Guide to the Accreditation Process:
Demonstrating the 2006 Accreditation Criteria

June 2017, October 2017, & February 2018 Cohorts
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Overview and Background Information

Conducting Your Self Study
The self study is a crucial accreditation document and plays an integral part of the review process. The self study process requires the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the self study report is specified by the Pennsylvania Medical Society’s CME Advisory Panel, but the process of conducting a self study is unique to your organization. Depending on the size and scope of your CME program, you may involve many individuals in the process. Regardless of the size or nature of your program, the self study is intended to address:

- Clarity of CME Mission - the extent to which your organization has met its CME Mission tied to the learners’ practice gaps and educational outcomes (C1, C12)
- Activity planning and delivery - the extent to which, in the context of meeting your CME mission, your organization produces CME that:
  - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2)
  - Is designed to change competence, performance, or patient outcomes (C3)
  - Includes formats appropriate for the setting, objectives, and desired results (C5)
  - Is in the context of desirable physician attributes (C6)
- Compliance with Standards of Commercial Support – education is independent of commercial interests, separate from promotion, with appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10)
- Overall program evaluation - an analysis of factors that supported or detracted from the CME mission being met (C11, C12) including how implemented improvements helped your organization better meet its mission (C13)
- Engagement and Collaboration - the extent to which your organization’s CME program is engaged within internal and external environments (C16-C22)

Resources to Support the Accreditation Process
PAMED’s accreditation process is facilitated by your use of documents and completion of forms available on PAMED’s CME website. You can access this site by typing cmeinfo.pamedsoc.org into your browser. To access the accreditation documents, follow the steps below:

1. click on the “Accredited Providers”;
2. click on “Accreditation Documents”;
3. click on “Applying for CME Accreditation”;

Under Accreditation Documents you will find the following related content:
- Applying for Continuing Medical Education Accreditation
- Performance in Practice Review Requirements and Instructions
- Accreditation Survey Template
- Accreditation Survey Evaluation
- Performance-In-Practice Abstract Template
- Activity File Labels
### Accreditation Timeline and Provider Milestones

**Reaccreditation Timeline – June 2017, October 2017, & February 2018 Decision Cohorts**

This timeline is a key resource in your organization’s preparations of its self-study materials.

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
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| March 1, 2016 (June 2017)  
July 1, 2016 (Oct 2017)  
Nov 1, 2016 (Feb 2018) | PAMED mails Reaccreditation notification to provider with form “Intent to Reapply for Accreditation” and provides reference details to online documents and forms used in the process. |

*September 7, 2016 (June 2017)  
January 4, 2017(Oct 2017)  
May 5, 2017 (Feb 2018)* |

**Provider deadline** for submission of:
(a) Intent to Apply for Reaccreditation with three potential dates identified for onsite interview.

| October 2016 (June 2017)  
February 2017 (Oct 2017)  
June 2017 (Feb 2018) | PAMED confirms accreditation site visit with providers. |

| December 2, 2016 (June 2017)  
April 5, 2017 (Oct 2017)  
August 14, 2017 (Feb 2018) | **Provider deadline** for submission of completed self-study binders and electronic file. |

| January 2017 (June 2017)  
May 2017 (Oct 2017)  
September 2017 (Feb 2018) | PAMED informs provider of activity files selected for performance-in-practice review. Provider uses label template to document these selected activity files. |

| February 8, 2017 (June 2017)  
June 8, 2017 (Oct 2017)  
October 11, 2017 (Feb 2018) | **Provider deadline** for submission of electronic labeled activity files or abstract. |

| Mar 1 – April 27, 2017 (June 2017)  
July 1 – Aug 31, 2017 (Oct 2017)  

| June 2017  
October 2017  
February 2018 | CME Advisory Panel meeting – survey team accreditation reports reviewed. |

| June 2017  
October 2017  
February 2018 | Provider receives written accreditation decision from PAMED. |

Member Services/CME/Provider Accreditation-Process & Surveys/Surveys/Forms/2012 Survey Documents/Accreditation Timeline & provider Milestones
Data Sources Used in the Accreditation Process

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

1. **Self Study Report:** Providers are expected to describe and provide examples of their CME practices. When describing a practice, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. When asked for an example of a CME practice, PAMED expects to see documentation/documents/materials that demonstrate the implementation of the practice that was described.

2. **Performance-in-Practice Review:** Providers are asked to verify that their CME activities meet the ACCME’s 2006 Accreditation Criteria through the documentation review process. PAMED will select up to 15 activities for which the provider will be expected to present evidence of performance-in-practice to the survey team for documentation review.

3. **Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practices described and verified in the self study report or activity files.

**Expectations about Materials**
The materials submitted to PAMED, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly represent the organization, and are the property of the organization.

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

**Missing or Incomplete Information**
Meeting all of the deadlines in the reaccreditation review process will result in a timely accreditation decision from PAMED in February, June, or October as applicable. Please note: in some cases PAMED is unable to render a decision due to missing or incomplete information. If this occurs, PAMED reserves the right to request additional information, temporarily extend the accreditation term of the provider, and/or reschedule the date of an accreditation site survey.

PLEASE PAY CAREFUL ATTENTION TO THE DUE DATES AND THE REQUIREMENTS FOR ORGANIZING AND FORMATTING THE SELF STUDY. These requirements facilitate the review of your program. Missing deadlines or not fulfilling the requirements can result in 1) suspension of the reaccreditation process, resulting in the provider’s review being deferred to the next cohort, 2) extension fee required, and 3) all self-study materials discarded and another complete set will be required by the new deadlines.
Expectations for Regularly Scheduled Series (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider’s mission, fulfills the ACCME requirements, and potentially demonstrates the provider’s engagement with the system in which it operates – just like any other activity type.

The ACCME defines RSS as an educational activity that is presented as a SERIES of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization’s own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.
Self Study Report for CME Accreditation: Contents, Structure and Format

Contents of the Self Study Report for ACCME Accreditation

Important - When the words “you” or “your” are used throughout this document, the terms refer to everyone planning and developing CME activities accredited through your organization (CME office, other departments, other organizations, etc.)

I. Introduction

A. Size and Scope of the Program
   1. Complete the Organizational Demographic Form
   2. Attach copies of your organization’s annual reports filed through the ACCME Online Provider Database for each year of your current accreditation term
   3. Complete Table 1, Report of Directly Sponsored Activities, by listing the requested information for each individual directly sponsored activity that your organization has offered during your accreditation period.
   4. If you have joint providership privileges, complete Table 2 by listing the requested information for each individual jointly provided activity that your organization has offered during your accreditation period.

B. Self Study Report Prologue
   1. Describe a brief history of your CME Program including
      a. How long a CME program has been offered at your institution
      b. If any of your CME activities have been sponsored by any other accredited institution
      c. An overview since the last survey including challenges, changes in leadership, staffing or direction
      d. An update on any areas of deficiency noted at the time of your last survey
      e. When a representative(s) from your organization participated in any educational offerings provided by the PAMED CME Advisory Panel such as the annual provider conference, conference calls, provider online forum, webinars, etc.
   2. Describe the leadership and structure of your CME Program. If your organization utilizes a CME Committee or similar group to manage the CME program, describe the structure of the CME Committee including how members are selected or appointed, how long each member serves on the committee, and the primary responsibilities of the CME Committee.
   3. Attach a list of your CME Committee members indicating their specialty or department within your organization.
   4. Attach copies of the minutes from any CME Committee meetings over the last 12-month period.
II. Purpose And Mission (Criterion 1)

A. Attach your CME mission statement. Identify and highlight expected results of the program, with expected results articulated in terms of changes in competence, performance, or patient outcomes. (C1)

NOTE: The Expected Results section of the mission statement does not have to specifically include the words “competence, performance, or patient outcomes” but the details written in this section must imply and address changes related to competence, or performance, or patient outcomes.

III. Educational Planning (Criteria 2-7 SCS1) and ACCME Policies

The next set of items is designed to gather information on the educational planning process. Describe the following components of your organization’s planning process including:

A. How you identify the problems in practice (practice gaps) related to your learners. (C2)

B. How you identify what the educational needs are related to the practice gaps. In other words, how do you determine if the underlying needs related to the practice gaps are knowledge-based (needs information or skill), competence-based (doesn’t know when or how to apply the information or skill in practice) or performance-based (fails to apply information or skill in practice)? (C2)

C. How you construct content to address the identified needs. (C2)

D. What your activities are designed to change: competence, and/or performance, and/or patient outcomes. (C3)

E. What educational formats (i.e., activity type and methodology) you use and why you use them. (C5)

F. How the formats are appropriate to the setting, objectives, and desired results of an activity. (C5)

G. That your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6)

H. How your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a. identification of needs; b. the determination of educational objectives; c. the selection and presentation of content; d. the selection of all persons and organizations in a position to control the content; e. the selection of educational methods, and f. the evaluation of the activity. (C7 SCS1)

I. Attach documentation/documents/materials from two activity examples that illustrate all of the steps of the planning process you have described. For both of the activity examples, explicitly identify and/or describe:

(1) The problem, or professional practice gap, the activity was addressing. (C2)
(2) The educational need that was underlying this gap for your learners. (C2)
(3) What the activity was designed to change (competence, performance, or patient outcomes). (C3)
(4) The format of the activity. (C5)
(5) The desirable physician attribute associated with the activity. (C6)
(6) That the activity was designed to ensure independence from commercial interests. (C7 SCS1.1)
IV. Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 & SCS6)

A. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization’s mechanism(s) for disqualifying individuals who refuse to disclose. *(C7 SCS 2.1, 2.2)*

B. **Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. *(C7 SCS 2.3)*

C. **Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. *(C7 SCS 2.3)*

D. **Describe** your organization’s process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, including “in-kind” support, if applicable. *(C7 SCS 6.1-6.5)*

E. **Attach** two activity examples that illustrate your descriptions above. For each activity example, explicitly show and/or describe:

1. Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff). *(C7 SCS 2.1)*
2. That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified. *(C7 SCS 2.1)*
3. The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity. *(C7 SCS 2.3)*
4. Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. *(C7 SCS 6.1, 6.2, 6.5)*
5. If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including “in-kind” support, from commercial interests. *(C7 SCS 6.3-6.5)*
V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (Criterion 8)

NOTE: **ALL ORGANIZATIONS** must respond to items A - B, regardless of whether or not your organization accepts commercial support.

A. **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. *(C8 SCS 3.7-3.8)*

B. **Describe** how you ensure that social events do not compete with or take precedence over educational activities. *(C8 SCS 3.11)*

**NOTE:** If your organization accepts commercial support, respond to C - E; if not, go to Section VI.

C. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). *(C8 SCS 3.1)*

D. **Describe** how you ensure that all commercial support is given with your organization’s full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved in the activity. *(C8 SCS 3.3; 3.9)*

E. **Attach an example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. *(C8 SCS 3.4-3.6)*

VI. Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criteria 9-10)

**NOTE:** **ALL ORGANIZATIONS** must respond to this section, regardless of whether or not your organization accepts commercial support or arranges for commercial exhibits or promotion in your activities.

A. Do you organize commercial exhibits in association with any of your CME activities? If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. *(C9 SCS 4.1)*

B. Do you arrange for advertisements in association with any of your CME activities? If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. *(C9 SCS 4.2, 4.4)*
C. Describe the planning and monitoring your organization uses to ensure that:

(1) The content of CME activities does not promote the proprietary interests of any commercial interests. *(C10 SCS 5.1) (i.e., there is not commercial bias)*
(2) CME activities give a balanced view of therapeutic options. *(C10 SCS 5.2)*
(3) The content of CME activities is in compliance with the ACCME’s content validity value statements*(Policy on Content Validation)*

VII. Evaluation and Improvement (Criteria 11-13)

A. Describe how your organization assesses for changes in learners’ competence, or performance, or patient outcomes as a result of your accredited CME activities.

B. Provide a summary of the data upon which you based your analysis of changes in learners. Discuss the conclusions you drew from your analysis of changes in learners competence, performance, or patient outcomes achieved as a result of your overall program’s activities/educational interventions. *(C11)*

C. Based on your review of the data and information provided in the responses to questions A-B, describe your conclusions regarding your organization’s success at meeting its CME mission, including the degree to which your organization has: *(C12)*

(1) fulfilled its purpose.
(2) provided CME on the content areas outlined in the mission.
(3) reached its target audience.
(4) produced the types of activities stated in the mission.
(5) achieved its expected results, in terms of competence, performance, or patient outcomes.

D. As a result of your program-based analysis, describe changes you identified that could help you better meet your CME mission. *(C13)*

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1 ACCME’s Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.
VIII. Engagement with the Environment (Criteria 16-22)

NOTE: The information gathered through your organization’s responses here will be used to determine eligibility for Accreditation with Commendation. All organizations are required to respond to these questions.

A. If your organization integrates CME into the process for improving professional practice, describe how this integration occurs. Include examples (documentation, documents, or materials) of explicit organizational practices that have been implemented. (C16)

B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, describe the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include examples (documentation, documents, or materials) of non-education strategies that have been implemented. (C17)

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, describe those factors. Include examples (documentation, documents, or materials) of identifying factors outside of your organization’s control that will have an impact on patient outcomes. (C18)

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, describe these strategies. Include examples (documents, documentation, or materials) of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)

E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. Include examples (documentation, documents, or materials) of collaboration and cooperation with other stakeholders. (C20)

F. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. Include examples (documentation, documents, or materials) of collaboration and cooperation with other stakeholders. (C20)

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, describe organizational procedures and practices that support this. Include examples (documentation, documents, or materials) of how your organization is positioned to influence the scope and content of educational interventions/activities. (C22)
IX. Administration

NOTE: The information gathered through your organization’s responses here will be used to determine compliance with various administrative components. All organizations are required to respond to these questions with appropriate responses or by indicating “N/A” for Not Applicable if your organization does not engage in these practices.

A. Describe your organization processes or practices to ensure that the appropriate accreditation statement is used for all activity types, including jointly provided activities.

B. Describe the mechanism(s) your organization uses to verify physician participation in CME activities. Include information regarding how long your organization retains attendance records as well as what documentation you furnish to participants to verify participation in activities.

C. Program Summary – In conclusion, please answer the following questions:

   (1) Are there any Criteria for which you would rate your organization as Excellent?
   (2) Describe at least one Area for Improvement identified as a result of completing the reaccreditation self study.
   (3) Describe your CME Program’s Future Direction.
Creating your Self Study Report

Everyone has different writing and organizational skills. PAMED has compiled the following tips to help you as you begin the self study process.

1. **Review the self study tabs.** Are you familiar with the terms? Do you understand what is being asked? If you have any questions, reach out to one of your CME peers or to the PAMED CME office for clarification.

2. **Identify and invite other people** such as your CME Chair and CME Committee, quality improvement department, allied healthcare representatives, etc. who should assist in writing the self study or compiling supporting materials to be included in the self study. Discuss the self study and their potential role in the process.

3. **Start early.** Don’t wait until the last minute to start writing the self study. Other projects always crop up and waylay the best made plans.

4. **Consider creating a timeline** outlining when each section should be completed, and who is responsible for materials within that section. As mentioned in Item 2, perhaps there are multiple people who can assist in the writing or compiling of the self study components.

5. **Gather documentation/examples first.** If you have your policies, activity examples, etc. in front of you, it may be easier to describe your organization’s practices when writing the narrative.

6. **Talk with other people involved in CME** planning/needs assessment for your organization about any other roles they serve within your hospital/health system or in the community. How are these individuals positioned to help your organization address practice gaps, identify factors that could impact patient outcomes, build bridges with other stakeholders, and/or address barriers to physician change?

7. **Don’t let a section derail your efforts.** If you find one section more difficult to address, move onto another section and go back to the tougher tasks later. Keeping positive helps you keep moving forward.

8. **Be direct in your narrative; don’t embellish but don’t skimp.** The survey team has a lot of data to review when reading the self study. Be thorough and present a complete story, but restrict the narrative to relevant information. On the other hand, a one sentence response probably doesn’t do justice to your CME program.

9. **Engage multiple reviewers.** Ask your CME Committee and any other applicable leadership to review the self study. Do the reviewers think you have adequately described your program and included appropriate examples?
Organizing your Self Study Report

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

I. Introduction
II. Purpose and Mission (C1)
III. Educational Planning and ACCME Standards for Commercial Support – Independence (C2-C7 SCS 1) and ACCME Policies
IV. Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (C7 SCS 2 and SCS 6)
V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)
VI. Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (C9-C10)
VII. Evaluation and Improvement (C11-C13)
VIII. Engagement with the Environment: Level 3 / Accreditation with Commendation (C16-C22)
IX. Administration
X. Administration Continued

EXAMPLE TABLE OF CONTENTS

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<tr>
<th>V. Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)</th>
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<tbody>
<tr>
<td>A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8) ................................................................................................................... 45</td>
</tr>
<tr>
<td>B. Describe how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.1) ................................................................. 50</td>
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</tbody>
</table>
Formatting your Self Study Report

1. **Provide required narrative and attachments** for each item indicated on the PAMED self study report outline.

2. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.

   **NOTE:** A single attachment can be used to satisfy multiple requirements. Please include a copy only in the section where the attachment is first referenced. Do not append a copy to other sections of the self study; rather make reference to the page in the self study where the attachment is appended and then include comments on the specific details of the attachment that are relevant to the current section.

3. **Include a table of contents** that follows the self study report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.

4. **Consecutively number each page** in the binder including the attachments.

5. **Type with at least 1” margins** (top, bottom and sides), using **11 point type or larger**.

6. **Use a three-ring binder no wider than two inches** to hold the self study report. The rings should not be more than two inches in diameter, and the materials should not be more than two inches in thickness. Binders that are wider than two inches in diameter will be returned to the provider and place the site survey in jeopardy.

7. Plan to **prepare three copies** (unless otherwise instructed at the time your onsite interview is confirmed) of the self study report for submission to PAMED. Keep a separate duplicate copy for your reference at any time during the accreditation process but especially at the time of the accreditation interview.

8. Provide one electronic copy of your self study (i.e., pdf via drop box, USB Flash drive, etc.)

9. Include a **cover letter** with the self study that is **signed by the CME Chair and the CEO** of the organization to verify that the self study was reviewed and approved by these leaders prior to submission to PAMED.

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**Materials not submitted according to required specifications may be returned at the organization's expense. This may result in a delay in the accreditation review process and may impact your organization's accreditation status. Particularly important format considerations are size and pagination.**
Review of Performance-in-Practice
Content, Structure and Format

Content of Your Performance-in-Practice Review Materials

The performance-in-practice review allows providers to demonstrate compliance with PAMED’s expectations and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate compliance with PAMED’s expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Facilitation of PAMED’s review of a provider’s performance-in-practice in its activity files involves three stages:
1. Provider submits activity lists in Table 1 and if applicable, Table 2.
2. PAMED selects up to 15 activities for performance-in-practice review and notifies provider.
3. Provider labels the selected activity files or uses the Practice-In-Performance Abstract Template and forwards a copy (paper or electronic) to PAMED CME Office by the specified due date prior to the site survey.

STAGE 1: Submitting your Activity Lists for Performance-in-Practice Review

1. The list of activities must be submitted using Table 1 and Table 2 (if applicable), and included as part of the self study behind the Introduction tab as indicated.

2. The tables must include all activities that your organization has offered, or plans to offer, during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities beginning with the month after your last accreditation decision and inclusive of all activities accredited through the end of the current accreditation term (if already accredited) or up to the due date that the self study is to be submitted to PAMED. For example, if you received a four-year Accreditation decision in June 2007, your list should include all accredited CME activities offered, or scheduled to be offered, from July 1, 2007 through June 30, 2011.

3. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, must be listed for each date and location at which they were offered. Responses such as “multiple,” “various,” or “ongoing” are not acceptable for activity date or location.

4. Organizations that produce Regularly Scheduled Series (RSS) must list these activities by YEAR and SERIES (e.g. department). Do not list each daily, weekly, or monthly session.

   - The ACCME defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider’s own professional staff, and are offered under the umbrella of your ACCME accreditation statement, as one activity. RSS are most
commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.

- By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the ACCME definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the ACCME’s definition of RSS.
- When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
- If you are not certain whether an activity should be categorized as an RSS, contact PAMED for assistance.

STAGE 2: Selecting Activities for Performance-in-Practice Review

Based on the completed Table 1 and 2, PAMED will select up to 15 activities for review. PAMED notifies providers via email of the activities selected for review; your organization will be asked to confirm receipt of this communication.

Keep in mind:
- Providers are accountable for demonstrating performance-in-practice for all activities selected for documentation review.
- If, after reviewing the list of selected activities, an error such as an incorrect activity date or format is noted, please notify PAMED via email or fax and the selection will be updated.

STAGE 3: Submitting Evidence of Performance-in-Practice

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

There are 2 options for submitting the materials for PAMED Performance-in-Practice Review.

Option 1: Submit Evidence Using the PAMED Performance-In-Practice Abstract

Or

Option 2: Submit Labeled Activity File Evidence

Step A – Downloading the Performance-In-Practice Abstract Template or Labels

To download the Documentation Review Labels or the Performance-in-Practice Abstract Template go to the CME PAMED website by typing “cmeinfo.pamedsoc.org” into your browser. The labels and abstract are found by clicking on “Accredited Providers” and following the links for “Accreditation Documents” and then to “Applying for CME Accreditation.

Note: The label template is pre-formatted to print onto Avery Standard File Folder Labels #5266. White or color labels are acceptable.
Step B: Instructions for Preparing Materials for PAMED Performance-in-Practice Review

Option 1 – Instructions for Performance-In-Practice Abstract Template

The instruction for using the structured abstract are listed on the abstract template. Complete the text-limited fields, tables, and attach evidence that verifies the activity meets the ACCME’s requirements.

Option 2 – Instructions for Labeling Your Evidence to Support Compliance

- Insert the corresponding label on the first page of the evidence, or on a cover sheet (when there are multiple pages), that supports each criterion or policy identified on the label.
- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization’s performance-in-practice is not intended to cause you to generate new or additional documentation.
- Use discretion in selecting only evidence that relates specifically to compliance criteria. PAMED does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in order to verify compliance.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff.
- If multiple criteria and/or policies are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document.
- Blank forms and checklists alone do not verify performance-in-practice.
- Evidence supporting compliance for Regularly Scheduled Series may be in the form of
  1. A description of the monitoring system (including, for example, sources of data and sampling strategies) used to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

  OR

  2. Documentation from the planning, implementation, and evaluation of each session from the selected series.
Note: Tips for the labeling process

- The labeling process will go much faster if you have potentially identified “general” documentation that could demonstrate compliance with specific criteria. For example, if your planners complete a standardized activity application to request CME accreditation, there may be several fields within that activity application that relate to the information listed on one or more of the labels. Know which labels “match” your file documentation.

- Having a partner to help with the labeling also speeds up the process.

- Set aside dedicated time to label your documentation so you are not distracted by other projects.

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

Colored Markers OR Highlights OR

LABELS

ARROWS

S

CALL OUT BOXES

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

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

Performance-In-Practice files should be submitted in electronic format only:

Note: Submission in electronic format requires Adobe Acrobat version 8.0 or more recent

1. Save the evidence for each activity as a separate PDF file. The file you create should appear as a single document when opened. Do not use the Acrobat option to make a PDF “portfolio” style file. Use the following format for the file name:
   Brief activity title Date of activity (YYYYMMDD)

2. Create a cover page for your activity with the following information displayed.
   • Full name of your organization
   • Activity title, as submitted in PARS
   • Activity date and location
   • Activity type, as submitted in PARS
   • Directly or jointly provided
   • Commercial support was/was not accepted

3. If you use labels, create a bookmark for each label, and use the language of the label as your bookmark, e.g., “C2 the professional practice gap(s) of your learners on which the activity was based.” If you use the abstract, create a bookmark for each attachment, and use the number of the attachment as your bookmark, e.g., “Attachment 1.”

4. Save all of the PDF files to a USB flash drive. Submit two flash drives, each with a complete set of PDF activity files.
Submitting Materials to PAMED

- Organizations must ship the self study report binders and labeled activity files to PAMED on or before the specified due dates listed on Page 4 of this Guide.

- *Retain a copy of the self study report and the labeled activity files for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview.*

Self study materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system.

Labeled activity files may be submitted in paper format or scanned and saved in a PDF format on a computer CD or thumb drive.

Materials should be submitted to the following address:

**CME Office**  
**PA Medical Society**  
**777 E. Park Drive**  
**Harrisburg, PA 17111**

**Phone:** (717) 558-7750
Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. PAMED surveyors will be assigned to review the self study materials you submit to PAMED. These surveyors will then meet with representatives of your CME program to engage in a dialogue about your CME program and your organization’s policies and practices to ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies. At the interview, the surveyors will seek clarification about any questions they may have regarding the self study materials you submitted. PAMED surveyors are expected to conduct their interactions with providers in a professional manner. You can expect surveyors to be familiar with your materials and the ACCME’s Accreditation Criteria and Policies. Surveyors are expected to communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

Interview Format

PAMED utilizes a face-to-face personal interview format. A survey team will travel to the provider location. Please refer to the template provided regarding times and components of the onsite interview.

PAMED will prompt the provider to submit three tentative interview date preferences using a written response form. PAMED staff will confirm your assigned surveyor(s) and the interview date and time approximately three months in advance via email. You will be asked to confirm receipt of this communication via a reply email.

Preparing for the Accreditation Interview

In preparing for the onsite interview, PAMED offers the following tips:

1. **Organize a “team”** to meet with the surveyors. Have a knowledgeable group gathered to answer questions from the surveyors the day of the interview. Consider including representatives from senior management and your CME committee. You may want to also invite representatives from various departments/entities that are involved in the activity planning/needs assessment process, healthcare team education, and/or quality improvement initiatives for your organization.

2. **Review the self study with the team.** Make sure everyone has seen a copy of the self study report. Are there certain team members that should answer questions in one area, while others would be the best candidates to answer questions in another area?

3. **Convey the survey schedule** to members of your team. Everyone’s time is valuable. Make sure your team is aware of the time commitments – be clear about where you want them to be, at what time, and for how long.
Decision Making Process

Your organization’s compliance findings and the outcome of the accreditation review are determined by PAMED’s CME Advisory Panel based on the data and information collected in the accreditation process. The CME Advisory Panel will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized at one of three regularly scheduled meetings of the Advisory Panel (February, June, or October) and accreditation decisions are rendered at these meetings.

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of PAMED decisions is also enhanced by the use of a criterion-referenced decision-making system.

Accreditation decision letters are sent to providers via mail following the meeting at which the accreditation materials were reviewed, and prior to the expiration of the provider’s current term of accreditation.

Decision-Making Criteria Relevant to Accreditation Terms

Organizational accreditation is awarded based on an applicant’s ability to meet the ACCME’s Accreditation Requirements (Essential Areas, Elements, and Policies, including the 2004 Standards for Commercial Support) that are applicable at the time of an accreditation decision. The ACCME’s 2006 Updated Accreditation Criteria are the 22 measures used to determine if a provider demonstrates compliance with the ACCME’s Accreditation Requirements. Satisfactory compliance with various criteria will indicate a provider’s level of accreditation:

- **Level 1 – Provisional Accreditation – Initial Applicants Only – Meet or Exceed Criteria # 1-3, 7-12**
  - Accreditation Term – 2 years
- **Level 2 – Accreditation – Meet or Exceed Criteria #1-13**
  - Accreditation Term – 4 years
- **Level 3 – Accreditation with Commendation – Meet or Exceed Criteria #1-22**
  - Accreditation Term – 6 years

Please refer to the chart on the next page for more details on each Criterion and Levels of Accreditation.
### Criteria for Compliance with ACCME Accreditation Requirements

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Provisional Accreditation</th>
<th>Full Accreditation</th>
<th>Accreditation with Commendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>4. This criterion has been eliminated.</td>
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<tr>
<td>5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity</td>
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<td>6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</td>
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<td>7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</td>
<td>✅ ✅ ✅</td>
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<td>8. The provider appropriately manages commercial support (If applicable, SCS 3).</td>
<td>✅ ✅ ✅</td>
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<td>9. The provider maintains a separation of promotion from education (SCS 4).</td>
<td>✅ ✅ ✅</td>
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<td>10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>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.</td>
<td>✅ ✅ ✅</td>
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<tr>
<td>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.</td>
<td></td>
<td></td>
<td>✅ ✅ ✅</td>
</tr>
<tr>
<td>14. This criterion has been eliminated.</td>
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<tr>
<td>15. This criterion has been eliminated.</td>
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<td>16. The provider operates in a manner that integrates CME into the process for improving professional practice.</td>
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<td>17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</td>
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<td>18. The provider identifies factors outside the provider’s control that impact on patient outcomes.</td>
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<td>19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</td>
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<td>20. The provider builds bridges with other stakeholders through collaboration and cooperation.</td>
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<tr>
<td>21. The provider participates within an institutional or system framework for quality improvement.</td>
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<tr>
<td>22. The provider is positioned to influence the scope and content of activities/educational interventions.</td>
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<td>✅</td>
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</tbody>
</table>