

**SELF-STUDY REPORT FOR REACCREDITATION**

For organizations receiving accreditation decisions in 2024

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# Applicant Agreement to Policies and Conditions

* Maine Medical Association (MMA) shall have no financial obligation in connection with the organization and its sponsorship of continuing medical education.
* The applicant shall defend and indemnify MMA against any and all liability for claims asserted against MMA arising out of or in connection with MMA’s accreditation of this organization that the organization caused through its own negligence or intentional acts.
* Accreditation of the organization’s continuing medical education program does not indicate nor imply MMA’s endorsement of the program in any way.
* The applicant agrees to fully adhere to all policies and standards as described in the MMA Accreditation Manual.
* It is understood that accreditation by MMA indicates only MMA’s verification that the program is in adequate compliance with the accreditation requirements and policies.
* Applicant acknowledges that published material on the accredited program and its activities may use MMA’s name only as required in the accreditation statement and may use the appropriate MMA-accredited provider logo as described in the MMA Accreditation Manual. All other references to the Maine Medical Association by name or logo are prohibited.
* Every provider applying for either initial accreditation or reaccreditation must attest to the following: “The materials we submit for (re)accreditation (Self-Study Report, activity files, and other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”

By checking the box next to your signature, you have read, understand, and agree/attest to the above Maine Medical Association policies and conditions for the accreditation of your continuing medical education program. You can scan and insert a handwritten signature or sign electronically.

**Name of Person Completing Self-Study Report:** Click here to enter text

Signature:

Date:

**Name of Physician Responsible for CME (i.e. chair of CME Committee):** Click here to enter text

Signature:

Date:

**Name and Title of Administrator with CME Oversight:** Click here to enter text

Signature:

Date:

# SECTION A: PROLOGUE

In this form, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with attached documents to verify that your CME program meets the ACCME requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information.

## CME PROGRAM HISTORY

**Question 1:** Provide a brief history of your continuing medical education program.

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## ORGANIZATION CHART

**Question 2:** Submit an organizational chart that shows the leadership and structure of your CME program. Label the chart **1. Organizational Structure.**

## CME ACTIVITY APPLICATION

**Question 3:** If you use a CME Activity Application in your program, attach a blank copy of the application. Label the document **2. CME Activity Application**.

# SECTION B: CME MISSION AND PROGRAM IMPROVEMENT

## MISSION

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

**Question 4:** Enter the expected results component of your CME mission statement. The expected results must be articulated in terms of competence, performance, or patient outcomes.

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## PROGRAM ANALYSIS

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.

**Question 5:** Describe your **conclusions on the degree to which you have met the expected results of your mission**. These conclusions should be based on the data you have obtained in your analysis of learner change across your overall program of accredited activities.

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## PROGRAM IMPROVEMENTS

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.

**Question 6:** Describe the changes in the overall program required to improve your ability to meet your CME mission that have been **identified, planned, and implemented during the accreditation term**.

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# SECTION C: EDUCATIONAL PLANNING AND EVALUATION

## EDUCATIONAL NEEDS

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

**Question 7**: Describe what you do to ensure your organization identifies the professional practice gaps of your learners and the educational needs that underlie the practice gaps.

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## DESIGNED TO CHANGE

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

**Question 8:** Describe what you do to ensure your organization designs activities to change the competence, performance, or patient outcomes of your learners.

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## APPROPRIATE FORMATS

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

**Question 9:** In addition to identifying the educational formats that you choose, explain why these formats are appropriate for the setting, objectives, and desired results of your activities.

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## COMPETENCIES

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).

**Question 10:** Describe what you do to ensure your activities/educational interventions are developed in the context of desirable physician attributes (competencies).

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## ANALYZES CHANGE

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

**Question 11:** Describe the strategies you use to obtain data on changes in learners’ competence, performance, or patient outcomes across your overall program of accredited activities.

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**Question 12:** Attach a typical example of the evaluation used to collect data on changes in learners’ competence, if used. Label the attachment **3. Evaluation Form**.

**Question 13:** Based on the data obtained on learner change across your overall program of accredited activities, describe your conclusions as to whether or not your CME program was able to change learner competence, performance or patient outcomes across your overall program of accredited activities.

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# SECTION D: STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

**Question 14:** If available, attach your organization’s CME Policy Manual that shows any policies and procedures regarding how your organization implements and meets the requirements for the Standards of Integrity and Independence. Label the attachment **4. CME Policy Manual**.

## STANDARD 1: ENSURE CONTENT IS VALID

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**Question 15:** Describe what you do to ensure that the content of CME activities and your accredited CME program meet all four elements of Standard 1.

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## STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

**Question 16:** Describe what you do to ensure that the content of accredited activities and your accredited CME program meet expectations of **elements** **1 AND 2** of Standard 2.

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**Question 17:** Describe what you do to ensure that names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of learners.

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## STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS

Accredited providers must take the following steps when developing accredited continuing education.

Collect information: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:

* The name of the ineligible company with which the person has a financial relationship.
* The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion— employees of ineligible companies can participate as planners or faculty in these specific situations:

* When the content of the activity is not related to the business lines or products of their employer/company.
* When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
* When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.

* Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
* Document the steps taken to mitigate relevant financial relationships.

Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:

* The names of the individuals with relevant financial relationships.
* The names of the ineligible companies with which they have relationships.
* The nature of the relationships.
* A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

***It is expected that all providers have processes in place to identify, mitigate and disclose all relevant financial relationships for all individuals in control of content, even if some or all of the provider’s activities meet the Standard 3 Exceptions, including accredited education that is non-clinical, where the learner group is in control of content, and/or self-directed education where the learner controls their educational goals and if no individuals in control of content are included who have relevant financial relationships.***

**Question 18:** Describe the process(es) you had in place to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies to meet the expectations of Standard 3.1 and that your process includes:

1. The complete definition of an ineligible company and
2. The individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.

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**Question 19:** Submit a single example of each of the form(s) or mechanism(s) that you use to collect information to meet the expectations of Standard 3.1 as of January 1, 2022. Ensure that this/these mechanism(s) include:

a. the complete definition of an ineligible company

b. the individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months.

Label the document **5. Faculty Disclosure Form**

**Question 20:** Does your organization use employees or owners of ineligible companies in its accredited activities?

 [ ]  Yes [ ]  No

If yes, describe the process(es) you have in place to meet the expectations of Standard 3.2 (a-c).

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**Question 21:** Describe the process(es) you use to determine which financial relationships are relevant to the educational content.

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**Question 22:** Describe the method(s) you use or would use to mitigate all relevant financial relationships for individuals involved in the **planning** of CME activities, such as planner/editor/reviewer roles.

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**Question 23:** Describe the method(s) you use or would use to mitigate all relevant financial relationships for individuals with **speaker/author/moderator/facilitator** roles.

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**Question 24:** Describe the method(s) you use to inform learners of the **presence or absence** of relevant financial relationships of all individuals in control of content.

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**Question 25:** Describe the method(s) you use or would use to inform learners that all relevant financial relationships have been mitigated.

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**Question 26:** Describe what you do to ensure that your organization does NOT engage in joint providerships with ineligible companies.

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## STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. **Decision-making and disbursement**: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
	1. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
	2. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
	3. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
	4. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.
2. **Agreement**: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability**: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners**: The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

**Question 27:** Does your organization accept commercial support\*?

***\*Commercial support is defined in Standard 4 as financial or in-kind support from ineligible companies in direct support of accredited education.***

**PLEASE NOTE: This does not include fees for advertising and exhibits.**

 [ ]  Yes [ ]  No

If yes, describe what you do to ensure your organization meets the expectations of all four elements of Standard 4.

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## STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:

* Influence any decisions related to the planning, delivery, and evaluation of the education.
* Interfere with the presentation of the education.
* Be a condition of the provision of financial or in-kind support from ineligible companies for the education.

The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.

* Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
* Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
* Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
* Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.

Ineligible companies may not provide access to, or distribute, accredited education to learners.

**Question 28:** Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited CME activities?

 [ ]  Yes [ ]  No

If yes, describe what you do to ensure your organization meets the expectations of all three elements of Standard 5.

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# SECTION E: POLICIES

## ACCREDITATION STATEMENT

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 such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The MMA accreditation statement is as follows:

For directly provided activities: “The (name of accredited provider) is accredited by the Maine Medical Association’s Committee on Continuing Medical Education 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 Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the Maine Medical Association’s Committee on Continuing Medical Education 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-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other accredited providers in their CME activities.

**Question 29:** Describe what you do to ensure that your CME activities meet the requirements of the Accreditation Statement Policy.

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## CME ACTIVITY AND ATTENDANCE RECORDS AND 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 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. The ACCME 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.

**Question 30:** Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.

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**Question 31:** Submit an example of the information or report(s) your mechanism can produce for an individual participant. Label the document **6. Individual Participant Report.**

**Question 32:** Describe what your organization does to ensure that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.

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**Attachment Checklist for Self-Study Report: Core Accreditation Criteria, Standards for Integrity and Independence, and Policies**

Use the following checklist to ensure you have prepared and included all attachments for the Self-Study Report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has this been included?** | **Attachment Label** | **Represents** | **Required or Conditional** | **Associated Question** |
| [ ]   | 1. Organizational Structure
 | A chart that shows the leadership and structure of the CME program | Required | 2 |
| [ ]  | 1. CME Activity Application
 | The application CME activity approval used in the organization | Conditional, if used | 3 |
| [ ]   | 1. Evaluation Form
 | An example of a typical evaluation tool used to collect data on changes in learner competence | Conditional, if data on learner competence is collected | 12 |
| [ ]   | 1. CME Policy Manual
 | Policies and procedures regarding the requirements for the Standards of Integrity and Independence | Conditional, if the organization has a CME Policy Manual | 14 |
| [ ]   | 1. Faculty Disclosure Form
 | The mechanism used to collect information about financial relationships for individuals in control of content | Required | 20 |
| [ ]   | 6. Individual Participant Report | A report of participation in CME activities for an individual participant | Required | 31 |

**END of Reaccreditation Questions**

**Please continue if wishing to apply for Accreditation with Commendation**

# SECTION F: ACCREDITATION WITH COMMENDATION

## MENU OF NEW CRITERIA FOR COMMENDATION (Select eight criteria)

If your organization chooses to submit for Accreditation with Commendation, you must demonstrate compliance with **seven criteria from any category—plus at least one criterion from the Achieves Outcomes category**—for a total of eight criteria.

**IMPORTANT:** A provider will not be considered for commendation if descriptions/evidence are presented for fewer than eight criteria and/or if descriptions/evidence are not presented for at least one criterion from the Achieves Outcomes category. Descriptions/evidence will not be considered for more than eight criteria.

**Question 34:** Is your organization submitting for Accreditation with Commendation?

 [ ]  Yes [ ]  No

If you selected "No", do not continue with the remainder of the Self Study.

If you selected “Yes”, continue with the Self Study and enter evidence for the commendation criteria you select.

## COMMENDATION PROGRAM SIZE

**Question 35:** Select the size of your CME Program for your current accreditation term. The size of a CME program is determined by a provider’s *total number of activities for the current accreditation term* based on the best available information at the point of submission.

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| [ ]  | Small (1-39 activities) |
| [ ]  | Medium (40-100 activities) |
| [ ]  | Large (101-250 activities) |
| [ ]  | Extra Large (>250 activities) |

**Question 36:** Select the 8 Commendation Criteria (including at least one from the Achieves Outcomes category) that you have submitted for review. In the remainder of the Self-Study Report, only complete the criteria for which you are submitting. Refer to the ACCME Accreditation Requirements Menu of Criteria for Accreditation with Commendation to make sure you include all Critical Elements and satisfy the Standards.

[ ]  Engages Teams

[ ]  Engages Patients/Public

[ ]  Engages Students

[ ]  Advances Data Use

[ ]  Addresses Population Health

[ ]  Collaborates Effectively

[ ]  Optimizes Communication Skills

[ ]  Optimizes Technical/Procedural Skills

[ ]  Creates Individualized Learning Plans

[ ]  Utilizes Support Strategies

[ ]  Engages in Research/Scholarship

[ ]  Supports CPD for CME Team

[ ]  Demonstrates Creativity/Innovation

[ ]  *Improves Performance*

[ ]  *Improves Healthcare Quality*

[ ]  *Improves Patient/Community Health*

## ENGAGES TEAMS

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

**Question 37:** We attest that our organization has met the Critical Elements for ENGAGES TEAMS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 38:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8).** In the table below, complete one row for each activity, adding rows as necessary.

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| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | List the professions of the PLANNERS (e.g., physicians, nurses, social workers). | List the professions of the FACULTY (e.g., physicians, nurses, social workers). | Describe what was done to ensure that the activity was designed to create an interprofessional learning experience to support a change in the competence or performance of the healthcare team.  |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
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## ENGAGES PATIENTS/PUBLIC (Formerly Criterion 24)

Patient/public representatives are engaged in the planning and delivery of CME.

**Question 39:** We attest that our organization has met the Critical Elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 40:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity title | Activity Date | Activity Format | List and label the patients and/or public representatives who were PLANNERS (e.g., John Smith – patient; Jane Jones – public rep). | List and label the patients and/or public representatives who were FACULTY (e.g., John Smith – patent; Jane Jones – public rep). | For individuals listed as public representatives, describe how each of these individuals qualifies as a “public representative.” (e.g., Jane Jones – president of patient advocacy group related to content activity). |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ENGAGES STUDENTS (Formerly Criterion 25)

Students of the health professions are engaged in the planning and delivery of CME.

**Question 41:** We attest that our organization has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 42:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | List the health professions of the students involved in the activity planning, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as PLANNERS of the activity.  | List the health professions of the students involved in the activity presentation, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and how the students participated as FACULTY of the activity. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ADVANCES DATA USE (Formerly Criterion 26)

The provider advances the use of health and practice data for healthcare improvement.

**Question 43:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data. | Describe how the activity used health/practice data to teach about healthcare improvement. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ADDRESSES POPULATION HEALTH (Formerly Criterion 27)

The provider addresses factors beyond clinical care that affect the health of populations.

**Question 44:** We attest that our organization has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 45:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe how the activity expanded your CME program beyond clinical care education and provided strategies that learners can use to achieve improvements in population health. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## COLLABORATES EFFECTIVELY (Formerly Criterion 28)

The provider collaborates with other organizations to more effectively address population health issues.

**Question 46:** Describe **four collaborations** with healthcare or community organizations during the current term of accreditation and **how each collaboration augmented your organization’s ability to address population health issues**.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

## OPTIMIZES COMMUNICATION SKILLS (Formerly Criterion 29­­­­)

The provider designs CME to optimize communication skills of learners.

**Question 47:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the elements of the activity that addressed communication skills AND how you evaluated the observed communication skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## OPTIMIZES TECHNICAL/PROCEDURAL SKILLS (Formerly Criterion 30)

The provider designs CME to optimize technical and procedural skills of learners.

**Question 48:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Name | Activity Date | Activity Format | Describe the elements of the activity that addressed psychomotor technical or procedural skills AND how you evaluated the observed psychomotor technical and/or procedural skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## CREATES INDIVIDUALIZED LEARNING PLANS (Formerly Criterion 31)

The provider creates individualized learning plans for learners.

**Question 49:** We attest that our organization has engaged the number of learners that matches the size of our CME program, as described in the examples provided in the table below.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 50:** Complete the table below describing the individualized learning plan(s) your organization created, report the number of learners for the size of your CME **program (S:25; M:75; L:125; XL:200)** and **submit an actual example of the individualized feedback** provided to the learner to close practice gaps. Add additional rows as necessary.

|  |  |  |
| --- | --- | --- |
| Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner. | How many learners participated in the longitudinal curriculum/plan during the accreditation term? | Submit an example of individualized feedback provided to the learner to close practice gaps. |
| Enter Response Here | Enter Response Here | Attachment RequiredLabel File **9.1 Individualized Learning Plan Feedback** |

## UTILIZES SUPPORT STRATEGIES (Formerly Criterion 32)

The provider utilizes support strategies to enhance change as an adjunct to its CME.

**Question 51:** We attest that our organization has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 52:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the support strategies that were adjunctive to the activity.  | Provide your analysis of the effectiveness of the strategies. | Describe planned or implemented improvements. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## ENGAGES IN RESEARCH/SCHOLARSHIP (Formerly Criterion 33)

The provider engages in CME research and scholarship.

 **Question 53:** Provide examples of two scholarly projects. Complete one row for each project.

|  |  |  |
| --- | --- | --- |
|  | Describe two scholarly project your organization completed during the accreditation term **relevant to CME** (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise) **AND** the dissemination method used for each one (e.g., poster, abstract, manuscript). | For each project, submit a copy of the project itself (e.g., poster, abstract, presentation, manuscript).  |
| Project 1 | Enter Response Here | Attachment Required Label **8.1 Scholarly Project 1** |
| Project 2 | Enter Response Here | Attachment Required Label **8.2 Scholarly Project 2** |

## SUPPORTS CPD FOR CME TEAM (Formerly Criterion 34)

The provider supports the continuous professional development of its CME team.

**Question 54:** List the individuals regularly involved in the planning and development of your CME activities who comprise your CME team.

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**Question 55:** Describe the CPD needs that you identified for all members of the team during the term of accreditation.

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**Question 56:** Describe the learning plan implemented based on the needs identified, including the activities external to your organization in which the CME team participated.

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## DEMONSTRATES CREATIVITY/INNOVATION (Formerly Criterion 35)

The provider demonstrates creativity and innovation in the evolution of its CME program.

**Question 57:** Identify **four examples** of innovations implemented during your current accreditation term and describe:

* + 1. How each innovation is new to your CME program and
		2. How it contributed to your organization’s ability to meet your mission.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

## IMPROVES PERFORMANCE (Formerly Criterion 36)

The provider demonstrates improvement in the performance of learners.

**Question 58:** We attest that our organization has met the Critical Elements for IMPROVES PERFORMANCE in at least 10% of the CME activities (but no less than two activities) during the accreditation term.

[ ]  Check the box to attest.

**Name and Title of Attestor**

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**Question 59:** Describe the method(s) used to measure performance changes of learners.

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|  |

**Question 60:** Submit evidence for the required number of examples based on the size of your program **(S:2, M:4, L:6, XL:8)**. In the table below, complete one row for each activity, adding rows as necessary.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | # of learners that participated in the activity | # of learners whose performance was measured | # of learners that improved performance | Itemize the method(s) used to measure change in performance of learners. | Describe the improvements in the performance of learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

## IMPROVES HEALTHCARE QUALITY (Formerly Criterion 37)

The provider demonstrates healthcare quality improvement.

**Question 61:** Describe **two examples** in which your organization collaborated in the process of healthcare quality improvement, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.

Use one row of the table below for each collaboration description.

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration | Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |

## IMPROVES PATIENT/COMMUNITY HEALTH (Formerly Criterion 38)

The provider demonstrates the impact of the CME program on patients or their communities.

**Question 62:** Describe **two examples** of your organization's collaboration in the process of improving patient or community health that includes CME, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.

Use one row of the table below for each collaboration description.

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration. | Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |