



POLICY FOR HANDLING COMPLAINTS/INQUIRIES REGARDING ACCREDITED PROVIDERS

Purpose: The Complaint and Inquiry Process is a mechanism for determining compliance of providers' individual activities during the provider's term of accreditation. The process may examine written materials prepared by providers, CME activity materials, evaluation data and/or the activities themselves through direct observation. The Complaint and Inquiry Process may initiate early re-accreditation procedures.

- I. To receive consideration, all complaints must be submitted in writing and signed.
- II. If the complaint/inquiry is judged to be related to compliance with Essential Areas, their elements, or accreditation policies, the provider will be required to furnish evidence that describes and demonstrates their compliance with the requirements.
- III. Staff and/or volunteers will review the information submitted by the provider. This review will result in a recommendation that will be presented to the CMEC for review.
- IV. Based on the information presented, one of the following determinations may be made:
 - A. Notice of Compliance
 1. From the documentation submitted for the activity that was the subject of the complaint/inquiry, the provider is in compliance with the Accreditation Criteria, their elements, or accreditation policies regarding the issues presented.
 2. The information regarding the inquiry will not be included at the provider's next review for re-accreditation.
 - B. Recognition of Improvement
 1. From the documentation submitted for the activity that was subject of the complaint/inquiry, the provider did not comply with the Accreditation Criteria or accreditation policies regarding the issues presented. However, the provider demonstrated that its self-review process identified the issue and that they made improvements to their CME program to prevent future occurrences of the issue, prior to the inquiry.
 2. The information regarding the inquiry will be furnished to the surveyors at the time of the provider's next review for re-accreditation, and may be used as an example of the provider's compliance.
 - C. Notice of Non-Compliance

1. From the documentation submitted, for the activity that was the subject of the complaint/inquiry, the provider is not in compliance with the Accreditation Criteria, their elements, or accreditation policies regarding the issues presented. The provider has not demonstrated that its self-review process identified the issue and that improvements to prevent future occurrences of the issue were made to the CME program, prior to the inquiry.
2. The information regarding the inquiry will be furnished to the surveyors at the time of the provider's next review for re-accreditation.
3. Providers that receive a Notice of Non-Compliance may be required to submit an interim report.
 - a) The purpose of the interim report will be to furnish the provider with an opportunity to provide evidence of improvements that were made to their CME program as a result of the Notice of Non-Compliance.
 - b) If evidence is provided that improvements were made to prevent future instances of non-compliance, the provider will be informed that it may be used as an example of the provider's compliance with element 2.5 at the time of its next review.
 - c) Failure to correct the deficiencies will cause the report to be unacceptable. Under these circumstances, another report may be requested, an immediate full or focused on-site survey may be scheduled, or the provider's accreditation status may be changed.
 - d) The interim report will be provided to the surveyors at the time of the provider's next review for re-accreditation.
4. In addition, providers who receive a Notice of Non-Compliance may be required to demonstrate performance in practice via an Interim Activity Review.
 - a) The purpose of the Interim Activity Review will be to furnish the provider with an opportunity to provide evidence of improvements that were made to their CME program as a result of the Notice of Non-Compliance.
 - b) If evidence is provided that improvements were made to prevent future instances of non-compliance, the Interim Activity Review report will be accepted and the provider informed that it may be used as an example of the provider's compliance with Essential Area 3 at the time of their next review.
 - c) Failure to correct the deficiencies will cause rejection of the Interim Activity Review. Under these circumstances, another Interim Activity Review report may be requested, an immediate full or focused on-site survey may be scheduled, or the provider's accreditation status may be changed.
 - d) The Interim Activity Review will be provided to the surveyors at the time of the provider's next review for re-accreditation.

V. If at any time during the complaint/inquiry process, a provider fails to respond to a request for information, the CMEC may require an immediate full or focused on-site survey and/or change the provider's accreditation status.