

# MINNESOTA MEDICAL ASSOCIATION

## ACCREDITATION POLICY COMPENDIUM

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MMA policies supplement the Essential Areas and Elements, and result from actions taken by the MMA Committee on Accreditation and Continuing Medical Education (CACME) and the MMA Board of Trustees.

The MMA has organized its accreditation policies according to topic, and has presented them in a format that is intended to assist providers in understanding the policies themselves, as well as the MMA’s expectations for their implementation. If you have questions regarding the MMA’s accreditation policies, please contact us.

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## **Accreditation Statement**

The accreditation statement identifies which MMA accredited organization is responsible for demonstrating the CME activity's compliance with all MMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations (94-A-28), except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included. (99-B-17)

The MMA accreditation statement is as follows:

For directly sponsored activities: "The (name of accredited provider) is accredited by the Minnesota Medical Association to provide continuing medical education for physicians." (00-B-10)

For jointly sponsored activities: "This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Minnesota Medical Association through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the MMA to provide continuing medical education for physicians." (00-B-10)

There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. (96-C-07, #3) Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. (00-B-10) The MMA has no policy regarding specific ways in which providers may acknowledge the involvement of other accredited providers in their CME activities.

## **Accreditation Terms**

Types and Duration of Accreditation:

**PROVISIONAL ACCREDITATION** (standard status for initial applicants)

Two years is the period of provisional accreditation.

One extension of up to two years may be given.

Provisional accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program.

An adverse decision at the end of provisional accreditation will result in Non-accreditation; it cannot result in probationary accreditation.

**ACCREDITATION**

Maximum period of accreditation is six years.

Standard period of accreditation is four years.

Accreditation may be reinstated after a period of probation.

## PROBATIONARY ACCREDITATION

May be given to an accredited program with serious deviation from the Essential Areas, Elements and Policies.

Two years is the period of probationary accreditation.

May not be extended.

## NON-ACCREDITATION

May be given after the initial survey.

May be given after provisional accreditation.

May be given after probationary accreditation of one or two years.

Accreditation cannot be withdrawn without a period of probationary accreditation except in cases where there are compelling reasons to do otherwise. (05-08-03)

**NEW** Four years is the “standard” period of accreditation for programs that meet all of the Essential Areas, Elements, and Policies, and six years' accreditation is reserved for programs which meet additional criteria.

Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance in all elements within no more than two years will result in non-accreditation. 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. (02-B-20)

A provider may receive no more than four years' accreditation immediately following probation. (97-C-03)

The MMA considers a finding of "partial compliance" to be less than an acceptable standard for the continuing practice of CME by MMA accredited providers. Subsequent to initial accreditation, providers must be able to demonstrate that they are improving their practice of CME in any areas found to be in less than "compliance." Subsequent to initial accreditation, failure to improve in areas found to be in less than "compliance" would be cause for a "noncompliance" finding in MMA Element 2.5. A finding of "noncompliance" in Element 2.5 could be cause for a change in accreditation status. [Element 2.5 states, "The provider must evaluate the effectiveness of the overall CME program and make improvements to the program."] (02-B-19)

The MMA may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicates it has undergone substantial changes and/or may no longer be in compliance with the Essential Areas, Elements, and Policies. (81-D-03)

The effective date of accreditation is the date of action by the MMA Committee on Accreditation and CME. (92-C-02)

Initial applicants who receive non-accreditation may not be reviewed again by the MMA until one year from the date of the Committee on Accreditation and CME meeting at which the decision was made. (93-D-01)

Principles for the review of newly non-accredited providers seeking provisional accreditation:

1. Standards will be neither raised nor lowered for this category of applicant.
2. As for any applicant, uniform compliance with the Essential Areas, Elements, and Policies is expected for all aspects of all activities under review. The Committee on Accreditation and CME makes recommendations and decisions based on the overall review of the program. However, the committee will only review material from the date of the last decision. Therefore, noncompliance expressed in an activity file or administrative review that occurred prior to the non-accreditation decision will not be held against the provider as this already resulted in non-accreditation.
3. If the committee defers its decision, then the non-accreditation status will stand. (96-B-06)

## CME Content

The MMA's definition of CME describes what content is acceptable for activities that are certified for credit:

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

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

Not all continuing educational activities which physicians may engage in, however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME. (82-B-03)

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



All CME educational activities developed and presented by a provider accredited by the MMA system and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all MMA accreditation requirements, in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the MMA accreditation process as verification of fulfillment of the MMA accreditation requirements. (Effective August 2007)

Providers are not eligible for MMA 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. (02-B-09, #3) An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for MMA accreditation. (82-C-05)

## Content Validation

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

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. (02-B-09, #1)
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. (02-B-09, #2)

## Commercial Support and Disclosure

**These policies and definitions supplement the 2004 updated ACCME Standards for Commercial Support<sup>SM</sup>: Standards to Ensure the Independence of CME Activities ("SCS").**

Relevant to SCS1 (Ensuring Independence in Planning CME Activities):



A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests. (04-C-29)

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

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

- For profit rehabilitation centers
- For-profit nursing homes

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

### **ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship**

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

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

The ACCME's deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact the ACCME at [mkopelowmd@accme.org](mailto:mkopelowmd@accme.org).

Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact ACCME at [postmaster@accme.org](mailto:postmaster@accme.org) for information in this regard.

For additional information about types of organizations that are eligible for accreditation, see "Eligibility for Accreditation."

#### **Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):**

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

considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. (added March 2005)

With respect to personal **financial relationships**, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant. (added November 2004)

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

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

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

Relevant to SCS3 (Appropriate Use of Commercial Support)

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity. (04-C-05)



An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive. (Effective August 2007)



A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME’s Elements, Policies and Standards. (Effective January 1, 2008)

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

#### Relevant to SCS4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be 'commercial support'. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities. (04-C-06)

#### Relevant to SCS6 (Disclosure to Learners)

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

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:

- a) that verbal disclosure did occur; and
- b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2). (04-C-07, #1)

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity. (04-C-07, #2)

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature. (04-C-04)

## **Confidentiality**

The MMA accreditation program recognizes the following as public information:

1. Minutes of the Committee on Accreditation and Continuing Medical Education (CACME)
2. Aggregate statistics that do not identify individual CME providers
3. Lists of accredited CME providers

Information provided by individual CME providers as part of accreditation surveys, annual reports, or progress reports is considered confidential and, except for accreditation purposes, will not be disclosed or distributed without permission from the provider. (CACME, 02-09-06)

## **Eligibility for Accreditation**

### **Definition of an Organization Eligible for Accreditation**

The ACCME, in an attempt to foster continuing medical education of high quality at reasonable cost, available to all physicians in the United States, specifies the following criteria of eligibility for accreditation: Institutions and organizations which are surveyed and accredited directly by the ACCME are generally defined as follows: state medical societies, schools of medicine, and

other institutions and organizations providing continuing medical education activities on a regular and recurring basis and serving registrants, more than 30% of whom are from beyond bordering states.

Institutions and organizations not eligible for accreditation directly by the ACCME should seek accreditation from the state medical society (or state accrediting body in states where the medical society does not accredit alone) in the state in which they have their headquarters or in which they provide CME activities.

To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. An organization is not eligible to apply for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment which is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education.

The ACCME and the MMA reserve the right to make decisions on eligibility for accreditation. (82-B-04, Amended 7/98)

### **Definition of a Program of CME**

Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements, and Policies. The provider's overall program may include occasional CME activities that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider's overall CME program as long as the provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas, Elements, and Policies. (94-A-21)

### **Policy and Procedure on Dual Accreditation**

A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed. (94-C-02)

The MMA must be notified of voluntary withdrawals of accreditation. No rebates will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation which shall be reviewed by the Committee on Accreditation and CME. (96-A-02)

## Enduring Materials

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

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

1. Principal faculty and their credentials;
  2. Medium or combination of media used;
  3. Method of physician participation in the learning process;
  4. Estimated time to complete the educational activity (same as number of designated credit hours);
  5. Dates of original release and most recent review or update; and
  6. Termination date (date after which enduring material is no longer certified for credit).
- (09-B-07)



For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required MMA information must be transmitted to the learner prior to the learner beginning the CME activity (also see the ACCME's policies regarding disclosure in the Standards for Commercial Support). All new CME activities released on or after January 1, 2008, must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008, must conform to this policy.

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. (02-A-03) So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

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

**NEW** MMA policy does not require "post-tests" for enduring materials. MMA records retention policies do, however, require participants to verify learner participation and evaluate all CME activities, so accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

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

## Fees

*NEW* MMA accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. The MMA's Accreditation Fee Schedule lists current fees.

## Internet CME

Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all MMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and MMA Accreditation Policies. (02-A-11, #1) However, there are special requirements for Internet CME because of the nature of the activities:



*Activity Location:* MMA accredited providers may not place their CME activities on a website owned or controlled by a "commercial interest."

*Links to Product Websites:* With clear notification that the learner is leaving the educational website, links from the website of an MMA accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. (02-A-11, #3)



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

*Advertising:* Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. (02-A-11, #4)

*Hardware/Software Requirements:* The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate. (02-A-11, #5)

*Provider Contact Information:* The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity. (02-A-11, #6)

*Policy on Privacy and Confidentiality:* The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet. (02-A-11, #7)

*Copyright:* The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet. (02-A-11, #8)

## Joint Sponsorship

*Note - The revised language below no longer includes the words “partnership” and “partners” to lessen the likelihood that a “joint sponsorship” relationship would be inferred to be an actual legal partnership – which is something unintended by the MMA. (June 2005)*

MMA accredited providers that plan and present one or more activities with non-accredited providers are engaging in “joint sponsorship.” (96-C-07)

The MMA expects all CME activities to be in compliance with the Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. In cases of joint sponsorship, it is the MMA accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to the MMA. Materials submitted that demonstrate compliance may be from either the MMA accredited provider’s files or those of the non-accredited provider.

Note that if a jointly sponsored activity is found to be in Non-compliance with the MMA’s content validation policies or policies for disclosure and commercial support, the accredited provider in the relationship may be asked to provide one or more Monitoring Progress Reports related to the issue. Similarly, special requirements exist for accredited providers that jointly-sponsor activities with non-accredited organizations that have a history of joint-sponsoring activities that do not comply with the MMA’s content validation policies or policies for disclosure and commercial support.

The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate accreditation statement. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement. (96-C-07, #2)

**NEW** All MMA accredited providers that choose to initiate joint sponsorship subsequent to achieving accreditation must notify the MMA of their intention to do so. This will assist the MMA in ensuring that all activity formats are identified and reviewed at the time of reaccreditation.

Initial applicants, during their period of provisional accreditation, may not act as joint sponsors of continuing medical education activities with non-accredited entities unless already accredited by a state medical society or the ACCME. Organizations achieving MMA provisional accreditation after a period of full accreditation by a state medical society or the ACCME may continue to joint sponsor with unaccredited providers if: 1) previously presented joint sponsorship activities are available for review by the MMA; 2) the provider is, at the time of initial MMA survey, deemed to be in at least substantial compliance with MMA's Joint Sponsorship Policies and Procedures; and 3) the provider has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with MMA's Joint Sponsorship Policies and Procedures. (96-B-04, amended July 1998)

If a provider is placed on probation, it may not jointly sponsor CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. (98-B-09) A provider that is placed on probation must inform the MMA of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status. (94-A-06)

**NEW** The MMA maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

## **ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship**

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

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

The ACCME's deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact the ACCME at [mkopelowmd@accme.org](mailto:mkopelowmd@accme.org).

Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact ACCME at [postmaster@accme.org](mailto:postmaster@accme.org) for information in this regard.

## **Journal CME**

A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. (98-B-10)



The MMA considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

The educational content of journal CME must be within the MMA's definition of CME.

Journal CME activities must comply with all MMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

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



2. None of the elements of journal-based CME can contain any advertising or product group messages of “commercial interests.” Disclosure information cannot contain trade names. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

## Records Retention

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

1. **Attendance Records:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. (98-B-08) The accredited provider is free to choose whatever registration method works best for their organization and learners. The MMA 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. (96-A-05)

*NEW* Maintenance of this documentation enables the provider to, at the time of re-accreditation, show the MMA how the activities it provided during its current term of accreditation were compliant with all MMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. For guidance on the nature of documentation that the MMA will expect to review at the time of reaccreditation, peruse the MMA’s Documentation Review for a CME Activity that accreditation surveyors use, as well as the Documentation Review Form Labels, which providers use to identify evidence of compliance within their files/records.

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

## Regularly Scheduled Series (RSSs)

The MMA defines “regularly scheduled series”(formerly “regularly scheduled conferences”), as weekly or monthly CME activities that are primarily planned by and presented to the provider’s

professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place to monitor these activities' compliance with MMA Essential Areas and Elements (including the ACCME Standards for Commercial Support<sup>SM</sup>) and Accreditation Policies. The monitoring system must:

1. Be based on real performance data and information derived from the RSSs that describes compliance (in support of MMA Elements 2.1, 2.5 and 3.1 – 3.3), and
2. Result in improvements when called for by this compliance data (in support of MMA Elements 2.4, 2.5 and 3.1), and
3. Ensure that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of MMA Element 3.3).

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The MMA limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system. (03-A-08)