



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, professional societies, agencies, or other entities providing CME for physicians. The term "program" generally refers to an organization's overall CME effort, while CME "activity" refers to individual conferences, seminars, independent study materials, etc. which may collectively comprise the overall program.

Definition and Purpose of Accreditation

Accreditation is official recognition by a state medical association, e.g., Minnesota Medical Association or the Accreditation Council for Continuing Medical Education (ACCME), that an organization's overall program of continuing medical education meets established criteria for educational planning and quality. The ACCME is the organization that sets educational standards for CME activities, and monitors its accredited providers' adherence to those standards.

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.

The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards.

Only organizations, institutions, or other CME provider entities are accredited; NOT seminars, conferences, educational materials or speakers. Conferences, seminars, or materials, however, may be designated for credit by an accredited provider. Please reference the Joint Providership section for more information.

Roles of ACCME and MMA in CME

The ACCME

The Accreditation Council for Continuing Medical Education 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 associations 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.

Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME 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 function, and seeks and achieves accreditation from the ACCME, 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.

Eligibility for MMA Accreditation

The organization must:

- Be located in Minnesota or North Dakota;
- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
- Not be a 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.
- Not be developing and/or presenting a program of CME that is, in the judgment of MMA, 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; and
- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources.

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.

Types and Duration of Accreditation within the MMA System

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

Compliance in all 19 criteria (1-3, 5-13, and 16-22) and policies

Term: 6 years

Accreditation *(not applicable to initial applicants)*

Compliance in Criteria 1-3, 5-13 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.

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.

Reconsideration 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 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, Self-Study Report fee, Annual Fee; and Progress Report fees.

The Committee 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 policies. 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 an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change in status to Non-accreditation.

2016 Accreditation Fees		
Pre-Application	\$250	
Self-Study Report for Initial Accreditation	\$3,500	
Self-Study Report for Reaccreditation	\$3,000	
Annual Fee <i>(based on previous year credit activity)</i> Paid in April of each year	0 – 40 credits	\$1,250
	41 – 325 credits	\$1,250 + \$17/credit >40
	326 – 750 credits	\$6,250
	751+ credits	\$6,750
Other Fees		
Progress Report	\$750	
Accreditation Extension	\$500	
Focused Resubmission (initial applicants only)	\$750	

Procedures for Obtaining CME Accreditation

Initial Accreditation for New Applicants

MMA staff 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 1: Pre-Application Questionnaire

Organizations meeting the eligibility criteria described earlier in this publication should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the accreditation of CME providers.

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.

When the organization feels that its program sufficiently meets the criteria and policies outlined in this manual, the Pre-Application should be submitted to the MMA. Upon receipt, the completed Pre-Application is reviewed to determine if the organization appears to have the basic structure in place to begin the formal Self-Study Report process.

STEP 2: Preliminary Review/ Self-Study Report

Upon review of the Pre-Application, a recommendation will be made either for the organization to begin the Self-Study Report process or that certain aspects of the program be refined or more fully developed prior to Self-Study Report. The Self-Study Report must address Criteria 1, 2, 3, and 7-12 and applicable policies. The specific criteria and policies are described later in this manual.

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 3: 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, a site survey 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 a site visit be deferred and the matter submitted for discussion and action by the Committee at its next meeting.

At this meeting, the CACME may recommend that: (1) the review process proceed with a site visit, (2) a site visit be postponed pending additional information or evidence of further development in a particular area, or (3) the organization not be accredited at this time. In such a case of Non-accreditation, the organization will be notified of the procedures for Reconsideration or Appeal.

STEP 4: Second Level Review

Upon favorable review of the Self-Study Report, the organization will be contacted to schedule a site visit. At this time a survey team composed of selected members of the CACME will meet with applicable physicians, CME staff, and the provider's administration and review files and documentation. The site visit is normally 90-120 minutes on the selected day. The exact schedule is determined by mutual convenience and individual circumstances. The site survey may be conducted in person or virtually.

The site visit 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 site visit 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 5: Committee Action

Following the site visit, 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 (after one year) or proceed with the Focused Resubmission process if applicable.

Resurvey of Accredited Providers

Approximately nine months prior to the expiration of their current accreditation term, accredited providers are notified by e-mail of the need to complete a Self-Study Report, compile Performance-in-Practice files and schedule a survey. Self-Study Report deadlines are determined by the dates of scheduled MMA committee meetings, typically January, June and September. Resurveys of accredited providers are conducted in accordance with the following procedures:

STEP 1: Self-Study and Performance-In-Practice Files

Self-Study

The self-study process provides an opportunity for the provider seeking initial accreditation or re-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.

Performance-in-Practice File Review

Providers are expected to demonstrate and verify that their CME activities meet compliance with required criterion. This is accomplished through the documentation-review process. The MMA will assess whether a provider meets the MMA's accreditation and re-accreditation expectations in practice.

Providers are free to choose whether to use either Performance-in-Practice file format: structured abstract or labels. The MMA asks providers to choose one approach (structured abstract or labels) for the entire accreditation or re-accreditation process.

Organizations applying for re-accreditation must complete up to fifteen (15) MMA-selected files. These files will be chosen from the activity list submitted with the self-study. You should utilize materials developed for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to generate new or additional documentation.

STEP 2: Initial Review and Survey Interview

Upon receipt of the Self-Study Report and Performance-in-Practice files, the provider will be contacted to schedule a survey interview. At this time, a survey team composed of selected members of the CACME will meet with applicable physicians, CME staff, and the provider's administration and review files and documentation. A site survey takes approximately 90 minutes. The exact schedule for each survey is determined by mutual convenience and individual circumstances. The survey interview may be conducted in-person or virtually.

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 3: 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.

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.

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	
October - December	Pre-application received and approved
October of the following year	Initial Self-Study Report received
Nov - Jan	Self-Study Report review and site survey conducted
January	Final Committee action
February - May	Pre-application received and approved
February of the following year	Initial Self-Study Report received
March - May	Self-Study Report review and site survey conducted
June	Final Committee action
May – August	Pre-application received and approved
June of the following year	Initial Self-Study Report received
July – September	Self-Study Report review and site survey conducted
September	Final Committee action
Accredited Applicants	
June	Resurvey notice sent
October	Self-Study Report due
November – January	Self-Study Report review and survey conducted
January	Final Committee action
October	Resurvey notice sent
February of following year	Self-Study Report due
March – May	Self-Study Report review and survey conducted
June	Final Committee action
January	Resurvey notice sent
May	Self-Study Report due
July – September	Self-Study Report review and survey conducted
September	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).

MMA-Accredited Provider Logos

MMA-accredited providers that have achieved standard Accreditation or Accreditation with Commendation may use the MMA-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](#) 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

Introduction

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 MMA Committee on Accreditation and Continuing Medical Education are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in September 2006. 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.

Criteria and Levels of Accreditation

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 (C16-22).

The criteria are divided into three levels:

- **Provisional Accreditation** for initial applicants only that requires compliance with Criteria 1, 2, 3 and 7-12.
- Providers seeking standard **Accreditation** or reaccreditation for a four-year term must be in compliance with Criteria 1-3 and 5-13.
- Providers seeking **Accreditation with Commendation** for a six-year term must be in compliance with all 19 Criteria (1-3, 5-13, and 16-22).

Note: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a non-compliant finding in C16 - 22 or a MMA policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1–3 and 5-13, and must have no more than one noncompliant finding for Criteria 16–22 or a 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.

The ACCME Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities

The ACCME Standards for Commercial SupportSM as adopted in 1992 and revised in 2014 are reflected in the accreditation criteria in Criteria 7-10. They are designed to ensure that CME activities are independent and free of commercial bias. All accredited CME providers must defer to independence from commercial interests, transparency, and the separation of CME from product promotion.

MMA Policies

MMA policies supplement the accreditation criteria and the ACCME Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities. These policies offer more specific guidelines on areas including CME program and activity administration, educational activity formats, and compliance with the Standards for Commercial Support. In some cases policies are developed to address emerging issues.

Accreditation Decisions

To make accreditation decisions, MMA will review the data collected for the accreditation requirements and policies to determine the level of accreditation. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

Minnesota Medical Association Accreditation Criteria

To achieve Provisional Accreditation, a two-year term, providers must comply with Criteria 1, 2, 3, and 7-12. Providers seeking standard Accreditation or re-accreditation for a four-year term must comply with Criteria 1-3 and 5-13. To achieve Accreditation with Commendation, a six-year term, providers must comply with all accreditation criteria.

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, SCS3).

Criterion 9

The provider maintains a separation of promotion from education (SCS4).

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**Criterion 16**

The provider operates in a manner that integrates CME into the process for improving professional practice.

Criterion 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Criterion 18

The provider identifies factors outside the provider's control that have an impact on patient outcomes.

Criterion 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

Criterion 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21

The provider participates within an institutional or system framework for quality improvement.

Criterion 22

The provider is positioned to influence the scope and content of activities/educational interventions.

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.
- Identification of CME needs;
 - Determination of educational objectives;
 - Selection and presentation of content;
 - Selection of all persons and organizations that will be in a position to control the content of the CME;
 - Selection of educational methods; and
 - Evaluation of the activity.
- 1.2** A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

Within the context of the above definition and limitation, the ACCME considers certain types of organizations to be eligible for accreditation and free to control the content of CME. More information is available on [ACCME's website](#).

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.

Written agreement documenting terms of support

- 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.

Expenditures for an individual providing CME

- 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.

Expenditures for learners

- 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.

Accountability

- 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: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

- 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.

Commercial support for the CME activity

- 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.

Timing of disclosure

- 6.5** A provider must disclose the above information to learners prior to the beginning of the educational activity.

Accreditation Policies

The following policies supplement the MMA accreditation requirements and policies.

Public and Confidential Information about Accredited Providers

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

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
 - a. Number of activities;
 - b. Number of hours of education;
 - c. Number of physician participants;
 - d. Number of non-physician participants;
 - e. Accepts commercial support (yes or no);
 - f. Accepts advertising/exhibit revenue (yes or no);
 - g. Participates in joint providership (yes or no);
 - h. Types of activities produced (list);
4. Aggregated accreditation finding and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and
7. Any other data/information that ACCME believes qualifies as "public information."

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

CME Program and Activity Administration

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.

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."

General Program Updates

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;

Accreditation Statements

The accreditation statement identifies which MMA-accredited organization is responsible for demonstrating the CME activity’s compliance with all accreditation requirements and policies. 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. An accredited organization’s authority to designate credit for its CME activities extends only to credit for the AMA PRA. Use the exact wording as stated in the following tables.

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.

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

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.

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 ACCME definition of CME content 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.

All CME educational activities developed and presented by a provider accredited by MMA and associated with *AMA PRA Category 1 Credit*[™] must be developed and presented in compliance with all MMA accreditation requirements – in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the MMA accreditation process as verification of fulfillment of the MMA accreditation requirements. Please refer to the AMA PRA Booklet for the approved learning formats for which *AMA PRA Category 1 Credit*[™] can be certified.

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 Validity of Enduring Materials

Providers that produce enduring materials must review each enduring material at least once every three (3) 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. The following information must be included on the enduring material:

- The original release date
- The review 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.

MMA 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, 2016 will be for 2015 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.

Policies Supplementing the Standards for 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 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.

Conflicts of Interest

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

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.

Element 3.12 of the ACCME’s Standards for Commercial Support applies only to physicians whose official residence is in the United States.

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.

Acknowledgement of Commercial Support

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.

Joint Providership

The ACCME defines 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.

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

- **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.
- **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:

- 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 the accredited provider] is accredited by MMA to provide continuing medical education for physicians.
- **Fees**
MMA maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

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.

Activity Types

Course

A course is a live CME activity scheduled at a specific time. Participation may be in person or remotely as is the case of teleconferences or live Internet webinars. These may be offered through a variety of delivery mechanisms; examples include, but are not limited to, national, regional or local conferences, workshops, seminars, regularly scheduled conferences, journal clubs, simulation workshops, structured learning activities presented during a committee meeting and live Internet webinars.

For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.

Regularly Scheduled Series (RSS)

A course is identified as a *regularly scheduled series* when it is a series with multiple, ongoing sessions, e.g., offered weekly, monthly or quarterly and is primarily planned by and presented to the provider's professional staff. Examples include grand rounds, tumor boards and morbidity and mortality conferences. RSSs must comply with all MMA accreditation requirements and policies (including the Standards for Commercial Support).

Enduring Material/Internet Enduring Material

An *enduring material* is a printed, recorded, or computer-presented CME activity that may be used over time at various locations and which, in itself, constitutes a planned activity. In an enduring material, the provider creates the content. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, MMA

considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MMA requirements.

An *internet enduring material* is available when the physician participant chooses to complete it. It is “enduring,” meaning that there is not just one time on one day to participate in it. Rather, the participant determines when he/she participates. (Examples: online interactive educational module, recorded presentation, podcast).

Enduring materials/Internet enduring materials can be available for less than a year, a year, or multiple years. Each material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an (Internet) enduring material spanning multiple years. When reporting the number of participants for an (Internet) enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only received the (Internet) enduring material activity but did not actually complete all or a portion of it to be participants.

Journal-based CME

Journal-based CME should not be confused with Journal Club, which is a live CME activity organized as a regularly scheduled series. The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The American Medical Association has established additional criteria for journal-based CME. Please refer to the AMA PRA Booklet to ensure total compliance.

Mergers or Acquisitions Involving CME-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 Committee on Accreditation and Continuing Medical Education. 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.

Procedures for Handling Complaints on Accredited Providers

Complaints related to continuing medical education providers accredited by the Minnesota Medical Association will be handled as follows:

1. All complaints, including those made initially by telephone, must be submitted in writing and signed in order to be considered. Letters of complaint should be addressed to the Chair of the MMA Committee on Accreditation and Continuing Medical Education (CACME), 1300 Godward St. NE, Suite 2500, Minneapolis, MN 55413. The identity of the complainant will be kept confidential.
2. If the Chair determines that the complaint does not relate to the CME program's compliance with the MMA Essential Areas and Policies, (s)he will so notify the complainant in writing.
3. If the Chair determines that the complaint does relate to the CME program's compliance with the MMA Essential Areas and their Elements, (s)he will proceed as follows:
 - a. The Chair will acknowledge receipt of the complaint in writing and will enclose with the letter a copy of the MMA's procedure for handling complaints.
 - b. The Chair will notify the director of the CME program and the Chief Executive Officer (CEO) of the accredited organization in writing regarding the substance of the complaint and shall request that the program director and CEO investigate the matter and report on the findings in writing to the Chair within thirty (30) calendar days of receipt of the letter of notice.
 - c. The Chair may request further information or material relative to the complaint from the complainant, the accredited organization, and/or other relevant sources.
 - d. On receipt of the accredited organization's report and any other relevant information, the Chair will consider the complaint and related information.
 - e. If the Chair determines that the complaint is unsubstantiated or unrelated to the MMA Essential Areas and Their Elements, (s)he will so notify the complainant and the accredited organization's CME program director and CEO.
 - f. If the Chair determines that the CME provider may not be or have been in substantial compliance with the MMA Essential Areas and Their Elements, one of the following approaches will be taken:
 - (1) The accredited organization will submit a report with documentation demonstrating how the substantiated complaint has been corrected. If the Chair finds the response satisfactory, (s)he will notify the complainant and the accredited organizations' CME program director and the CEO in writing that the complaint has been satisfactorily resolved and that the program's current accreditation status remains unchanged.
 - (2) If the Chair finds the accredited CME provider's response inadequate or lacking evidence that the complaint has been corrected to bring the program into substantial compliance with the MMA Essential Areas and Their Elements, the MMA may request and arrange for a return evaluation of the program. The evaluation shall be limited to an investigation of the complaint and the manner in which it affects compliance with the MMA Essential Areas and Their Elements. The MMA will be responsible for the cost of the evaluation.

Results of the return evaluation will be reviewed by CACME. If CACME finds that the program remains in substantial compliance with the MMA Essential Areas and Their Elements, the Chair will notify the complainant and the accredited organization's CME program director and CEO in writing that the program is in substantial compliance with the MMA Essential Areas and Their Elements and that the program's current accreditation status remains unchanged.

If CACME finds that the complaint is valid and that the program is not in substantial compliance with the Essential Areas and Their Elements, CACME will place the program on probationary accreditation status effective on the date of that CACME meeting and remaining in effect for one year. The Chair will notify the complainant and the accredited organization's CME program director and CEO of the change in the provider's accreditation status. Before the probationary period has ended, the accredited organization should have submitted an application for re-survey and scheduled a site survey of the overall CME program. The cost of the resurvey will be the responsibility of the provider.

4. The MMA will intervene only when it believes practices or conditions indicate that the program may not be in substantial compliance with the MMA Essential Areas and Their Elements.

Reconsideration and Appeal of Adverse Accreditation Decisions

An adverse accreditation decision is a decision by the CACME to deny or withdraw a provider's CME accreditation or to place a provider on probation.

When this occurs, the provider will be notified of the basis for this decision and of its right to request reconsideration in accordance with the following procedures:

1. Reconsideration

- a. The decision by the CACME to deny or withdraw accreditation, or to place or continue an institution* on probation, hereinafter referred to as an "adverse accreditation decision," shall be transmitted to the institution in a notification letter, which shall include the basis for the decision and inform the institution of the right to request reconsideration. A written request for reconsideration, timely filed, shall automatically stay the adverse accreditation decision until the reconsideration is completed. The accreditation status of the institution, during the process of reconsideration, shall remain as it was prior to the adverse accreditation decision.
- b. A written request for reconsideration shall be submitted to the CACME Chair by an institution within forty-five (45) calendar days following mailing of the notification letter to the institution, and shall specify the reasons for requesting reconsideration.** Otherwise, the decision made by the CACME becomes final.

- c. The information upon which reconsideration is based must be that which pertained to the institution at the time of the survey and the initial consideration of the application by the CACME. New information, based on data subsequent to the survey and initial review, and information representing changes in the program following an adverse decision, will not be considered by the CACME. Institutions in which substantial changes have occurred subsequent to the initial survey and review should submit these changes as part of a new application for evaluation and accreditation of the institution, rather than as part of a request for reconsideration.
- d. The CACME shall complete the reconsideration no later than one hundred and twenty (120) calendar days after it receives the request for reconsideration. Following the Committee meeting at which the reconsideration occurs, the institution will be notified promptly and no later than thirty (30) calendar days of the Committee's decision and of its right to appeal an adverse decision.

* *For purposes of these procedures, the term "institution" shall be used generically to refer to any of the variety of institutions, organizations, or associations which seek accreditation by the MMA.*

** *Letters should be sent by Certified Mail, Return Receipt Requested, to the Chair, Committee on Accreditation and Continuing Medical Education, Minnesota Medical Association, 1300 Godward Street N.E., Suite #2500, Minneapolis, MN 55413.*

2. Appeal Board

- a. If, following the reconsideration, the CACME sustains its initial action, the institution may request a hearing before an Appeal Board. If a written request for such a hearing is not received by the Chair of the CACME within forty-five (45) calendar days following the date of mailing of the notification of the adverse accreditation decision of the CACME, the decision of the Committee will be final. The request for a hearing shall include a statement of reasons for appealing the decision of the Committee. Appeals may be based only on the grounds that the Committee's decision was (1) arbitrary, capricious, or otherwise not in accordance with the accreditation standards and procedures of the Committee or (2) not supported by substantial evidence.***
- b. As the need arises, an ad hoc Appeal Board composed of three members shall be appointed by the Chair of the MMA Board of Trustees according to the following procedures: A list of seven individuals qualified and willing to serve as members of the Appeal Board shall be prepared under the direction of the Chair of the MMA Board of Trustees. These individuals shall not be current members of the CACME. Within twenty (20) calendar days of receipt of the notification of appeal, the list shall be sent by Certified Mail to the institution making the appeal. The institution may eliminate up to two names from the list to make up the Appeal Board and shall notify the Chair of the MMA Board of Trustees of its selection within ten (10) calendar days of its receipt of the list. The Chair of the MMA Board of Trustees shall then select the three individuals from the list who shall constitute the Appeal Board, and shall notify the institution of the names of the persons selected.
- c. Hearings, requested in conformity with these procedures, shall take place no later than sixty (60) calendar days following the appointment of an Appeal Board.

- d. At least forty-five (45) calendar days prior to the hearing, the appellant shall be notified of the time and place of the hearing. The appellant has the right to request and obtain the information in the appellant's application file on which the CACME actions were taken. Any additional information supplied by the appellant must be for purposes of clarification only and cannot describe new components of the institution or changes made subsequent to the initial action (as described under 1.c.).
- e. At any hearing before the Appeal Board, the representatives of the appellant may be accompanied by counsel, make oral presentations, offer testimony, and request that representative(s) of the CACME appear as witnesses to present testimony. The appellant, at least thirty (30) calendar days prior to any such hearing, shall request in writing the presence of such representative(s) whom it wishes to examine at the hearing.
- f. The CACME shall appoint representatives to attend the hearing and may examine appellant's representatives.
- g. The record of survey and of review, together with formal presentations at the hearing, the transcript of proceedings of the hearing, and statements submitted under the provisions outlined above, shall be the basis for the findings of the Appeal Board. Within thirty (30) calendar days of the hearing, or the receipt of written statements, whichever is later, the Appeal Board shall submit a recommendation on the accreditation status of the appellant for consideration by the Executive Committee of the MMA at its first meeting following receipt of the report of the Appeal Board. The Executive Committee of the MMA shall present its recommendation to the full MMA Board of Trustees for ratification at the next meeting of the Board. The Board's decision shall be the final decision. The accreditation status of the institution, during the process of appeal, shall remain as it was prior to the adverse accreditation decision.
- h. Expenses of the Appeal Board shall be shared equally by the appellant and the MMA. The expenses of witnesses requested by the appellant shall be the responsibility of the appellant. The expenses of the representatives of the MMA who appear at the request of the MMA shall be borne by the MMA.

**** Letters should be sent by Certified Mail, Return Receipt Requested, to the Chair, Committee on Accreditation and Continuing Medical Education, Minnesota Medical Association, 1300 Godward Street N.E., Suite #2500, Minneapolis, MN 55413.*

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. Physicians must complete 75 hours of CME credit every three (3) years; all of which must be from courses certified for *AMA PRA Category 1 Credit™*. The board may accept the equivalent of Category 1 credit hours as defined by the American Osteopathic Association Bureau of Professional Education, the Royal College of Physicians and Surgeons of Canada, or by organizations that have reciprocal arrangements with the AMA PRA.

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 a 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

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

Important:

Statements on promotional materials to the affect 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.

Glossary

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 interest

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

Financial relationships

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

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant” financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of interest

Circumstances create a conflict of interest when an individual has both a financial relationship with a commercial interest and the opportunity to affect CME content about products or services of that commercial interest.