



MINNESOTA
MEDICAL
ASSOCIATION

Continuing Medical Education Accreditation Requirements For Providers in Minnesota/North Dakota

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This document supersedes all previous publications concerning the policies, procedures, and criteria for accreditation by the Minnesota Medical Association.

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General Accreditation Overview

MMA's accreditation program is administered under the purview of the Committee on Accreditation and Continuing Medical Education (CACME). Final accreditation decisions are made by the CACME.

Throughout this document, the term "organization" and "provider" are used broadly to include hospitals, health systems, nonprofit organizations, professional societies, agencies, or other entities providing accredited education to physicians. The term "program" generally refers to an entity's overall CME effort, while "activity" refers to an individual conference, seminar, independent study material, etc. which may collectively comprise the overall "program".

Purpose and Benefits of Accreditation

The purpose of accreditation is to provide a framework that motivates educators to achieve their full potential. Accredited organizations are responsible for demonstrating that they meet requirements for delivering independent CME that accelerates learning, change, and improvement in healthcare.

Accredited CME is an essential component of continuing physician professional development in the eyes of the US organizations of medicine. Accreditation is a mark of quality continuing medical education (CME) activities that are planned, implemented and evaluated by accredited providers in accordance with the ACCME's Accreditation Criteria, Standards for Commercial Support, and policies (accreditation requirements). Accreditation assures the medical community and the public that such activities provide physicians with information that can assist them in maintaining or improving their practice of medicine, to help them bridge the gap between today's care and what care should be. In addition, accredited CME activities are free of commercial bias and based on valid content.

Benefits of Accreditation for Education Providers

- Achieve distinction from a global leader in the accreditation of CME.
- Receive a listing in ACCME's online directory of CME providers.
- Deliver activities certified for *AMA PRA Category 1 Credit™*.
- Offer CME that counts for Maintenance of Certification, Continuing Certification, and the FDA Opioid REMS.
- Use the ACCME Accredited Provider or Accreditation with Commendation marks in promotional materials.
- Gain the option to collaborate with nonaccredited organizations in joint providership to expand the reach and diversity of your educational offerings.
- Join a community of educators committed to advancing healthcare quality through lifelong learning.
- Demonstrate your leadership in delivering high-quality CME programs that meet rigorous standards for educational excellence and independence.
- Build an educational home that nurtures both the professional development and passion of clinicians.
- Position your education program as a strategic partner in healthcare improvement initiatives.
- Make a meaningful difference in the lives of patients and their communities.

Benefits of Accredited CME Programs for Executive Leadership

- Utilize your CME program to contribute to initiatives in both clinical and nonclinical areas, such as quality and safety, professionalism, team communication, and process improvements.
- Leverage the convening power of education to create an effective community of faculty and learners.
- Embrace the continuing professional development of your human capital – view your engagement in education as an investment in people.

- Empower your CME program to help achieve your strategic goals.
- Incorporate education in your efforts to reduce clinician burnout, improve clinician well-being and resilience, and restore joy in the medical profession.
- Enhance your institution’s reputation for delivering quality education that is relevant for your practitioners and responsive to the needs of your community.
- Gain a meaningful return on your investment in education by improving the quality and safety of clinicians’ work and building the spirit of cohesiveness of your community of clinicians.

Benefits of Accredited CME for Clinicians

- Take ownership of your learning agenda: find activities that meet your needs.
- Choose from more than 150,000 activities each year, including bedside learning, learning from teaching, simulation, online case discussions, small group problem-solving, and more.
- Gain confidence that your choice of CME is a worthwhile investment because accredited providers have proven their commitment to delivering relevant, effective, and independent CME for clinicians.
- Earn *AMA PRA Category 1 Credits™*.
- Use CME Finder to look for activities that count for MOC and the FDA Opioid REMS.
- Enjoy opportunities to learn with and from colleagues while advancing your own expertise.
- Enhance your knowledge, skills, and ability to deliver safe, compassionate, and effective care for your patients.

Roles of AMA, ACCME, and MMA in CME

The AMA

In 1968, the American Medical Association (AMA) established the AMA Physician’s Recognition Award (PRA) credit system as the metric to be used to measure continuing professional development for physicians. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations.

To certify educational activities for *AMA PRA Category 1 Credit™*, the sponsoring organization must:

- Be accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or a recognized state medical society (SMS).
- Meet all requirements of both the AMA and their accreditor (ACCME or SMS).

The ACCME

The [Accreditation Council for Continuing Medical Education \(ACCME\)](#) is composed of representatives from the following organizations: American Medical Association; American Hospital Association; Association for Hospital Medical Education; Association of American Medical Colleges; Council of Medical Specialty Societies; Federation of State Medical Boards; and American Board of Medical Specialties.

ACCME functions are as follows:

- Sets national standards and guidelines for accreditation of CME providers.
- Accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities.
- Recognizes state medical societies as the accrediting bodies for their states.
- Develops methods for measuring the effectiveness of CME and its accreditation, particularly in its relationship to supporting quality patient care and the continuum of medical education.

The MMA

[Minnesota Medical Association](#) is recognized by the ACCME as the Minnesota and North Dakota accreditor of intra-state CME providers. In accordance with ACCME criteria, MMA's [Committee on Accreditation and Continuing Medical Education \(CACME\)](#) sets standards and guidelines for the accreditation of CME providers and accredits organizations providing CME activities for physicians in Minnesota and its contiguous borders.

MMA's Accreditation Program was initiated in 1973 to: 1) assist organizations in developing high quality CME programs, 2) increase physicians' access to quality practice-based CME in the local community and 3) identify and accredit Minnesota (and more recently North Dakota) entities whose overall CME program substantially meets or exceeds the accreditation requirements and policies of the Minnesota Medical Association. MMA's accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

Eligibility for MMA Accreditation

Only certain organizations are eligible to receive accreditation. The following criteria must be met before an organization will be considered for accreditation. The organization must:

- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis.
- Not be a [commercial interest](#)*.
- Not be developing and/or presenting a program of CME that is, in the judgment of the MMA/ACCME, devoted to advocacy on unscientific modalities of diagnosis or therapy.
- Present activities that have "valid" content.
 - Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME.
 - Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Organizations are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

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

Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME/Joint Accreditation and MMA at the same time. (It is recognized that short periods of overlap (5-6 months) may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a MMA-accredited provider alters its functions and seeks and achieves accreditation from the ACCME/Joint Accreditation, that provider should promptly notify the MMA, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers. Should an ACCME-accredited provider change its role and become accredited by MMA, a similar procedure must be followed.

**The ACCME has a set of [self-assessment questions](#) to determine whether an entity may be a commercial interest.*

Expectations about Materials

Information and materials submitted to the MMA, 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. Information and materials submitted for reaccreditation (self-study report, performance-in-practice files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Types and Duration of Accreditation

Accreditation with Commendation *(not applicable to initial applicants)*

Compliance in Criteria 1-13 and policies as well as compliance with any [seven \(7\) criteria of the provider's choice from any category \(C23-C35\)—plus one \(1\) criterion from the Achieves Outcomes category \(C36-C38\)](#) – for a total of eight (8) criteria.

Term: 6 years

Note: Accreditation with Commendation is optional and not required to achieve Accreditation. Providers may only submit evidence for a total of eight (8) criteria at the time of reaccreditation.

Accreditation *(not applicable to initial applicants)*

Compliance in Criteria 1-13 and policies

Term: 4 years (standard accreditation term)

Note: Any criterion found in non-compliance must be brought into compliance in a Progress Report

Provisional Accreditation *(initial applicants only)*

Compliance in Criteria 1-3, 7-12 and policies

Term: 2 years

Note: At the discretion of the CACME, if 1-2 criteria are non-compliant, the applicant can resubmit a narrative, performance in practice files, and the Focused Resubmission fee within a year of the initial accreditation decision to be considered for Provisional Accreditation. If the criteria are non-compliant on the second review, the decision results in Non-accreditation. The Focused Resubmission option will eliminate the initial applicant from repeating the entire application/self-study process and cost less than another Self-Study Report for Provisional Accreditation.

Probation

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

Term: Providers who receive Probation at re-accreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria and policies 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, and all criteria and policies are found in compliance by the MMA CACME.

Restrictions: Provider may NOT jointly provide with non-accredited entities. Any jointly provided activities already planned may be continued.

Non-accreditation

1. Given to an initial applicant following formal review and a site survey when the CACME determines that an organization is not in compliance with all accreditation requirements.
2. Given to providers on Probation which do NOT demonstrate that all non-compliance findings have been converted to compliance within not more than two years.
3. Possible result of failure to pay accreditation fees or submit Progress Reports.

Reconsiderations and Appeals

A provider that receives a decision of Probation or Non-accreditation may request Reconsideration when it feels that the evidence it presented to MMA justifies a different decision. Only material which was considered at the time of the review and survey may be reviewed upon Reconsideration. If, following the Reconsideration, MMA sustains its original action, the organization may request a hearing before an Appeals Board. Please see the Reconsideration and Appeals policies in the policies section of this manual.

Accreditation Fees

MMA accreditation fees are established by its leadership and periodically revised relative to operational costs of the program. Standard accreditation fees include the Pre-Application fee, Reaccreditation fee, Annual Fee; and Progress Report fees.

2019 Accreditation Fees		
Pre-Application	\$300	
Self-Study Report for Initial Accreditation	\$3,700	
Self-Study Report for Reaccreditation	\$3,200	
Annual Fee (<i>based on previous year credit activity</i>) Paid in April of each year	0 – 50 credits	\$1,300
	51 – 350 credits	\$1,300 + \$18/credit >50
	351 – 600 credits	\$6,500
	601 – 800 credits	\$7,000
	801 – 1000 credits	\$7,500
	1001+ credits	\$8,000
Other Fees		
Progress Report	\$800	
Accreditation Extension	\$600	
Focused Resubmission (initial applicants only)	\$800	

The CACME may evaluate an organization's accreditation status prior to its designated date for resurvey if interim information indicates that the organization has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and polices. In such cases, additional non-standard resurvey fees may apply.

Non-payment of fees

Failure to meet MMA deadlines for Self-Study Reports, Progress Reports, or annual reporting of data in the Program and Activity Reporting System (PARS) could result in additional fees and an immediate change of status to Probation.

Obtaining CME Accreditation

MMA staff, CME professionals, and physician representatives are available for consultation and to assist with interpretation and understanding of accreditation requirements and materials. For assistance at any stage in the accreditation process contact us at cme@mnmed.org.

STEP ONE: Review the Requirements and Processes

The first step in becoming accredited is for an organization to gain a thorough understanding of the accreditation requirements and processes. The MMA offers a range of resources to support accreditation applicants, and recommends that you take the following steps:

- Become familiar with the accreditation requirements, including the [Accreditation Criteria](#) (including the [ACCME Standards for Commercial SupportSM](#)) and policies.
- Review the ACCME's [Examples of Compliance and Noncompliance](#) to review actual performance of accredited providers that have come through the accreditation process. These examples will help you understand the intent and expectations of the Accreditation Criteria.
- Keep up-to-date regarding developments by signing up to receive [ACCME's newsletter](#) and other e-mail announcements.

STEP TWO: Pre-application Questionnaire

Once an organization has reviewed the requirements and processes, and believes it is eligible to apply, the next step is to request and complete the MMA pre-application. Contact the MMA at cme@mnmed.org. After you have completed and submitted the Pre-Application for Accreditation and paid the pre-application fee, the MMA reviews the pre-application materials to determine your organization's eligibility and to verify that your organization has mechanisms in place to meet accreditation requirements. However, the MMA does not review the materials to determine if your organization has complied with accreditation requirements.

The Pre-Application is designed to help organizations assess their program and determine when they are ready to begin the application process. There are crucial elements that should be in place before the formal Self-Study Report is submitted: (1) administrative support assigned to the CME effort; (2) interested physician attendees; and (3) a CME track record.

CME Track Record

It is not possible for an organization to demonstrate compliance with the accreditation requirements and policies if it has not produced CME activities prior to preparing the Self-Study Report for accreditation. While it is not mandatory that these activities be granted credit, they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider. Organizations applying for initial accreditation must plan, implement and evaluate **at least two CME activities within approximately two years prior to the submission** of materials for initial accreditation.

STEP THREE: Self-Study Report and Performance-in-Practice Files

If your organization is deemed eligible through the pre-application review process, you will be invited to continue with the initial accreditation process. The initial accreditation process is an opportunity for each applicant to demonstrate that its practice of CME is in compliance with the accreditation requirements through three primary sources of data.

- Self-Study Report
- Performance-in-Practice Files
- Accreditation Interview

The self-study process provides an opportunity for the provider seeking initial accreditation to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing CME and determine its future direction. An outline for the content of the self-study report is specified by the MMA, but the process of conducting a self-study is unique to each organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process.

The Self-Study Report should be submitted within twelve (12) months of a successful Pre-Application.

STEP FOUR: First Level Review

When the Self-Study Report is received, it is evaluated by a review team composed of selected members of the CACME and MMA staff. If the review team feels that the Self-Study Report shows preliminary evidence that the organization's program may meet accreditation requirements, an accreditation interview will be scheduled prior to the committee's next meeting. If reviewers feel the Self-Study Report is inadequate for preliminary assessment, they may recommend that an interview be deferred, and the matter submitted for discussion and action by the CACME at its next meeting.

STEP FIVE: Second Level Review

Upon favorable review of the Self-Study Report, the organization will be contacted to schedule an accreditation interview. At this time a survey team composed of selected members of the CACME will meet via conference call with applicable physicians, CME staff, and the provider's administration and review files and documentation. The interview is normally 90-120 minutes on the selected day. The exact schedule is determined by mutual convenience and individual circumstances.

The interview allows the provider to:

- Discuss its CME program, overall CME program evaluation, and self-study report
- Clarify information shared in the self-study report and performance-in-practice evidence

The interview offers the MMA an opportunity to:

- Ensure that any questions regarding the provider's procedures or practices are answered
- Ensure that the survey team has complete information about the provider's organization with which it can formulate a report to the MMA

STEP SIX: Committee Action

Following the interview, the survey team will report its findings to the full CACME at its next regularly scheduled meeting. The recommendation then is submitted to the CACME for action. Action by the Committee may result in Provisional Accreditation of two years or Non-accreditation.

A decision of Non-accreditation will be reported to the organization with notification that they may utilize procedures for Reconsideration and Appeal. Non-accredited organizations may later reapply as an initial applicant or proceed with the Focused Resubmission process if applicable.

Maintaining Accreditation

Your Responsibilities

- Maintain compliance with [accreditation requirements](#).
- Fulfill your [year-end reporting requirements](#) in the Program and Activity Reporting System (PARS).
- Pay accreditation fees in a timely manner, according to MMA policy.
- Inform MMA of organizational and personnel changes.
- Respond to our requests for evidence of your [continuous compliance](#) with the accreditation requirements.

Education and Resources

- Participate in the MN/ND CME Network activities.
- Participate in ACCME educational events, including the annual meeting, accreditation workshop, and webinars. Check ACCME [events listings](#) for upcoming opportunities.
- Review ACCME [resources](#).
- [Sign up](#) to receive ACCME's newsletter, [The ACCME Report](#), and announcements.

Reaccreditation

The reaccreditation process occurs every two, four, or six years depending on your organization's prior accreditation term.

Overview

Data Sources Used in the Reaccreditation Process

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

- Self-study report
- Performance-in-practice file reviews
- Accreditation interview

Decision-Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the MMA based on the data and information collected in the reaccreditation process. The MMA will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the CACME. The CACME makes all accreditation decisions using a criterion-referenced decision-making system.

Self-Study Report

Purpose of the Self-Study Report

The self-study process provides an opportunity for the accredited provider to:

- Assess its commitment to and role in providing continuing medical education
- Analyze its current practices
- Identify areas for improvement
- Determine its future direction
- Effectively present the results to the MMA in the written self-study report

Conducting Your Self-Study Report

The process of conducting a self-study is unique to each organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, however, the self-study is intended to address two major components of accreditation:

- **A record of your CME program's compliance** with the [accreditation requirements](#), including the Accreditation Criteria, the Standards for Commercial Support, and policies. When conducting your self-study, your organization will be asked to describe its past and current performance in meeting the criteria for compliance with each of the accreditation requirements. You will also provide evidence to demonstrate compliance.
- **An analysis on the degree to which your organization is meeting its CME mission** and the identification and implementation of changes in the overall program that are required to improve on your organization's ability to meet the CME mission. Your plans for improvement might relate to fixing identified problems with compliance. They might also relate to changes your organization would like to make as a result of factors in the CME environment. Improvement plans reflect the vision and values of your CME program and frame your program's process for identifying the need for, and implementing, change.

Conducting a self-study requires time and effort from a variety of constituents involved in your CME program. Appropriate leadership of the self-study effort and broad involvement of administration, faculty, attendees and other stakeholders are important to a successfully planned and implemented self-study. In conducting your self-study, seek information from stakeholders to:

- Gather & analyze data about what, why, and how the CME program and its products/services are used
- Assess how well the products/services are performing
- Identify changes made and improvements planned to enhance the CME program

Using the Self-Study Report Outline provided by the MMA, you will provide the information requested in concise narrative explanations and statements, and with documents and evidence to verify that your CME program meets the requirements.

Performance-in-Practice File Reviews

You will verify that your CME activities are in compliance with the Accreditation Criteria and Policies through the performance-in-practice review process. The MMA will select up to 15 activities from your current accreditation term for which you will present evidence to demonstrate that your activities are in compliance. Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice. The performance-in-practice review entails the following process:

1. The provider's entry of CME activity data into PARS
2. The MMA's selection of activities for performance-in-practice review
3. The provider's submission of evidence of performance-in-practice for the activities selected

Entering your CME Activity Data in PARS

Clicking on the "Program and Activity Data" link located on your PARS dashboard, you will enter or update known information about the CME activities that your organization has provided, or will provide, under the umbrella of your accreditation statement, **from the beginning of your current accreditation term to the expiration.**

Selecting Activities for Performance-in-Practice Review

Based on the CME activity data you enter in PARS, the MMA will select up to 15 activities for review. The MMA will notify you via email once the activities have been selected. 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 MMA. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, please notify the MMA as corrections or adjustments may be necessary to the sample of activities selected.

Preparing Evidence of Performance-in-Practice

Using the Performance-in-Performance Structured Abstract, you will submit evidence of performance-in-practice for each activity selected by the MMA. In each form, you will provide the information requested in concise narrative explanations and statements, in tables provided by the MMA, and with documents and evidence to verify that the activity meets the requirements.

Accreditation Interview

Your organization will have the opportunity to further describe the practices you present in the self-study report and in evidence of performance-in-practice in a conversation with MMA surveyors.

Surveyors are colleagues from the accredited CME community who are trained by the MMA. A pair of surveyors will be assigned by the MMA to review your self-study materials, speak with representatives of your CME program, and engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria and Policies. During the interview, the surveyors will seek clarification about any questions they may have regarding the materials you submitted. You can expect surveyors to:

1. conduct their interactions in a professional manner,
2. be familiar with your materials and the Accreditation Criteria and Policies,
3. and communicate clearly and effectively without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

How to Prepare

The MMA utilizes the conference call as its standard accreditation interview format; Interviews typically average 90 minutes in length. To ensure the validity of the process and based on circumstances and available resources, the MMA reserves the right to make all final decisions regarding the interview and/or composition of the survey team. The MMA will provide information about the process of scheduling the accreditation interview and will confirm the interview date and time and assigned surveyors in advance via email.

At any time in the process, please direct questions about arrangements and expectations for the interview to MMA staff. In preparation for the interview, it is important to consider the following:

- The interview is a dialogue between your organization and MMA surveyors. It is intended to generate understanding of the goals and strategies of your CME program. Therefore, the individuals responsible for planning and implementing your CME program should participate in the interview.
- Your organization should be prepared to discuss the strengths, accomplishments, and challenges of its CME program.
- Your organization should be prepared to present and clarify evidence that demonstrates compliance with the [accreditation requirements](#).

What to Expect

Trained, volunteer surveyors will be assigned by the MMA to review the self-study materials you submit and meet with representatives of your CME program to engage in a dialogue about your CME program and your organization's policies and practices to ensure compliance with [accreditation requirements](#).

Surveyors are experienced CME professionals that engage in initial and ongoing surveyor training. In order to ensure independence, you can expect that your surveyors will not have any current or immediate prior affiliation with your organization. If something about your organization's relationship with its surveyor(s) gives rise to a conflict of interest, or the appearance of a conflict of interest, you may request a new surveyor. The MMA will make the final decision regarding the need for a change.

If a surveyor is unable to participate in a scheduled interview and all attempts to obtain another surveyor of equal qualifications have failed, then MMA staff may resolve the situation by, for instance, using MMA staff as substitute.

It is the surveyors' primary responsibility to gather data and information related to your CME program's compliance with the [accreditation requirements](#). You can expect surveyors to communicate clearly and effectively, without offering consultative advice or feedback regarding compliance or the expected

outcome of the accreditation review. Because the interview is intended to be collegial and fact-finding in nature, the MMA does not permit providers to bring legal counsel with them to the interview, nor does the MMA permit interviews to be recorded or transcribed in any manner.

At the time of the interview, the surveyors will seek clarification about any questions they may have about the self-study information materials you submitted. The surveyors will also be eager to hear about creative strategies that your organization has implemented to achieve its goals, as well as plans that it has in place to produce future improvements. The surveyors may request or collect information in support of your compliance that was not included in your self-study report or in the evidence of performance-in-practice submitted for selected activities. The surveyors will record and report their findings to the MMA, using the MMA's Surveyor Report and Documentation Review forms. Once the MMA has received all information from the surveyors, the decision-making process will begin.

Your organization will be invited to complete an evaluation form to provide feedback about the self-study and interview processes. The MMA uses this feedback to analyze its current practices and make improvements where needed. Feedback that relates to your surveyors will be provided to them anonymously, and only after a decision has been made regarding your organization's accreditation status.

Committee Action

Following the survey, the survey team will report its findings to the full CACME at its next regularly scheduled meeting. The recommendation then is submitted to the CACME for action. Action by the Committee may result in: (1) Accreditation with Commendation for six years; (2) Accreditation for four years; (3) Probationary Accreditation; or (4) Non-accreditation.

Decisions of Probation or Non-accreditation will be reported to the organization with notification that they may utilize the procedures for Reconsideration and Appeal of the decision. Organizations receiving Non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

Accreditation Extensions and Late Self-Study Reports

If extenuating circumstances prevent a provider from submitting its Self-Study Report for resurvey by the designated deadline, the organization may request an extension of its current accreditation by submitting a written request via email to the CACME.

Requests for extension must be submitted two weeks prior to the original deadline for the Self-Study Report.

The CACME may, *at its discretion*, recommend that the Committee grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed eight (8) months.
- The organization must submit its Self-Study Report for review at the committee's next meeting.
- The organization must pay the Accreditation Extension fee.

Missing or Incomplete Information

Providers that meet all of the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the MMA. Please note, if the MMA is unable to render a decision due to missing or incomplete information, the MMA reserves the right to request additional information, the expenses for which will be borne by the provider.

Early Survey or Special Report

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

Progress Reports

MMA expects organizations found to be in non-compliance with Criteria 1-3, 5-13, or with the policies, to demonstrate compliance through the Progress Report process. MMA will notify providers whether or not a Progress Report is required in the accreditation decision report letter. Generally, a first Progress Report must be reviewed no more than one year from the date of the original finding.

The decision report letter specifies the due date for the Progress Report and the content. For the specific performance issues described for non-compliance findings with Criteria 1-3, 5-13 or policies, providers must describe improvements and their implementation and provide evidence of performance-in-practice to demonstrate compliance.

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

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

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

Time Frame of the Accreditation Process

An organization's accreditation is effective upon the date of Committee action and extends until subsequent action, normally taken in the last month of the accreditation term. A typical time frame in the accreditation process is shown below:

Initial Applicants	
January – April	Pre-application submitted and reviewed
May – July	Self-Study Report due
August – September	Survey conducted
October	Final Committee action
May – August	Pre-application submitted and reviewed
September – November	Self-Study Report due
December – January	Survey conducted
February	Final Committee action
September – December	Pre-application submitted and reviewed
January – March	Self-Study Report due
April – May	Survey conducted
June	Final Committee action
Accredited Applicants	
January – February	Resurvey notice sent
May	Self-Study Report & PIP Files due
August – September	Survey conducted
October	Final Committee action
July – August	Resurvey notice sent
November	Self-Study Report & PIP Files due
December – January	Survey conducted
February	Final Committee action
October – November	Resurvey notice sent
February of following year	Self-Study Report & PIP Files due
April – May	Survey conducted
June	Final Committee action

Suggested Wording for Press Release upon Accreditation Approval

The following wording is suggested for those wishing to publicly announce the standard (4), commendation (6) or provisional (2) accreditation of their organization.

The [name of organization] has been (re)surveyed by Minnesota Medical Association (MMA) and awarded [accreditation status] for [number] years as a provider of continuing medical education (CME) for physicians.

MMA accreditation seeks to assure both physicians and the public that CME activities provided by [name of organization] meet the high standards of the accreditation requirements and policies as adopted by MMA.

MMA rigorously evaluates the overall CME programs of Minnesota organization according to national criteria adopted by the Accreditation Council for Continuing Medical Education (ACCME).

Accredited Provider Logos

MMA-accredited providers that have achieved standard Accreditation or Accreditation with Commendation may use the accredited provider logos for educational and identification purposes. MMA-accredited providers will receive the Accreditation with Commendation logo at the time of accreditation or email [MMA](mailto:mma@mmamn.org) to request either the standard Accreditation or Accreditation with Commendation logo.

MMA-accredited providers may use the logo in announcements, e.g., the wording in the statements in box above, related to their attainment of MMA accreditation; and on brochures, flyers, continuing medical education (CME) web pages, and other materials.

Note: on activity brochures, flyers, etc., the logo must be placed next to the accreditation statement.

MMA Accreditation Criteria

MMA strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the “MMA Accreditation Requirements and Policies,” are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted on the basis of an organization’s demonstrated ability to plan and implement CME activities in accordance with the accreditation requirements and policies.

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

The accreditation system seeks to position CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. The focus is on contributing to the physician’s strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Providers must establish a specific mission, provide education interventions to meet that mission, and then assess their program’s impact at meeting that mission and improving their program.

Standard Accreditation Criteria

The **Accreditation Requirements and their Criteria** are organized as follows:

- The **Purpose and Mission** criterion describes *why* the organization is providing CME (C1).
- The **Educational Planning** criteria explains *how* the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial SupportSM to ensure independence (C2-3, 5-10).
- The **Evaluation and Improvement** criteria evaluates *how well* the organization is accomplishing its purpose in providing CME activities and identifies opportunities for change and improvement in the CME program (C11-13).
- The **Accreditation with Commendation** criteria recognizes an organization’s engagement with the environment. (C23-C38)

Criterion 1	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.
Criterion 2	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
Criterion 3	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
Criterion 5	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.
Criterion 6	The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) competencies).
Criterion 7	The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).
Criterion 8	The provider appropriately manages commercial support (if applicable, SCS 3).

Criterion 9	The provider maintains a separation of promotion from education (SCS 4).
Criterion 10	The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).
Criterion 11	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.
Criterion 12	The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.
Criterion 13	The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

Accreditation with Commendation

If your organization chooses to pursue Accreditation with Commendation, 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.

Criterion 23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).
Criterion 24	Patient/public representatives are engaged in the planning and delivery of CME.
Criterion 25	Students of the health professions are engaged in the planning and delivery of CME.
Criterion 26	The provider advances the use of health and practice data for healthcare improvement.
Criterion 27	The provider addresses factors beyond clinical care that affect the health of populations.
Criterion 28	The provider collaborates with other organizations to more effectively address population health issues.
Criterion 29	The provider designs CME to optimize communication skills of learners.
Criterion 30	The provider designs CME to optimize technical and procedural skills of learners.
Criterion 31	The provider creates individualized learning plans for learners.
Criterion 32	The provider utilizes support strategies to enhance change as an adjunct to its CME.
Criterion 33	The provider engages in CME research and scholarship.
Criterion 34	The provider supports the continuous professional development of its CME team.
Criterion 35	The provider demonstrates creativity and innovation in the evolution of its CME program.
Criterion 36	The provider demonstrates improvement in the performance of learners.
Criterion 37	The provider demonstrates healthcare quality improvement.
Criterion 38	The provider demonstrates the impact of the CME program on patients or their communities.

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

ACCME STANDARDS FOR COMMERCIAL SUPPORTSM (SCS)

Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

- 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
 - a. Identification of CME needs;
 - b. Determination of educational objectives;
 - c. Selection and presentation of content;
 - d. Selection of all persons and organizations that will be in a position to control the content of the CME;
 - e. Selection of educational methods; and
 - f. Evaluation of the activity.
- 1.2 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

- 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
- 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

- 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
- 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
- 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint provider.
- 3.5 The written agreement must specify the commercial interest that is the source of commercial support.
- 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.
- 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- 3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.
- 3.9 No other payment shall be given to the director of the activity, planning committee members,

teachers or authors, joint provider, or any others involved with the supported activity.

- 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.
- 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.
- 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4: Appropriate Management of Associated Commercial Promotion

- 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
- 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
 - For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a website owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of an ACCME 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. Advertising of any type is prohibited with 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 activities, advertisements and promotional materials may not be visible on the screen at the same times as the CME content and not interleaved between computer windows or screens of the CME content.
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
 - For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
 - For **journal-based CME**, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interest. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

- 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
- 4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.
- 4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5: Content and Format without Commercial Bias

- 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6: Disclosure Relevant to Potential Commercial Bias

- 6.1 Individual must disclose to learners any relevant financial relationship(s), to include the following information:
 - The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- 6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- 6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- 6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
- 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

AMA Requirements for Educational Activities

Accredited CME providers must ensure that activities certified for *AMA PRA Category 1 Credit™* meet all AMA requirements, which include core requirements, format-specific requirements, and requirements for designating and awarding *AMA PRA Category 1 Credit™*.

Core Requirements

1. The CME activity must conform to the AMA/ACCME definition of CME.
2. The CME activity must address an educational need (knowledge, competence or performance) that underlies the professional practice gaps of that activity's learners.
3. The CME activity must present content appropriate in depth and scope for the intended physician learners.
4. When appropriate to the activity and the learners, the accredited provider should communicate the identified educational purpose and/or objectives for the activity, and provide clear instructions on how to successfully complete the activity.
5. The CME activity must utilize one or more learning methodologies appropriate to the activity's educational purpose and/or objectives.
6. The CME activity must provide an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity.
7. The CME activity must be planned and implemented in accordance with the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM.

Format-Specific Requirements

Activities may be held in one or more of the formats described below, and the applicable format requirements must be met.

LIVE ACTIVITIES

An activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

ENDURING MATERIALS

An activity that endures over a specified time and does not have a specific time or location designated for participation, rather, the participant determines whether and when to complete the activity. (Examples: online interactive educational module, recorded presentation, podcast.)

- Provide access to appropriate bibliographic sources to allow for further study.

JOURNAL-BASED CME

An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

- Be a peer-reviewed article.

TEST ITEM WRITING

An activity wherein physicians learn through their contribution to the development of examinations or certain peer-reviewed self-assessment activities by researching, drafting and defending potential test items.

MANUSCRIPT REVIEW

An activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

PERFORMANCE IMPROVEMENT CONTINUING MEDICAL EDUCATION (PI CME)

An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

- Have an oversight mechanism that assures content integrity of the selected performance measures. If appropriate, these measures should be evidence-based and well designed.
- Provide clear instruction to the physician that defines the educational process of the activity (documentation, timeline).
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence behind those measures (if applicable).
- Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- Consist of the following three stages:
 - **Stage A**—learning from current practice performance assessment. Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism.
 - **Stage B**—learning from the application of PI to patient care. Implement the intervention(s) based on the results of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).
 - **Stage C**—learning from the evaluation of the PI CME effort. Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

INTERNET POINT-OF-CARE (POC) LEARNING

An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

OTHER

Accredited CME providers can introduce new instructional practices, as well as blend new and/or established learning formats appropriate to their learners and setting, as long as the activity meets all core requirements. Certified CME activities that do not fit within one of the established format categories must identify the learning format as “Other activity”, followed by a short description of the activity in parentheses, in both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.).

Please reference [The AMA Physician’s Recognition Award and credit system booklet](#) for further information.

Counting CME Credits

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

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

The AMA Credit Designation Statement should be in a separate paragraph from any other statement. The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity
8. Other activity (provide short description)

Important:

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

Please refer to the AMA PRA Booklet for wording for non-physician certificates or transcripts. Providers may apply for and grant other types of credit for physicians, e.g., AAFP, ACOG. Providers may also seek continuing education credit for other health professionals as appropriate for the content of the activity. Examples include nurses, pharmacists, physical therapists, and social workers.

Summary table: Instructions for designating and awarding AMA PRA Category 1 Credit™*

Activity type	Credit	
	Calculating/Designating	Claiming/Awarding
Live activity	1 per hour (in 0.25 increments)	Participation time
Faculty (learning from teaching)	2:1 ratio to presentation time	Based on time spent teaching, using what was learned
Enduring material	1 per hour (in 0.25 increments)	Designated amount
Journal-based	1 per article	Designated amount
Test-item writing	10 per test	Designated amount
Manuscript review	3 per review	Designated amount
Performance improvement	20 per activity	20 for full activity, or 5 per stage if only complete A or A&B
Internet point-of-care	0.5 per question	Designated amount
Other activity	1 per hour (in 0.25 increments)	Designated amount

* Full instructions on credit calculation/awarding can be found on pages 5–6 of the revised AMA PRA booklet.

Extracted from the [AMA PRA Frequently Asked Questions Related to the AMA/ACCME Simplification and Alignment](#)

Accreditation Policies

The following policies supplement the MMA/ACCME accreditation requirements.

Accreditation Statements

The accreditation statement must appear on 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.

Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of hours offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement, both of which must appear on activity announcements and brochures distributed to potential participants by accredited providers. The **accreditation statement** indicates that the organization is accredited and by whom it is accredited. The **credit designation statement** indicates the number of *AMA PRA Category 1 Credits™* for which it is designated.

Accreditation Statements For Activities Designated for AMA PRA Category 1 Credit™
<p>For Directly Provided Activities Accreditation Statement: The [name of the accredited provider] is accredited by the Minnesota Medical Association to provide continuing medical education for physicians.</p>
<p>For Jointly Provided Activities Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Minnesota Medical Association (MMA) through the joint providership of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by MMA to provide continuing medical education for physicians.</p>

AMA Credit Designation Statement
The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] <i>AMA PRA Category 1 Credit(s)™</i> . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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. MMA has no policy regarding specific ways in which providers may acknowledge the involvement of other MMA- or ACCME-accredited providers in their CME activities.

Annual Reporting and PARS

MMA-accredited providers must submit an annual data for their CME program to the ACCME online Program and Activity Report System (PARS) on ACCME's website on or before March 31 (unless otherwise notified). Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2019 will be for 2018 activity and program data.

The data you submit regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public.

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

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

CME Program Business and Management Procedures

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met. MMA-accredited providers are accountable for meeting administrative deadlines. Failure to meet administrative deadlines could result in (a) an immediate change of status to Probation, and (b) subsequent consideration for a change of status to Non-accreditation.

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

- turnover in main CME staff/leadership;
- turnover in the provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program;
- turnover, addition, or decrease in CME administrative personnel;
- substantial changes to the program's mission, scope of activities, financing or allocation of resources.

Administrative Deadlines

MMA-accredited providers are accountable for meeting administrative deadlines. Failure to meet administrative deadlines could result in (a) an immediate change of status to Probation, and (b) subsequent consideration by the CACME for a change of status to Nonaccreditation.

HIPAA Compliance Attestation

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, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended."

Public and Confidential Information about Accredited Providers

The following information is considered *public information*, and therefore may be released by the MMA. Public information includes certain information about accredited providers, and MMA/ACCME reserves the right to publish and release to the public, including on the MMA/ACCME website, all public information:

- Names and contact information for accredited providers;
- Accreditation status of provider;
- Some annual report data submitted by the accredited provider, including for any given year:
 - Number of activities;
 - Number of hours of education;
 - Number of physician interactions;
 - Number of other learner interactions;
 - Number of designated *AMA PRA Category 1 Credits™*
 - Competencies that activities were developed to address
 - Accepts commercial support (yes or no);
 - Accepts advertising/exhibit revenue (yes or no);
 - Participates in joint providership (yes or no);
 - Types of activities produced (list);
- Aggregated accreditation findings and decision data broken down by provider type;
- Responses to public calls for comment initiated by the MMA/ACCME;
- Committee for Accreditation and Continuing Medical Education (CACME) Meeting Agendas; and
- Any other data/information that MMA/ACCME believes qualifies as "public information."

Note: The MMA/ACCME will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

The MMA/ACCME reserves the right to use and/or share anonymized PARS data for research purposes.

The MMA will maintain as confidential information, except as required for accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

- To the extent not described as public information above, information submitted to the MMA by the provider during the initial or reaccreditation decision-making processes for that provider;
- Correspondence to and from MMA relating to the accreditation process for a provider; and
- MMA proceedings (e.g., CACME minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect confidential information, ACCME, MMA and its volunteers are required:

- Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
- Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME or MMA purposes.

CME Content: Definition and Examples

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is 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.

The definition above describes the content that the ACCME and MMA considers acceptable for activities developed within an accredited provider's CME program. The definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. Examples of topics that are included in the definition include:

- Management, for physicians responsible for managing a healthcare facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician's non-professional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content.

CME Clinical Content Validation

Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. The Clinical Content Validation policy is designed to ensure that patient care recommendations made during CME activities are accurate, reliable, and based on scientific evidence. Clinical care recommendations must be supported by data or information accepted within the profession of medicine. [Standard for Commercial Support 5](#): Content and Format without Commercial Bias includes additional direction about CME content validity.

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

1. All of the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
3. Providers are not eligible for MMA accreditation or re-accreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME; that are known to have risks or dangers that outweigh the benefits; or are known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for accreditation.

Content and the AMA PRA

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all MMA/ACCME 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 ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

Content Validity of Enduring Materials

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

CME Activity and Attendance Records Retention

MMA-accredited providers must maintain specific CME activity records. Records retention requirements relate to the following two topics: Attendance Records and Activity Documentation. Maintenance of this documentation enables the provider to meet the requirements for annual year-end reporting and re-accreditation review.

Additionally, this policy may be of assistance to a provider should a complaint be filed. If the ACCME or MMA receives a complaint about an accredited provider, the ACCME/MMA may ask the provider to respond according to the Procedure for Handling Complaints/Inquiries Regarding Accredited Providers. As specified in the procedure, an accredited provider must be accountable for any complaint received for 12 months from the date a live activity ended, or in the case of a series, 12 months from the date of the session which is in question. Providers are accountable for an enduring material during the period of time it is being offered for CME, and 12 months thereafter.

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 MMA does not require sign-in sheets.

Activity Documentation

An accredited provider is required to retain activity files/records of the CME activity planning and presentation during the current term of accreditation or for the last twelve months, whichever is longer.

Joint Providership

The ACCME and MMA define joint providership as the providership of a CME activity by one accredited and one non-accredited organization. Therefore, MMA accredited providers that plan and present one or more activities with non-accredited providers are engaging in “joint providership.” Please note: the ACCME does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

In joint providership, either the accredited provider or its non-accredited provider can control the identification of CME needs, the determination of educational objectives, the selection and presentation of content, the selection of all persons and organizations that will be in a position to control CME content, the selection of educational methods, and the evaluation of the activity.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

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

- **Informing Learners**
The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. All promotional materials for jointly provided activities must carry the appropriate accreditation statement.
- **Fees**
MMA and ACCME maintain no policy that requires or precludes accredited providers from charging a joint providership fee.
- **Compliance/Non-compliance Issues**
The MMA expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, 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.

Providers on Probation

If a provider is placed on Probation, it may NOT jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform MMA of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.

Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. If the provider is found to be working in joint providership while under this probation, the MMA will immediately change the provider's status to Non-accreditation.

Policies Supplementing the Standards of Commercial Support

Definition of Commercial Interest

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

The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

Within the context of this definition and limitation, the following types of organizations are eligible for accreditation and free to control the content of CME:

- 501-C non-profit organizations (Note: MMA screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME or MMA system, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

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

A commercial interest is not eligible for ACCME or MMA accreditation. Commercial interests cannot be accredited providers or joint providers. It is the responsibility of accredited provider to ensure that the selection and presentation of CME, educational methods, and activity evaluation are not controlled by commercial interests.

Financial Relationships and Conflicts of Interest

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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/MMA considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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

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

Circumstances create a **conflict of interest** when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest AND the opportunity to affect

the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Disclosure of Financial Relationships to the Accredited Provider

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

Commercial Support: Definition and Guidance Regarding Written Agreements

Commercial support is financial, or in-kind, contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

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

A provider will be found in Non-compliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the accreditation requirements.

Verbal Disclosure to Learners

Disclosure of information about relevant financial 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 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).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed, and dated within one month of the activity.

Commercial Support: Acknowledgements

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 an ACCME-defined commercial interest, but may not include corporate logos and slogans.

Commercial Exhibits and Advertisement

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.

Mergers or Acquisitions Involving Accredited Organizations

There may be occasions when providers accredited by the Minnesota Medical Association merge with each other or with non-accredited organizations. The Minnesota Medical Association's Committee on Accreditation and Continuing Medical Education (CACME) has adopted the following policies regarding mergers and acquisitions involving accredited organizations.

A merger constitutes a significant change to the accredited program. It is the responsibility of the accredited organization to report such a change in writing to MMA's CACME within four weeks of the effective date of the merger.

It is the policy of the MMA CACME to counsel and support accredited organizations during a merger. Each case will be reviewed on an individual basis with intent to prevent disruption in the CME program during the transitional phase.

Accredited providers, however, are responsible for compliance with the accreditation requirements and policies at all times. It is crucial that continuity in programming; and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program.

In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.

In situations where a new program is created in the merger with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved, will be granted provisional accreditation.

In situations where a new program is created in the merger of accredited facilities, full accreditation, rather than provisional, may be granted at the discretion of the CACME. This determination will be based on the accreditation history of the formerly accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the accreditation requirements and policies.

When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard Self-Study Report and file review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis.

Therefore, a modified Self-Study Report process may be used for intra system program consolidation and for mergers involving the consolidation of individual programs into a system accreditation. The modified application will include at least the following sections and elements:

- Institutional Contacts
- Demographic Section
- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process
- Mission
- Organizational Structure
- Administration
- Standards for Commercial Support: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards

As a matter of standard procedure, a modified site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians, and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans.

Options will exist for the Self-Study Report review team to recommend a waiver of the site survey if it is felt that a survey would not be productive. Waivers must be approved by the chair of the Subcommittee on Accreditation.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the MMA criteria for "Hospital System/Multi-Facility Accreditation" and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the accreditation requirements and policies.

Process for Handling Complaints Regarding MMA Providers

Complaint Status and Statute of Limitations

1. Complaints are written notifications to the Minnesota Medical Association's Committee on Accreditation and Continuing Medical Education (CACME) by a third party which claim that an MMA accredited Provider (a "Provider") is not in compliance with MMA/ACCME Rules (defined herein as Policies, Standards for Commercial Support, Essential Areas and Elements and accreditation criteria required by the MMA/ACCME) with regard to one or more of its activities ("Complaint").
2. To receive status as a Complaint, the written Complaint must identify the accredited Provider ("Provider"), identify the CME activity in question if applicable, and confirm the name and contact information of the person making the submission ("Complainant").
3. A Complaint may a) refer to single activities/series, or b) the Provider's entire program of CME.
4. The statute of limitation of the length of time during which an accredited Provider must be accountable for any Complaint received by the CACME is twelve (12) months from the date a live activity ended, or in the case of a series, twelve months from the date of the session which is in question. Providers are accountable for an Enduring Material during the period of time it is being offered for CME, and twelve (12) months thereafter.
5. MMA's CACME and/or ACCME may initiate a Complaint against an accredited Provider.

Procedures for Complaint Review and Provider Response

1. CACME will review the Complaint to determine whether it relates to the manner in which the Provider complies with the MMA/ACCME's Rules.
2. If the Complaint does not relate to the Provider's compliance with MMA/ACCME Rules, the Complainant will be advised of the position and the Complaint process will be closed.
3. If the CACME determines that the Complaint relates to the Provider's compliance with MMA/ACCME Rules, then CACME will send a letter which identifies the alleged non-compliance to the Provider ("Notice of Complaint"). The Notice of Complaint from CACME may include a request for documents or data from the Provider. CACME will attach a redacted copy of the Complaint to the Notice of Complaint. The identity of the Complainant will be deleted from the Complaint. To the extent feasible, MMA will not disclose the identity of the Complainant during the Complaint process, but the identity of a Complainant may be evident due to the circumstances of the Complaint, and the Complainant's identity may be revealed in a legal proceeding.

4. For complaints related to MMA/ACCME's content validity policies, the accredited provider will be asked to provide access to an unaltered set of all CME materials (e.g., audio/video recordings, slides or other content outlines, program book or other handouts) related to the CME activity. If, upon receipt of the materials, it's determined that an objective content review of the activity is necessary to determine compliance, the MMA will seek independent content reviews by at least two (2) clinicians with relevant content expertise who have completed MMA's disclosure and conflict of interest process and for whom all conflicts have been resolved and documented. The provider will pay any costs related to the review of the activity beyond the first \$500. The provider has the option to obtain its own independent content review, the results of which may be submitted to the CACME at the time of the notice of complaint or within 30 days of a notice of noncompliance. MMA will perform an analysis of the independent reviews submitted and will present this information to the CACME.
5. The Provider shall either admit the allegations of the Complaint or provide a written rebuttal and any information requested by CACME within forty-five (45) days of receipt of the Notice of Complaint. The Provider's failure to provide information requested by CACME within the forty-five (45) day time limit may contribute to a finding of noncompliance. The Provider will be informed that a change of status to Nonaccreditation may occur if the Provider has failed to respond to the request for information in the manner stipulated by CACME.

CACME Findings and Decisions

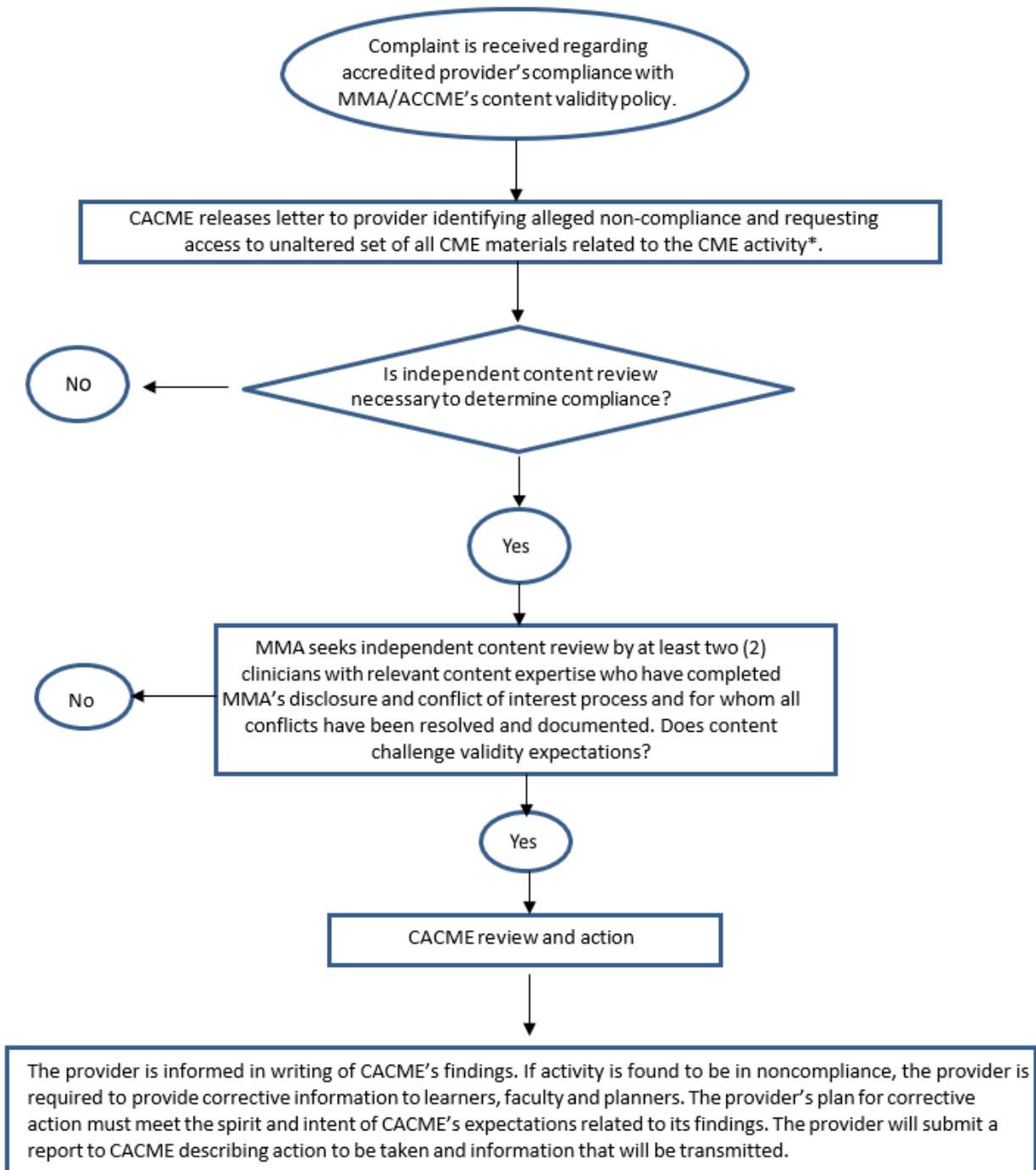
1. The Provider will be found in Compliance or Not in Compliance for that activity. The completed process and the findings will be kept confidential by CACME, with the exception of MMA's response to a lawful subpoena or other legal process; provided, however, that MMA reserves the right to make public the noncompliance issue without naming the Provider which was in noncompliance.
2. The Provider will be notified of the finding. If the finding is Not in Compliance, the noncompliance will be described in a Notice of Noncompliance to the Provider.
 - a. If an activity is found to be in Noncompliance with the Standard for Commercial Support 1 (Independence), Standard for Commercial Support 5 (Content and Format without Commercial Bias), or the Content Validation Value Statements, the accredited provider is required to provide corrective information to the learners, faculty and planners. The provider will submit to the CACME a report describing the action that was taken and the information that was transmitted. Providers will determine how to communicate the corrective information and are under no obligation to communicate that the activity was found in Noncompliance with MMA/ACCME requirements.
 - b. If the Provider is found Not in Compliance, documents related to the Complaint review (such as Notice of Complaint, the Complaint, Provider's response, documentation of corrective action, or monitoring progress report) will be placed in Provider's file and made available to the survey team as part of the CACME re-accreditation process. In addition, CACME may also take the following actions in response to a finding of non-compliance:
 - i. CACME may require the Provider to submit documentation of corrective action within thirty (30) days of receipt of the Notice of Noncompliance;
 - ii. CACME may require the Provider to submit a Monitoring Progress Report at a time determined by the CACME;
 - iii. CACME may change the Provider's accreditation status to Probation or Nonaccreditation; and
 - iv. If the Provider fails to convert Noncompliance to Compliance via documentation of corrective action, monitoring progress report, or other remedial measures, CACME reserves the right to change the Provider's accreditation status to Probation or Nonaccreditation

3. At any point in the Complaint process the CACME reserves the right to require an immediate full or focused accreditation survey, including a full or focused self-study report and interview.
4. When asked for 'documentation of corrective action' the Provider will be asked to provide documentation of corrective action to the CACME within thirty (30) days of receipt of the Notice of Noncompliance, and will be notified that failure to correct the deficiencies may result in an immediate resurvey which may affect the Provider's accreditation status.
5. If the Monitoring Report adequately describes and documents Compliance it will be accepted. If the Monitoring Report does not adequately describe and/or document Compliance it will NOT be accepted.
6. Regarding Request for Information or Response: Change of status to Probation may automatically occur at 45 days from the time the Provider receives a request for information/response from the CACME, if the Provider has failed to provide a response or provide the requested information.
7. Regarding Documentation of Corrective Action: Change of status to Probation may automatically occur at 15 days after the due date for the notice set by the CACME, if the Provider has failed to submit the required documentation of corrective action.
8. Regarding Monitoring Progress Report: Change of status to Probation may automatically occur at 30 days after the due date for the Monitoring Progress Report set by the CACME, if the Provider has failed to submit the required Monitoring Progress Report. Each instance of a failure by a Provider to respond described in this paragraph shall be a "failure to submit."
9. Change of status to Nonaccreditation may occur at 30 days from the date a Provider was placed on Probation for failure to submit information or a response, documentation of corrective action or a Monitoring Progress Report if the Provider has still failed to submit the required information and/or documentation. Change of status to Probation or Nonaccreditation for 'failure to submit' does not require CACME action.
10. CACME will send a notice to the Provider of a change of status in a manner that confirms receipt (e.g., email, USPS certified mail, FEDEX-type courier).
11. Except for an automatic change in status due to a Provider's "failure to submit", a Provider's compliance must be reviewed by the CACME in order to either a) change the Provider's accreditation status to Probation or Nonaccreditation or b) proceed with a full or focused accreditation survey, including a full or focused self-study report and interview.

Manner of Communication

Written communication to the CACME must be sent in a manner that confirms receipt (e.g., email, USPS certified mail Return Receipt Requested, FEDEX-type courier), and addressed to: Chair, Committee on Accreditation and Continuing Medical Education (CACME), Minnesota Medical Association, 1300 Godward Street N.E., Suite #2500, Minneapolis, MN 55413. All letters sent by the CACME relating to these matters shall be in a manner that confirms receipt (e.g., email, USPS certified mail Return Receipt Requested, FEDEX-type courier), and addressed to the CACME contact specified by the provider in CACME's records.

Decision Pathway for Review of Complaint Related to Content Validity



*Provider is informed that it will be responsible for costs related to the activity review that exceed \$500 and that it has the option to obtain its own independent content review, the results of which are to be submitted to the CACME in response to the notice of complaint or within 30 days of notice of noncompliance.

Reconsideration of an Adverse Action and Appeal of Adverse Accreditation Decisions

1. A Committee for Accreditation and Continuing Medical Education (“CACME”) decision to change the status of an accredited Provider to **Nonaccreditation or Probation** shall be sent to the provider as a Notice of Adverse Decision (“Notice”). The Notice will describe the basis for the decision and advise the provider of the provider’s opportunity to file a request for Reconsideration with the CACME.
2. A provider’s request for **Reconsideration** (if any) must be submitted in writing to the CACME by the provider (or the provider’s representative) within thirty (30) calendar days of the receipt of the Notice of Adverse Decision. Otherwise, the decision made by the CACME becomes final.
3. The provider’s request for **Reconsideration** must include all documents, data and information in support of its request for **Reconsideration**. The accreditation status of the institution, during the process of reconsideration, shall remain as it was prior to the adverse accreditation decision.
4. **Reconsideration** will be based upon the provider’s entire continuing medical education program as it existed at the time of the Notice of Adverse Decision.
5. CACME will review the provider’s **Reconsideration** submission (as well as any other relevant data and information) and promptly render a decision which either sustains, amends or reverses the adverse decision. The CACME will issue a **Reconsideration** decision and send the provider Notice of the **Reconsideration** decision.

APPEAL of an Adverse Reconsideration

1. If, following the **Reconsideration**, the CACME sustains all or part of the Adverse Decision, the provider (“Appellant”) may request a hearing (an “**Appeal**”) within thirty (30) calendar days following the date of receipt of the Notice of **Adverse Reconsideration** decision before an Appeal Board. The request for a hearing shall include a statement of reasons for appealing the decision of the CACME. Appeals may be based only on the grounds that the CACME’s decision was: (1) arbitrary, capricious, or otherwise not in accordance with the accreditation standards and procedures of the CACME, or (2) not supported by substantial evidence. If a written request for such a hearing is not received by the CACME within thirty (30) calendar days following the date of receipt of the Notice of **Adverse Reconsideration** decision, the decision of the CACME will be final.
2. The accreditation status of the Appellant, during the process of **Appeal**, shall remain as it was prior to the adverse accreditation decision.
3. The Appeal Board shall be composed of three members to be appointed by the Chair of the CACME according to the following procedures:
 - A list of seven (7) individuals, qualified and willing to serve as members of the Appeal Board, shall be prepared under the direction of the Chair.
 - Appeal Board individuals shall not be current members of the CACME.
 - Within twenty (20) calendar days of receipt of notification of the **Appeal**, the list shall be sent to the Appellant.
 - The Appellant may eliminate up to two (2) names from the list to make up the Appeal Board.
 - The Appellant shall notify the Chair of its selection within ten (10) calendar days of its receipt of the list.
 - The Chair shall then select the three (3) individuals from the names still remaining on the list who shall constitute the Appeal Board.
 - The Chair shall notify the Appellant of the names of the persons selected.

4. Hearings, requested in conformity with these procedures, shall take place no later than ninety (90) calendar days following the appointment of an Appeal Board. The hearing shall take place in Minneapolis, Minnesota, at a location determined by the CACME.
5. At least forty-five (45) calendar days prior to the hearing, the Appellant shall be notified of the time and place of the hearing as determined by the CACME. Upon payment of copying charges, the Appellant has the right to request and obtain copies of the Appellant's CACME file as it existed at the time of the Notice of Adverse Decision. The record on appeal considered by the Appeal Board will be limited to documents and data which were considered as part of the Adverse Decision, the contents of the provider's file as of the Adverse Decision, and materials submitted by the provider as part of the **Reconsideration** process.
6. Written statements may be submitted to the Appeal Board prior to the hearing, at the hearing, or up to fourteen (14) calendar days following the hearing, provided that a formal request to submit such statements is made to the Appeal Board.
7. At any hearing before the Appeal Board, the representatives of the Appellant may be accompanied by counsel, make oral presentations, offer testimony, and present such information which is relevant to the record on appeal. The Appellant may request that a representative of the MMA and/or CACME appear as a witness to be examined with respect to the subject of the appeal. The Appellant, at least thirty (30) calendar days prior to any such hearing, shall request in writing the presence of an MMA/CACME representative.
8. The CACME may appoint one or more representatives to attend the hearing and may examine the Appellant's representatives. The hearing need not be conducted according to the rules of law relating to the examination of witnesses or the presentation of evidence. The Chair shall make all determinations on procedural matters and all determinations on the admissibility of information sought to be presented.
9. The MMA may appoint a non-voting Chair of the Appeal Board to act as a Hearing Officer; this person may be in addition to the three (3) member Appeal Board.
10. The Appeal Board shall submit a written recommendation on the accreditation status of the Appellant for consideration by the CACME at its first meeting which occurs at least three (3) days following receipt of the recommendation of the Appeal Board. The resulting subsequent decision by the CACME as to the accreditation status of the Appellant shall be final. If the recommendation of the Appeal Board is to uphold Non-accreditation the decision shall be effective immediately upon CACME action.
11. Expenses of the Appeal Board shall be shared equally by the Appellant and the CACME, and the Appellant must submit payment for half the estimated Appeal costs at least thirty (30) calendar days prior to the hearing. If payment is not received by the due date: (a) the Appellant will have failed to comply with these Procedures; (b) no further action will be taken on the Appeal because of failure to comply with the Procedures; and (c) the adverse decision will not be modified. The expenses of witnesses requested by the Appellant shall be the responsibility of the Appellant. The expenses of the representatives of the MMA/CACME, who appear at the request of the CACME, shall be borne by the CACME. Expenses of any representatives of the MMA/CACME, who appear at the request of the Appellant, shall be the responsibility of the Appellant. The Appellant shall not have a right to appear in person at the meeting of the CACME.

General Information

AMA Definition of Continuing Medical Education

The AMA HOD and the Council on Medical Education have defined continuing medical education as follows:

CME 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 the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. (HOD policy #300.988).

Physician's Recognition Award of the AMA

The Physician's Recognition Award of the American Medical Association (AMA PRA) is a certificate awarded by the AMA to physicians who earn and document 50 credits of continuing medical education (CME) for one year (two and three-year certificates are available as well). The PRA was established by AMA in 1968 to formally recognize and encourage physician participation in CME activities.

The AMA PRA is a voluntary recognition program, although many licensing or certifying boards, specialty societies, etc. which require CME, accept receipt of the PRA as fulfillment of their respective requirements.

To stay up-to-date on the AMA PRA credit system, [sign up](#) for the *AMA Med Ed Update* and e-mail pra@ama-assn.org for comments and suggestions on the PRA credit system.

Minnesota Board of Medical Practice CME Requirement

The Minnesota Board of Medical Practice administers a CME requirement for physicians who apply for the Minnesota medical license. Each licensed physician must obtain 75 hours of continuing medical education (CME) category 1 credit every three years as a condition of licensure renewal. The Board accepts (re)certification or current Maintenance of Competency issued by ABMS, RCPSC or AOA in lieu of CME. Newly licensed physicians commence their three year cycle on their birth month following the initial date of licensure. Physicians under Emeritus registration and licensees in full-time residency or fellowship training at a professionally accredited facility are exempt from the continuing medical education requirement.

Authority and Responsibility in Designating Credit

Only organizations accredited as CME providers by the Accreditation Council for Continuing Medical Education (ACCME) or their state medical society may designate an educational activity for *AMA PRA Category 1 Credit™*. Accredited entities are responsible for understanding AMA PRA credit requirements and have the authority to determine which of their activities meet these requirements.

The designation of *AMA PRA Category 1 Credit™* for certain CME activity types is not within the purview of the Minnesota Medical Association as an accrediting body. More information on the criteria and requirements may be found in the AMA PRA Booklet obtained from the AMA web site at www.ama-assn.org. Consultation regarding the PRA and its requirements, however, is available from the MMA. Contact the MMA for CME questions at cme@mnmed.org

Glossary

Accreditation Statement

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

Advertising and Exhibits Income

Advertising and exhibits 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 under the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM.

AMA Direct Credit Activities

Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the AMA PRA booklet.

AMA PRA Category 1 Credit™

The type of CME credit that physicians earn by participating in certified activities sponsored by CME providers accredited by either the ACCME or an ACCME-recognized State/Territory Medical Society; by participating in activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and by participating in certain international activities recognized by the AMA through its International Conference Recognition Program.

AMA PRA Category 2 Credit™

Credit that is self-claimed and self-documented by physicians by participating in activities that are not certified for AMA PRA Category 1 Credit™ and that the physician individually determines comply with the AMA definition of CME; and comply with the relevant AMA ethical opinions (see CEJA Opinions relevant to CME); and are not promotional; and the physician finds to be a worthwhile learning experience related to his/her practice.

Certified CME

Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or nonpromotional learning activities for which the credit system owner directly awards credit.

CME Activity

An educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies; the AMA Physician's Recognition Award CME credit system standards and policies; and the AMA Council on Ethical and Judicial Affairs pertinent opinions.

Commercial Support

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

Commercial Bias

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

Commercial Interest

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

Conflict of Interest

Financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. See also “relevant financial relationships.”

In-kind Commercial Support

In the context of the ACCME’s Standards for Commercial Support, non-monetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Regularly Scheduled Series

A course planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Relevant Financial Relationships

The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, 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. See also “conflict of interest.”