



KMA Guide to the Accreditation Process

REVISED 01/01/2017

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Overview and Background Information

Contents of these Materials

These materials were developed for the KMA's **2017** Decisions. The timelines and required materials are specific to accredited providers receiving decisions beginning in **2017**. These materials are divided into areas, as outlined on the table of contents:

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

Conducting Your Self Study

The Self Study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *Self Study Report* is specified by KMA, but the process of conducting a *Self Study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. KMA encourages the provider to seek information from stakeholders (administration, faculty, attendees and other appropriate constituents) to:

- Collect and analyze data collected about what, why and how the CME program and its products and services are utilized,
- Assess how well they are performing, and
- Identify changes made and improvements planned to enhance its work

Regardless of the size or nature of your program, the Self Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
 - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
 - Is designed to change competence, performance, or patient outcomes (C3),
 - Includes formats appropriate for the setting, objectives, and desired results (C5),
 - Is in the context of desirable physician attributes (C6),
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10).

- How implemented improvements helped your organization better meet its mission (C13)
- The extent to which your organization is engaged with its environment (Option A-C16-C22 or Option B-C23-38).
- Areas for improvement
- Future direction of the CME program

Administration of the Self Study

The organization and planning for a Self Study requires time and effort from many constituents involved in the provider's continuing medical education program. Appropriate leadership and broad involvement of constituents are two important factors to a successfully planned and implemented Self Study.

Leadership - The Provider should identify an individual who is responsible for the organization and completion of the Self Study. That individual should have a formal connection with the CME Program and be able to facilitate the collection of needed data and support for the effort. The individual would be responsible for the preparation of the final Report about the program to the KMA.

Constituent Involvement - Every constituency that has a connection with the CME Program should be involved in the Self Study, possibly through a Self Study Task Force or Team. The constituencies include, but are not limited to, the CME staff, faculty, administration, participants, and others such as librarians, quality improvement staff, or other partners that are relevant to the venue of the program.

Resources to Support the KMA's Accreditation Process

The KMA's accreditation process is facilitated by your use of documents and completion of forms available on www.kyma.org. Please refer to the "Education" page of the KMA's website for the section "Guide to the CME Process." You will find the following documents and forms in that section:

1. KMA Guide to the Accreditation Process and KMA Guide to the Reaccreditation Process
2. Outline for the Self Study Report
3. Performance in Practice Review Labels
4. Guide to Submission of Structured Abstracts
5. The KMA Structured Abstract

The Role of Verification in the Accreditation Process

2

The KMA's accreditation process is **an opportunity** for each provider to demonstrate that its practice of CME is in compliance with the KMA's accreditation requirements through three primary sources of data about the provider's CME program:

Self-Study Report

Organizations are expected to provide descriptions, attachments, and examples of their CME practice(s) related to KMA/ACCME Criteria and Policies. **When describing a practice**, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. **When asked for examples** of a CME practice, you are providing specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments. **Unless otherwise noted, KMA expects to see actual materials not blank forms.**

Please note: Criteria may require multiple examples. Please pay close attention to the "example/examples" language.

Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with KMA/ACCME Criteria and Policies through the documentation review process. **The KMA will select up to 15 activities from the current accreditation term for which the organization will be expected to present evidence of performance-in-practice to the KMA for documentation review.** This review is facilitated through the use of performance-in-practice labels on activity materials or through the use of the KMA Structured Abstract. Initial applications must have an activity review prior to Accreditation. The CME activity will entail surveyor observation.

Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors who are colleagues from the CME community, trained by the KMA. KMA encourages attendance by the organization's CME Committee and organizational leadership.

Expectations about Materials

The materials submitted to the KMA in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (self study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

The self study report, performance in practice review, and interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-13 and Option A-C16-C22 or Option B-C23-38.

Contents of the Self Study Report for KMA Accreditation

3

OUTLINE FOR THE SELF-STUDY REPORT FOR ACCME REACCREDITATION

FOR NOVEMBER 2017 AND MARCH 2018 COHORTS

(UPDATED TO INCLUDE OPTION OF SUBMITTING EVIDENCE FOR THE
NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION)

I) Self-Study Report Prologue

- A) **Enter** a brief narrative (maximum 250 words) that tells the history of your continuing medical education (CME) Program.
- B) **Attach an organizational chart that shows** the leadership and organizational structure of your CME Program.
- C) **Complete** the KMA Summary of Activities form, if applicable, and the KMA Demographic Information document.

II) Purpose and Mission (Criterion 1)

- A) **Attach** your CME Mission Statement.
- B) **Enter and Highlight** your CME mission statement with the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes.
(C1)

III) Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the ACCME's requirements into your program of continuing medical education.

- A) Pick **two** of your CME activities as examples. Using these examples, within the context of your organization's processes and mechanisms, describe all of the steps you went through to create these educational activities and demonstrate:

In your narrative the KMA will be looking for:

1. The professional practice gap that the activities were addressing	(C2)
2. The educational need(s) that you determined were underlying the gap(s) for your learners	(C2)
3. What competence or performance or patient outcome the activity was designed to change.	(C3)
4. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
5. The desirable physician attribute(s) you associated with the activity	(C6)

6. i. A description of your planning process that is independent of the control of any ACCME-defined commercial interest and the mechanisms implemented to ensure that you, as the accredited provider, retain complete control of the CME content. Relate your description to each element of SCS 1 (a-f).
- ii. The use of employees of ACCME-defined commercial interests as faculty and planners of accredited CME is prohibited, except in the specific situations permitted by the ACCME that maintain independence as specified on the ACCME website (www.accme.org) related to: 1) reporting about research and discovery; 2) demonstrating the operational aspects of the use of a device; and, 3) controlling content that is not related to the product lines of the commercial interest. A provider must demonstrate that it complies with ACCME requirements to ensure independence in these specific situations. Without such evidence, this practice will result in noncompliance with C7 (SCS 1.1). (See <http://www.accme.org/education-and-support/video/tutorials/ensuring-independence-role-employees-accme-defined-commercial> for more information on this topic.)
- If your organization is involved in these rare circumstances, please:
- a.) Describe the factors you consider in determining an appropriate role of an ACCME-defined commercial interest employee in planning and/or presenting accredited CME; and
- b.) Describe the mechanisms implemented to ensure independence in these situations.

(C7
SCS1)

7. The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content.)

(C7
SCS2)

8. Your organization's process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content.

(C7
SCS)

9. Your organization's process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including "in-kind" support.

6.1 –
6.5)

- B)** You may feel that the two examples in Section III **(A)** do not provide you with adequate opportunity to sufficiently describe how you apply the KMA's requirements in the development of your CME activities. Please feel free, in Section III **(B)**, to provide other examples and descriptions that provide DIFFERENT information or DIFFERENT strategies that were not available in the two examples chosen in Section III **(A)**, above. This is especially important for a description of your implementation of the **ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM**.

Recording and verifying physician participation

- A)** **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- B)** Using the information from one of the example activities in Section III **(A)** or **(B)**, above, **show (attach)** the information or reports your mechanism can produce for an individual participant.

IV) Regarding your Program of CME, your Educational Activities, and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities (Criteria 8 -9)

- A) **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) – or enter here, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- B) **Describe** what policy, procedure or communications you employ to ensure that all commercial support is given with your organization’s full knowledge and approval. (C8 SCS 3.3) – or enter here, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- C) **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors – or enter here, **“We do not provide honoraria in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- D) **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors – or enter here, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- E) **Describe** what policy, procedure, or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint provider, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- F) **Describe** the practices, or procedures, or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) – or enter here, **“We do not accept commercial support for any of our directly or jointly provided CME activities”** or enter here, **“We do not provide social events or meals for any of our directly or jointly provided and commercially supported CME activities.”**
- G) Do you organize **commercial exhibits** in association with any of your CME activities? If “No,” write in this section, **“We do not organize commercial exhibits in association with any of our CME activities.”** If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- H) Do you arrange for **advertisements** in association with any of your CME activities? If “No,” write in this section, **“We do not arrange for advertisements in association with any of our CME activities.”** If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

V) Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)

A) It is an expectation of the KMA that,

The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias)

(C10 SCS 5.1)

CME activities give a balanced view of therapeutic options.

(C10 SCS 5.2)

Describe how your CME activities and your program of continuing medical education ensure that these two expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

B) It is an expectation of the KMA that,

*The content of CME activities is in compliance with the ACCME's content validity value statements**

(Policy on Content Validation)

***ACCME's Policy on Content Validation:** All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

Describe how your CME activities and your program of continuing medical education ensure that this expectation is fulfilled (e.g., planning, procedures, policy, monitoring).

VI) Evaluation and Improvement (Criteria 11-13)

A) Based on data and information from your program's activities/educational interventions, **provide** your analysis of changes achieved in your learners' competence, performance, or in patient outcomes. (C11)

B) Based on data and information gathered, **provide** your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions. (C12)

C) **Describe** the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve on your ability to meet your CME mission that have been identified, planned, and implemented. (C13)

ACCREDITATION WITH COMMENDATION

The following pages of this outline include the instructions for submitting evidence to demonstrate compliance with the KMA/ACCME's Criteria for Accreditation with Commendation. Providers receiving accreditation decisions through November 2019 may choose Option A or Option B.

Option A includes seven criteria (Criteria 16-22) that demonstrate engagement with the healthcare environment.

Option B provides a menu of 16 criteria (Criteria 23-38) from which providers must select and present evidence for eight criteria (including at least one from "Achieves Outcomes").

***NOTE:** If your organization intends to seek Accreditation with Commendation, you have the option of demonstrating compliance with either Option A (Criteria 16-22) or Option B (Menu of Criteria 23-38). Please choose Option A or Option B and describe/demonstrate your compliance with the applicable criteria (or Menu of Criteria).*

VII) Option A: Engagement with the Environment (Criteria 16-22)

(If your organization chooses Option A – you must describe/demonstrate compliance with all of Criteria 16-22.)

- A) Describe how your organization integrates CME into the process for improving professional practice. Include **examples** of explicit organizational practices that have been implemented. *(C16)*
- B) Describe how your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. *(C17)*
- C) Describe how your organization identifies factors outside of its control that will have an impact on patient outcomes. Include **examples** of factors outside of your organization's control that will have an impact on patient outcomes. *(C18)*
- D) Describe how your organization implements educational strategies to remove, overcome, or address barriers to physician change. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. *(C19)*
- E) Describe how your organization is engaged in collaborative or cooperative relationships with other stakeholders. Include **examples** of collaboration and cooperation with other stakeholders. *(C20)*
- F) Describe how your organization or CME unit participates within an institutional or system framework for quality improvement. Include **examples** of your organization/CME unit participating within an institutional or system framework for quality improvement. *(C21)*
- G) Describe how your organization has positioned itself to influence the scope and content of activities/educational interventions. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. *(C22)*

VII) Option B: Menu of New Criteria for Commendation (Select Eight from Criteria 23-38)

(If your organization chooses Option B, you must demonstrate compliance with any seven criteria from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Please do not include descriptions/evidence for more than eight criteria.)

CATEGORY: Promotes Team-Based Education

(C23) If your organization engages members of interprofessional teams in the planning and delivery of interprofessional continuing education, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for your CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 23](#) in at least 10% of the CME activities (but no less than two activities) during the accreditation term. [INDIVIDUAL NAME, title]

- B) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8)¹.

For each example activity you present, please provide the name/date/type of the activity and describe the professions of the planners and faculty, as well as a brief description of what the activity was designed to change in terms of the competence or performance of the healthcare team (maximum 250 words per example).

(C24) If your organization engages patient/public representatives in the planning and delivery of CME, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program.

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 24](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- B) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8):

For each example activity you present, please provide the name/date/type of the activity and describe in what way the planners and presenters of the activity represent the patient or public, along with the role they played in the planning/presentation of your CME activity (maximum 250 words per example).

(C25) If your organization engages health professions' students in the planning and delivery of CME, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

¹ Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250
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On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 25](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- B) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the health professions' students involved in the activity, including their profession and level of study (e.g. undergraduate medical students, nurse practitioner students, residents in general surgery) and how they participated as both planners and faculty of the activity (maximum 250 words per example activity).

CATEGORY: Addresses Public Health Priorities

(C26) If your organization advances the use of health and practice data for healthcare improvement, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

- A) Describe** how your organization incorporates health and practice data into your educational program through teaching about the collection, analysis, or synthesis of health/practice data AND how your organization uses health/practice data to teach about healthcare improvement.

- B) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each activity you present, please provide the name/date/type of the activity and for each activity, describe how the activity taught learners about collection, analysis or synthesis of health/practice data and how the activity used health/practice data to teach about healthcare improvement (maximum 250 words per activity description).

(C27) If your organization addresses factors beyond clinical care that affect the health of populations, please:

- A) Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 27](#) in at least 10% of the CME activities (but no less than two) reported during the accreditation term. [INDIVIDUAL NAME, title]

- B) Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the strategy or strategies used to achieve improvements in population health (maximum 250 words per example).

(C28) If your organization collaborates with other organizations to more effectively address population health issues, please **describe** four collaborations with other organizations

during the current term of accreditation and **show** how these collaborations augmented your organization's ability to address population health issues (maximum 250 words per collaboration).

CATEGORY: Enhances Skills

(C29) If your organization designs CME to optimize communication skills of learners, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the elements of the activity that were designed to improve communications skills. In addition, please describe the evaluation of communications skills used for learners in this activity (maximum 250 words per example). For each activity, **attach an example** of the formative feedback provided to a learner about communication skills (this may be a written description if the feedback was provided verbally).

(C30) If your organization designs CME to optimize technical and procedural skills of learners, please **submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity. Describe the elements of the activity that addressed technical or procedural skills and how you evaluated the observed technical or procedural skills of the learners (maximum 250 words per example). For each activity, **attach an example** of the formative feedback provided to a learner about technical or procedural skills. This may be a written description if the feedback was provided verbally.

(C31) If your organization creates individualized learning plans for learners, please **submit evidence** of repeated engagement and feedback for the number of learners that matches the size of your CME program, as stated in the Standard (small: 25; medium: 75; large: 125; extra-large: 200).

Please **provide a description** of the types of individualized learning plans that you have offered (maximum 250 words).

(C32) If your organization utilizes support strategies to enhance change as an adjunct to its CME, please:

A) Attest: Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 32](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

B) Submit evidence for the number of activities that match the size of your CME program, as stated in the Standard (small: 2; medium: 4; large: 6; extra-large: 8).

For each example activity you present, please provide the name/date/type of the activity and describe the support strategy(ies) that were adjunctive to this activity. Provide your analysis of the effectiveness of the support strategy(ies) and describe planned or implemented improvements (maximum 250 words per example).

CATEGORY: Demonstrates Educational Leadership

(C33) If your organization engages in CME research and scholarship, please:

- A) **Describe** at least two scholarly projects your organization completed during the accreditation term relevant to CME and the dissemination method used for each one (e.g. poster, abstract, manuscript) (maximum 250 words for each project).
- B) For each project described above, **submit as an attachment**, the project itself (e.g. poster, abstract, presentation, manuscript).

(C34) If your organization supports the continuous professional development of its CME team, please **describe** your organization's CME team, the CPD needs that you identified for the team during the term of accreditation and the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated (maximum 500 words).

(C35) If your organization demonstrates creativity and innovation in the evolution of its CME program, please present four examples of innovations implemented and **describe** each innovation and how it contributed to your organization's ability to meet your mission (maximum 250 words per innovation).

CATEGORY: Achieves Outcomes (at least one required)

(C36) If your organization demonstrates improvement in the performance of learners, please:

- A) **Attest:** Include the following statement, with the name of your organization and the individual responsible for the CME program:

On behalf of [organization name], I attest that our organization has met the Critical Elements for [Criterion 36](#) in at least 10% of the CME activities (but no less than two) during the accreditation term. [INDIVIDUAL NAME, title]

- B) **Describe** the method(s) used to evaluate learner performance (maximum 500 words).
- C) **Attach data** (qualitative or quantitative) that demonstrates improved performance in the majority of learners.

(C37) If your organization demonstrates healthcare quality improvement related to its CME program please:

- A) **Describe** at least two examples in which your organization collaborated in the process of healthcare quality improvement, along with the improvements that resulted (maximum 500 words per collaboration).
- B) **Attach data** (qualitative or quantitative) the demonstrates those improvements.

(C38) If your organization demonstrates the impact of its CME program on patients or their communities, please:

- A) **Describe** at least two examples of your organization's collaboration in the process of improving patient or community health that includes CME, along with the improvements that resulted (maximum 500 words per collaboration).
- B) **Attach data** (qualitative or quantitative) that demonstrates those improvements.

VIII) Accreditation Policy

- A. Provide documentation of utilization of appropriate accreditation statements.

Formatting your Self Study Report

4

Requirements for Organizing and Formatting Your Self-Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

1. Prepare four copies of the self-study report binders for submission to KMA. The cover of each binder should clearly identify your organization by name.
2. Each page in the binder, including the attachments, **must be consecutively numbered**. The name (or abbreviation) of your organization must appear with the page number on each page.
3. The Self-Study Report must be organized using divider tabs as specified by the KMA.
4. Behind each tab, include a copy of the appropriate self-study questions/information you will be addressing.
5. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report space them throughout the narrative.
6. **Behind the “prologue” tab**, include the Demographic Form and CME Activity List (updated, if necessary).
7. Narrative, attachments, and examples must be provided as indicated in the KMA Self-Study Report Outline.
8. The Self-Study Report must be typed with at least 1” margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
9. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc.).
10. The Self-Study Report must be submitted in a three-ring binder. The rings may not be more than 1½ inches in diameter, and the materials may not be more than 1 ½ inches in thickness.
11. Four hard copies of the Self-Study Report must be submitted to the KMA. Keep a separate duplicate copy for your reference at any time during the accreditation process, but especially at the time of the accreditation interview.

Materials not submitted according to required specifications will be returned at the organization’s expense. This may result in a delay in the accreditation review process, additional fees, and may impact your organization’s accreditation status. Particularly important format considerations are size and pagination.

Organizing your Self Study Report

The self study report must be organized using divider tabs to separate the content of the report in the eight sections outlined below. This outline must also be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below:

- I) Prologue
- II) Purpose And Mission (C1)
- III) Educational Activities (C2-7 and Policies)
- IV) CME Program and Educational Activities (C8-9)
- V) Content of Educational Activities (C10 and Content Validation)
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KMA's Review of a Provider's Performance in Practice

The KMA's Review of Performance-in-Practice

The KMA's performance-in-practice review allows providers to demonstrate compliance with the KMA's expectations and offers providers an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the KMA's expectations may result from work done for individual activities or as part of the overall CME program. In this process, you will present materials that you developed and utilized for the activity to help your organization demonstrate compliance. Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.

The KMA's review of a provider's performance-in-practice entails the following process:

- 1) The provider's submission of CME activity data
- 2) The KMA's selection of activities for performance-in-practice review
- 3) The provider's submission of evidence of performance-in-practice for activities selected

Submitting your CME Activity Data

Beginning in 2015, providers began using the ACCME's Program and Activity Reporting System, or "PARS," (pars.accme.org), you will submit known information about the CME activities that your organization has provided, or will provide, under the umbrella of your KMA accreditation statement, from the beginning of your current accreditation term to the expiration. For more information about PARS, visit <http://www.accme.org/cme-providers/maintaining-your-accreditation/about-pars>

Selecting Activities for Performance-in-Practice Review

Based on the CME activity data you provide to the PARS site, the KMA will select up to 15 activities for review. The KMA notifies providers via email of the activities selected for review. Your organization will be asked to confirm receipt of this communication. Providers are accountable for demonstrating performance-in-practice for all activities selected. It is important that you carefully review the list of activities selected by the KMA. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact KMA immediately to make any necessary corrections or adjustments to the sample of activities selected for performance-in-practice review.

Requirements for Assembling and Submitting Performance-in-Practice Materials

Submitting Evidence for Performance-in-Practice Review

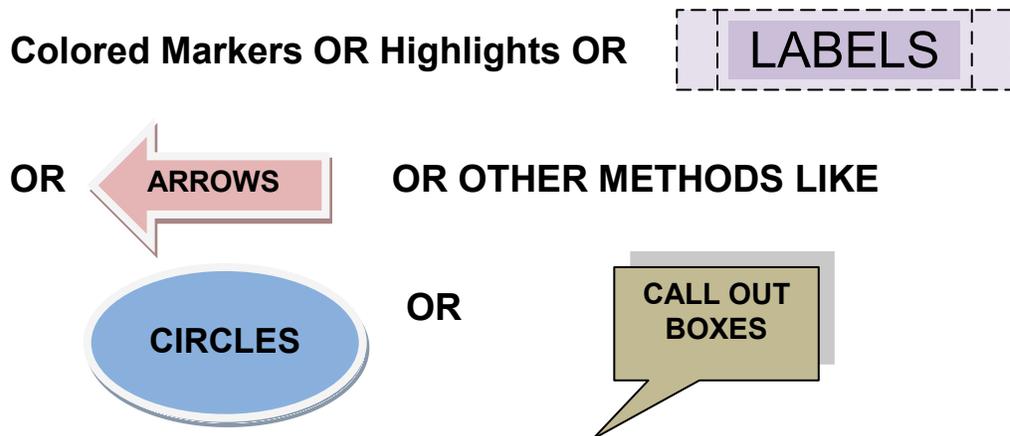
The KMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the KMA's expectations.

The requirements for assembling and submitting performance-in-practice materials to the KMA for the accreditation process are outlined in this section.

Submit Labeled Evidence of Performance-in-Practice

The KMA Performance-in-Practice Labels will be sent to providers electronically. The label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. Affix the labels to evidence that verifies the activity meets the KMA's requirements. If the evidence applicable to a label is several pages in length, you may apply the corresponding label to the first page or on a coversheet. Use labels, arrows, highlighting, or other methods to make explicit where the evidence is located.

Once you have inserted the label to the evidence or coversheet, **HIGHLIGHT with ...**



... to pinpoint in the materials your demonstration of compliance. One sentence or paragraph within a five-page document may be your demonstration of compliance. It is important that you use your evidence to demonstrate how and where you are in compliance.

Submit Evidence of Performance-in-Practice Utilizing the KMA Structured Abstract

The KMA Performance in Practice Structured Abstract may be located on the KMA website or by contacting the KMA Education Department. Following the structured abstract, you will be asked to provide the information requested with narrative explanations and statements; in tables and through attaching documents and evidence to verify that the activity meets the KMA requirements. When using this option, you **MUST** submit the evidence via flashdrive or email. **NO PRINTED MATERIALS WILL BE ACCEPTED.**

Instructions for submission of LABELED PERFORMANCE IN PRACTICE:

1. Labeled evidence for each activity selected must be submitted in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
 - Full name of organization (no acronym)
 - Activity title as it appears in PARS.

- Activity date and location as it appears in PARS; any variation must be explained
- Type of activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS)
- Directly or jointly provided activity
- If commercial support was accepted

Instructions for submission of PERFORMANCE IN PRACTICE UTILIZING THE STRUCTURED ABSTRACT:

1. Submit structured abstract form and accompanying documentation via flashdrive or email. Please utilize bookmarks and clearly labeled attachments.

Enclose the CME Product

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected, **in addition to** the labeled evidence for these activities. CME products are being requested to assess compliance with the KMA/ACCME policy requirements relative to the activity type.

Please make clear where the information supporting compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.

For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived web site. If KMA surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation review.

Please do not ship original documents; activity files will not be returned to you

Submitting Materials to KMA

- Organizations must ship the following materials to the KMA:
 - (1) four self study report binders
 - (2) one set of your evidence of performance-in-practice for the identified activities
 - (3) one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected

- Do not ship original documents. Activity files will **not** be returned.
- ***Retain a duplicate set of materials including the self study report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, KMA may ask for a second copy of a file or set of files.***

Materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address:

***Miranda Mosley
Director of Education
Kentucky Medical Association
9300 Shelbyville Road, Ste 850
Louisville, KY 40222***

KMA's Interview

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Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with the KMA survey team. KMA surveyors will be assigned to review the self-study materials you submit to the KMA. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted to the KMA. You can expect KMA surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the KMA/ACCME's Accreditation Criteria and Policies, and 3) communicate clearly and effectively with providers.

Surveyors will not provide feedback regarding compliance or the expected outcome of the accreditation review.

The format for interviews involves a meeting between representatives of the provider and the KMA survey team. KMA utilizes on-site meetings as its standard accreditation interview format; however, KMA can also accommodate a face-to-face meeting at the KMA offices. Interviews typically average 120 minutes in length.

To ensure the validity of the process and based on circumstances and available resources, the KMA reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team.

The KMA will work with the provider in the scheduling of the accreditation interview. The KMA will confirm your assigned surveyor(s) and the interview date and time in advance via email.

-Interview Fees:

In addition to initial and annual accreditation fees, providers will incur a \$750.00 survey fee +travel expenses for surveyor team.

KMA's Decision Making Process

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Data and information collected in the accreditation process is analyzed and synthesized by the KMA's Surveyors. The KMA Surveyors then makes recommendations to the KMA's CME Committee. All accreditation decisions are ratified by the full KMA CME Committee. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions.

The decision making process assesses providers' compliance with the Accreditation Requirements based on information collected during the accreditation process. The KMA will also consider data from Monitoring issues, if such data are applicable to the provider.

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the KMA. Once a preapplication is approved by the KMA, an organization has six months to submit a Self Study Report for

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initial accreditation. The KMA's accreditation process requires a three-month window between the submission of a Self Study Report for initial accreditation and the date of the interview. Once a provider has been surveyed, the surveyors will make a recommendation to the full committee. The applicant will be informed as to the decision of the committee within four weeks of the meeting. The committee normally meets quarterly.

The timeline for a provider seeking re-accreditation is dependent on when the survey is held. Once a provider has been surveyed, the surveyors will make a recommendation to the full committee. The provider will be informed as to the decision of the committee within four weeks of the meeting. The committee normally meets quarterly.

Accreditation Outcomes:

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

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

1. Provisional Accreditation: Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a two year term. To achieve Provisional Accreditation, the applicant must be found in Compliance in Criterion 1-3 and 7-12. KMA may grant "Extended Provisional" accreditation to an already Provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. Accreditation: Accreditation is the standard status for reaccreditation applicants, and is associated with a four year term. For accredited providers seeking Accreditation, Non-Compliance with any Accreditation Requirement will necessitate a [Progress Report](#) and/or focused or full survey. Failure to demonstrate compliance in the Progress Report and/or focused or full survey may result in Probation.

3. Accreditation with Commendation: Accreditation with Commendation is associated with a six year term, and is available only to reaccreditation applicants. A reaccreditation applicant is considered for Accreditation with Commendation if the applicant meets the criteria for Accreditation with Commendation: Compliance with Criteria 1 – 13 and 16-22 (Option A) or 1-13 and 23-38 (Option B). A more focused Annual Report and program review will be conducted at the 3 year point to ensure compliance.

4. Probation: An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report.

Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance in all elements within two years will result in Non-Accreditation. Accreditation status, and the ability for a provider to

complete its four-year term, will resume when a Progress Report is received, validated, and accepted by KMA.

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

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

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

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in Compliance in Criterion 1-3 and 7-12. Initial applicants who receive Non-Accreditation may not be reviewed again by the KMA until one year from the date of the KMA meeting at which the decision was made
- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a Progress Report. For accredited providers on Probation, Non-Compliance with any one of the Criteria will be cause for Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the KMA decision. KMA will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. The KMA waives the requirement of a Pre-application for the provider that chooses to submit an Initial Self Study Report during the one-year time period prior to the effective date of Non-Accreditation. The process and standards for review of newly Non-Accredited applicants are the same as for all other applicants.

Progress Report Decisions:

Non-Compliance with any of the accreditation requirements (C1-13) will necessitate the completion of a Progress Report by the provider. Failure to complete a progress report may result in Probation. Progress reports will include narrative and appropriate documentation of performance in practice or change in procedures/policies to determine if the provider has improved.

Decisions regarding progress reports can be one of three options:

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

2. *Clarification Required:* If the Progress Report requires clarification, the provider has corrected most of the Criteria that were in Non-Compliance, but some

additional information is required to be certain the provider is in Compliance. An additional Progress Report may be required.

3. *Reject Not all Criteria in Compliance:* The KMA rejects a Progress Report if it does not provide evidence that the areas of Non-Compliance have been corrected. Either a second Progress Report or a focused accreditation survey may be required. The KMA can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.

KMA will notify providers whether they are required to submit a Progress Report via their decision report. The usual due date for a Progress Report is one year from the date of the original finding.

THE KENTUCKY MEDICAL ASSOCIATION (KMA)

GLOSSARY OF TERMS AND ABBREVIATIONS

Accreditation: The decision by the KMA, that an organization has met the requirements for a CME provider as outlined by the KMA. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Criteria: The accreditation requirements are outlined in the Accreditation Criteria. Compliance with the Accreditation Criteria is determined by the extent to which a Provider meets the criteria.

Accreditation Decisions: The types of accreditation offered and made by the KMA to accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

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

Directly provided activity -- An activity planned and implemented by KMA or an accredited provider of CME.

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

Jointly provided activity -- An activity planned and implemented by one KMA or state medical society accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the KMA Accreditation Criteria and Policies.

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

Accreditation Survey: A form of data collection by the KMA that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted *on site*, which is in-person at the site of the accredited institution/organization, or its activity; or *reverse site*, which is in-person at a site determined by the KMA. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the *Accreditation Criteria* are applied.

Accreditation with Commendation: The decision by the KMA that an organization has met all the Criteria for compliance with the accreditation requirements. The term of accreditation with commendation is six years.

Activity: An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

Activity Review: The form of data collection that allows the KMA to observe an activity and document compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

American Board of Medical Specialties (ABMS): The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates two individuals for appointment to the Board of the ACCME.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates two individuals for appointment to the Board of the ACCME.

American Medical Association (AMA): The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates two individuals for appointment to the Board of the ACCME.

Annual Report: The form of data collection that requires an annual submission of data from each accredited provider and allows the KMA to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Association for Hospital Medical Education (AHME): The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME nominates two individuals for appointment to the Board of the ACCME.

Association of American Medical Colleges (AAMC): The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates two individuals for appointment to the Board of the ACCME.

Classifications of Compliance with Accreditation Criteria: Using criteria, the KMA will determine the level of compliance with each requirement of the accreditation criteria. The findings could be one of two levels of compliance: compliance or noncompliance.

Commercial Bias: A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest: Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients with the exception of non-profit or government organizations and non-health care related companies. The KMA does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for accreditation.

Commercial Supporter: The institutions or organizations, which provide financial or in-kind assistance to pay for all or part of the costs to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards of Commercial Support.

Compliance: The provider is meeting the standard of practice for the judged criteria.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The KMA 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 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, 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.

Continuing Medical Education Committee: The Continuing Medical Education Committee (CMEC) is the administrative group designated by KMA to conduct accreditation activities. Authority to accredit organizations and facilities is given by the ACCME. The appellation "CMEC" is used interchangeably with "KMA" in this context.

Council of Medical Specialty Societies (CMSS): A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates two individuals for election to the Board of the ACCME.

Credit: The "currency" assigned to units of CME. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA-PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The set of performance expectations required by the KMA of an accredited provider.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies.

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

Documentation Review: The form of data collection that allows the KMA to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey.

Enduring Materials: Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audiotapes, DVDs and computer assisted instructional materials, which are used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Federation of State Medical Boards of the U.S., Inc. (FSMB): A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates two individuals for election to the Board of the ACCME.

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, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. Relationships of the person involved in a CME activity include the financial relationships of a spouse or partner.

Focused Accreditation Survey: A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

Joint Providership: The planning and implementation of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement.

Kentucky Medical Association (KMA): The Kentucky Medical Association is a professional association of physicians authorized by the ACCME to accredit organizations and facilities to provide continuing medical education to physicians.

Monitoring: The form of data collection, which allows the KMA to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider and/or in the pursuit of a complaint/inquiry about a specific CME activity.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Nonaccreditation: The accreditation decision by the KMA that an organization has not demonstrated the standards for a CME provider as outlined by the KMA.

Noncompliance: The provider is not meeting the standard of practice for the judged criteria.

Objectives: Statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data.

Other Learners: Activity participants who are not MDs, DOs or residents. All other participants.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Organizational Review: The form of data collection that allows the KMA to determine responsibility for the program of CME and activities provided as part of the program. This review occurs during an accreditation survey.

Parent Organization: An outside entity, separate from the accredited provider that has control over the funds, staff, facilities, and/or CME activities of the accredited provider.

PARS: Program & Activity Reporting System. PARS is a centralized, web-based system for the collection and management of activity and program data from accredited providers.

Participant: See Physician Learners and Other Learners

Physician Learners: Activity participants who are MDs, DOs or residents.

Planning Process(es): The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: The accreditation decision by the KMA that an accredited provider has not met all the standards for a CME provider as outlined by the KMA. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly provide new activities.

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

Progress Report: A report prepared for the KMA by the accredited provider communicating changes in the provider's program to demonstrate compliance with the criterion that were found in non-compliance, during the most recent accreditation review.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: The accreditation decision by the KMA that an initial applicant for accreditation has met the standards for a CME provider as outlined by the KMA.

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

Regularly Scheduled Series (RSS): Regularly scheduled series are daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to accredited provider's professional staff.

Relevant Financial Relationships: KMA focuses on financial relationships with commercial interests in the twelve-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. KMA has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationships in any amount occurring within the past twelve months that create a conflict of interest.

Self Study: A form of data collection by the KMA that allows the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

Sponsor: See Provider

Standards for Commercial Support: Standards to ensure independence in planning and implementing CME activities.

Supporter: See Commercial Interest

Survey: See Accreditation Survey

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

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