *(Supplemented February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.)* Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites 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. 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 interleaved between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.' For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. *(Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.)* For Journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

Standard 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

Standard 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.

Standard 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

Standard 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.

Standard 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

Standard 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.

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

Standard 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.

Standard 6.4 ‘Disclosure’ must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

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

Adopted by ACCME, September 28, 2004

Adopted by Arizona Medical Association Committee on Accreditation and Continuing Education, 2005

5 Accreditation Policies

The following policies supplement the ArMA accreditation requirements and policies.

Accreditation Statement

The accreditation statement identifies which ArMA accredited organization is responsible for demonstrating the CME activity's compliance with all ArMA accreditation requirements and policies (including the Standards for Commercial Support). 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.

The ArMA accreditation statement is as follows:

For Directly Sponsored Activities

“The (name of the accredited provider) is accredited by the Arizona Medical Association to provide continuing medical education for physicians.”

For Jointly Provided Activities

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Arizona Medical As-

sociation (ArMA) through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by ArMA to provide continuing medical education for physicians.”

There is no “co-providership” 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. ArMA has no policy regarding specific ways in which providers may acknowledge the involvement of other ArMA- or ACCME-accredited providers in their CME activities.

ArMA Annual Reporting and PARS

ArMA-accredited providers must submit an annual report for their CME program to the ACCME online reporting system on or before March 31. This data is submitted through the Program and Activity Report System (PARS) on ACCME's website. Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2013 will be for 2012 activity and program data.

ArMA-accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation

The data you submit regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activ-

ity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public.

ArMA-accredited providers may access PARS at www.accme.org on the For Providers section of the ACCME website. You will access your account with your e-mail address and your Provider ID. Please contact the ArMA CME office if you need assistance with this information.

Business Procedures and Administrative Support

A provider's 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.

The primary responsibilities are:

- Be knowledgeable of the CME accreditation requirements;
- Evaluate which educational events provided by the accredited program meet the requirements for CME credit, and to explicitly designate those events as providing such credit (e.g., AMA PRA category 1)
- Monitor all aspects of the CME program and ensure the consistent application of the criteria for credit to all events so designated;
- Provide a continuing liaison between the ArMA and the accredited program on matters related to accreditation; and

- Report to ArMA major changes in the CME program that might significantly impact adherence to the accreditation requirements (e.g., decision to amalgamate two or more organizations; major reduction in funds; staffing changes, etc.);
- Retain activity files/records for the duration of the current accreditation period or for the last twelve months, whichever is longer;
- Document physician participation for six years from the date of the CME activity.

HIPAA Compliance Attestations

Every provider applying for either for initial accreditation or reaccreditation must attest to the following:

"The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended."

The Institution's CME Program Leadership and Operation

Responsibility for the operation, continuity, and oversight of the CME program should be clearly designated within the organization. Responsibilities and authority such as the program's operation, procedures for appointment, and member tenure of the CME program leadership must be documented, clearly defined, and reviewed annually (at a minimum).

If using a committee for CME program leadership, the committee should have a regular meeting schedule at which official minutes are appropriately

recorded and maintained. It should be comprised of members, physicians and non-physicians, who have an active interest in CME and must be representative of the major specialties and service areas within the organization. Providers that do not have members or a medical staff must have a physician CME advisory entity composed of physicians who represent the potential audience to be served.

General Program Updates

Accredited providers are responsible for promptly informing ArMA whenever changes to its program occur. Changes which must be reported include, but are not necessarily limited to, the following:

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

Mergers or Acquisitions Involving CME-Accredited Organizations

If an ArMA accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the ArMA Committee on Accreditation and Medical Education (CME Committee) expects to be made aware of the change as soon as possible so that the ArMA CME Committee can work through the transition with the organization.

Keep in mind that the ArMA accreditation was awarded to the organization that sought the ac-

creditation and was able to demonstrate compliance with accreditation requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

In situations where a new CME program is created or substantially changed in the merger of fully accredited facilities, or with the merger of an accredited provider and a provider not yet fully accredited, or with the merger of an accredited provider and a non-accredited healthcare or educational entity, the ArMA Committee on Accreditation and Continuing Education has the discretion of determining whether the CME program should continue, with what accreditation status (full, provisional, etc.), and whether this should occur with the current or a newly scheduled accreditation cycle.

The ArMA CME Committee may determine that the program is significantly structurally different and should submit a pre-application to begin the initial accreditation process.

The ArMA CME Committee may determine to request a modified application process for intra system program consolidation or for mergers involving the consolidation of individual programs into a system accreditation.

The Committee's determination will be based on the accreditation history of the formerly accredited program(s), the degree of continuity maintained with the merger, CME leadership, staff or CME Committee or CME process changes, and the extent to which the new program seems likely to continue compliance with the accreditation requirements and policies.

A modified application requested by the ArMA CME Committee 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
- 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

The modified application would include a modified site survey. 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 would be to review and clarify the organization's proposal and plans.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the accreditation requirements and policies, and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the accreditation requirements and policies.

The remaining or new CME provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged.

CME Content

ArMA's definition of CME describes what content is

acceptable for activities that are certified for credit:

Continuing medical education consists of educational activities which 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 is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

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 would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however are CME. 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 or appreciation of literature or music, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within ArMA's definition of CME.

All CME educational activities developed and presented by a provider accredited by ArMA and as-

sociated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ArMA accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ArMA accreditation process as verification of fulfillment of the ArMA accreditation requirements. Please refer to the AMA PRA Booklet for the approved learning formats for which AMA PRA Category 1 Credit™ can be certified.

Valid Content in CME

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

Content Validity of Enduring Materials

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 offered as an accredited activity 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. The following information must be included on the enduring material:

- The original release date
- The review date and
- A termination date.

Commercial Support and Disclosure

As a state medical society accreditor recognized by ACCME, ArMA 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 ArMA 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 and ArMA screen 501c organizations for eligibility. Those that advocate for “commercial interests” as a 501c organization are not eligible for accreditation

in the ACCME or ArMA system. They cannot serve in the role of joint provider, 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 and ArMA reserve 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 Providership

Commercial interests cannot be accredited providers or joint providers. It is the responsibility of accredited providers to ensure that the selection and presentation of CME, educational methods, and activity evaluation is not controlled by commercial interests.

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, man-

agement 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. ArMA considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

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.

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.

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/devices are used.

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.

Disclosure of Financial Relationships to the Accredited Provider. Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

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 accreditation requirements.

Standard 3.12 of ACCME's Standards for Commercial Support applies only to physicians whose official residence is in the United States.

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 SCS 4 and to use sound fiscal and business practices with respect to promo-

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

Acknowledgment 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.

Enduring Materials

An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

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

Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expenses related to the activity for that year. Accredited providers do not report cumulative data for an enduring material spanning multiple years. Additionally, refer to the Content Validity of Enduring Materials section in this guide.

ArMA policy does not require ‘post-tests’ for enduring materials. Records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements. Please refer to the AMA PRA Booklet for other requirements for enduring materials.

Joint Providership

Joint Providership is the providership of a CME activity by one accredited and one non-accredited organization. Commercial interests may not take the role of a non-accredited joint provider. Beginning to participate in joint providership represents a major change in the overall program of an accredited provider which must be reported to ArMA.

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

- The jointly provided activity must be in accordance with the mission of the accredited provider.
- The accredited provider must be able to document that the activity was planned and presented in compliance with the TMA accreditation requirements and policies. In order to acceptably do so, the accredited provider must enter the joint providership arrangement early in the planning process so that disclosure and resolution of conflicts of interest can be accomplished. Materials that demonstrate compliance may be from either the ArMA accredited provider’s files or those of the non-accredited provider.
- All promotional materials for jointly provided activities must carry the following statements:
 - *This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Arizona Medical Association (ArMA) through the Joint Providership of (name of accredited provider) and (name of non-accredited provider). The (name of the accredited provider) is accredited by ArMA to provide continuing medical education for physicians.*
 - *The (name of the accredited provider) designates this (format) for a maximum of (number of credits) AMA PRA Category 1 Credit(s)[™]. Participants should claim only credit commensurate with the extent of their participation in the activity.*

If a provider is placed on probation, it may not jointly provide 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 ArMA of all existing joint providership relationships, and must notify its current contracted

joint providers of its probationary status.

ArMA maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

Regularly Scheduled Series (RSS's)

Arizona Medical Association (ArMA) defines “regularly scheduled series,” as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly or quarterly and is primarily planned by and presented to the provider’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. RSSs must comply with all ArMA accreditation requirements and policies (including the Standards for Commercial Support).

Promotion of CME Activities including Save the Date Announcements

Various types of preliminary notices such as calendar listings or save the date announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation and credit statements must be included.

Records Retention

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six (6) 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. ArMA does not require sign-in sheets.

2. Activity Documentation: 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 guidance on the nature of documentation that ArMA will expect to review at the time of reaccreditation, peruse the ArMA’s Documentation Review for a CME Activity that accreditation surveyors use, as well as the Documentation Review Form Labels, which providers use to identify evidence of compliance within their files/records.

Procedure for Handling Complaints on Accredited Providers

Complaints made to ArMA about an accredited provider will be reviewed on a case-by-case basis. If the complaint relates to the provider’s implementation of accreditation requirements or policies, ArMA may submit a formal letter to the provider with a request for explanation and with the expectation of a response within the designated period of time.

The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the ArMA 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.

Procedure for Appeal of Adverse Accreditation Decision

Non-accreditation or probationary status may be assigned by the Arizona Medical Association (ArMA) Committee on Accreditation and Medical Education (CME Committee) when non-compliance with the ArMA accreditation requirements and policies is determined. The following procedures govern the reconsideration of an adverse decision (defined as non-accreditation or probationary accreditation only) by the ArMA CME Committee.

1. If an organization/institution seeking initial accredited status or reaccreditation status is dissatisfied with the accreditation status deemed appropriate by the ArMA CME Committee, it may request a reconsideration of the adverse decision in writing for up to fifteen (15) days after written notification of the Committee action has been received.
2. If a written request for reconsideration is not received in fifteen (15) days, the action of the Committee is final.
3. The written appeal should clearly state the specific reason(s) for the appeal, with reference to the specific ArMA accreditation requirements and policies. Supplemental data may be submitted such as self study report, surveyor reports, relevant correspondence or annual report, but this data must pertain to the exact, specific facts with evidence that existed at the time of survey. New information regarding changes since the site survey may not be considered. The letter should be sent to the Chair of the ArMA Committee on Accreditation and Medical Education.
4. Upon receipt of a written request for reconsideration the Committee Chair will:
 - a. Review the specific areas of dissatisfaction noted by the organization or institution and seek additional clarification or documentation such as the self study report, the surveyor reports, relevant correspondence, or annual reports.
 - b. Schedule a special Committee on Accreditation and Medical Education meeting to review the adverse decision with representatives of the organization/institution present. This meeting will be held no less than sixty (60) days after ArMA receives the written request for reconsideration. Again, information presented should relate to the situation at the time of the survey.
 - c. At the conclusion of the meeting, the Committee on Accreditation and Medical Education will vote on whether or not to alter its original recommendation. Notification of the Committee's decision must be sent by certified mail within 7 working days from the date of the Committee's decision and include a written summary of the findings of the Committee with supporting documentation, outlining each of the ArMA accreditation requirements and appeal points of clarification, as needed.
5. If the organization/institution is not satisfied with the result of the Committee on Accreditation and Medical Education's reconsideration, it may request a second site survey by a different team (minimum of two surveyors).
 - a. If the second site survey team makes the same recommendation as the first, the adverse accreditation status stands.
 - b. The Committee must be reconvened within (30) thirty days to reconsider its initial action.
 - c. In either case, the decision must be transmitted to the provider within (7) seven working days from the date of the Committee's decision by certified mail and include a written summary of the findings of the Committee with supporting documentation, as needed.

6. All expenses involved in the appeals process shall be the responsibility of the ArMA provider or organization/institution making the appeal. These expenses include but are not limited to those incurred during the development and presentation of the appeal as well as the expenses of the Committee on Accreditation and Medical Education site surveyors or the ArMA staff (e.g., meeting room, travel, meals and lodging) associated with the appeal process and are above and beyond the fees for accreditation.

7. During the process of reconsideration/appeal, the accreditation status of the organization/institution shall remain as it was prior to the adverse accreditation decision; however, neither activities nor joint sponsorships may be scheduled or held during the appeal time frame.

8. ArMA will notify ACCME of each communication during this process.

Questions? Contact Accreditation staff: sharla@azmed.org or (602) 347-6908

Arizona Medical Association * 810 W Bethany Home Rd * Phoenix, AZ 85013 * (602) 246-8901