Policy & Procedure Manual
(A Guide to the Accreditation Process)

December 2010

Presented by:

Michigan State Medical Society
MSMS Committee on CME Accreditation
120 W. Saginaw
East Lansing, MI  48823
(517) 336-7580
# TABLE OF CONTENTS

## General Information

- Introduction ............................................................................................................................................. 4
- History of CME of Accreditation ........................................................................................................ 4
- The Michigan Relicensure Process .................................................................................................... 5

## General Accreditation Overview

- Purposes of Accreditation .......................................................................................................................... 6
- Responsibilities ........................................................................................................................................ 6
- Functions and Oversight ........................................................................................................................... 6
- AMA PRA Designation .............................................................................................................................. 7
- Definition of Continuing Medical Education .......................................................................................... 7
- Content Validation ................................................................................................................................... 8
- Eligibility for Accreditation ...................................................................................................................... 8
- Types and Duration of Accreditation ........................................................................................................ 8
- Extensions .............................................................................................................................................. 10

## Procedures for Obtaining CME Accreditation

- Michigan State Medical Society Approach to Accreditation ................................................................. 11
- Accreditation Based on the Essential Areas and Their Elements .......................................................... 11
- Michigan State Medical Society Process of Accreditation .................................................................... 12
- Criteria .................................................................................................................................................. 12
- Accreditation Follow-up .......................................................................................................................... 13
- Data Sources ......................................................................................................................................... 14

## MSMS Essential Areas and Their Elements

- The Michigan State Medical Society Essential Areas and Elements ....................................................... 16
- Achieving an Accreditation Status ........................................................................................................... 18
- The Michigan State Medical Society Decision-Making Criteria ............................................................. 20
- The Standards for Commercial Support ................................................................................................. 22
- Standard 1: Independence ....................................................................................................................... 23
- Standard 2: Resolution of Personal Conflicts of Interest ....................................................................... 23
- Standard 3: Appropriate Use of Commercial Support ............................................................................ 24
- Standard 4: Appropriate Management of Associated Commercial Promotion .................................... 23
- Standard 5: Content and Format Without Commercial Bias .................................................................... 25
- Standard 6: Disclosures Relevant to Potential Commercial Bias ........................................................... 25

## Accreditation Policies

- Policies and Guidelines for Commercial Support ...................................................................................... 26
- Statement of Accreditation-AMA PRA Designation Statement ............................................................. 29
- Requirements for Brochures/Promotional Materials ............................................................................... 30
- Use of the Michigan State Medical Society Logos ................................................................................ 30
- Joint Sponsorship .................................................................................................................................. 31
- Co-sponsorship ..................................................................................................................................... 31
- Dual Accreditation ................................................................................................................................ 32
- Physician Attendance Certificate Requirements ..................................................................................... 32
- Accreditation & Credit .............................................................................................................................. 32
- Teaching Credit ..................................................................................................................................... 33
- Annual Reports & Fees ............................................................................................................................. 33
General Information

Introduction
The purpose of this Manual is to assist hospitals and other institutions that are applying for accreditation as sponsors or providers of continuing medical education.

Our aim is to continue to improve and simplify interpretation of the Essentials, Elements, and Criteria for institutions and organizations applying for accreditation. We hope this effort will continue to maintain the availability of quality continuing medical education to physicians in Michigan, resulting in improved patient care for our citizens.

The committee is indebted to those Michigan institutions and organizations that have been surveyed in the years since the committee began its work. Their reports, comments and criticisms have provided a rich source of data in aiding the Committee to improve its informational resources.

In this edition of the manual, the Committee has drawn extensively on the guidelines of the Accreditation Council for Continuing Medical Education (ACCME) in order to ensure that the Michigan accreditation guidelines are equivalent to with the national accreditation guidelines.

The principles described in this Manual are general statements used by the Committee’s surveyors in evaluating the quality of educational efforts.

History of CME Accreditation
The American Medical Association, in 1961, established a national mechanism whereby the AMA became the sole accrediting agency of institutions and organizations providing continuing medical education (CME) for physicians. The institutions and organizations voluntarily applying to be surveyed became so numerous that the AMA modified its approach. The AMA retained its role of sole accrediting agency and retained its responsibility for conducting surveys of institutions and organizations the scope of whose programs was national or regional (multi-state) in character. It sought to delegate to state medical societies the responsibility for conducting surveys of institutions and organizations the scope of whose programs were local or primarily intra-state.

In 1974, the House of Delegates of the Michigan State Medical Society approved a structure for surveying Michigan institutions and organizations desiring to be accredited to offer CME, the Commission on Continuing Medical Education. The Commission, known today as the Michigan State Medical Society (MSMS) Committee on CME Accreditation, gained approval in 1975 to participate in the American Medical Association’s CME Accreditation Program, conducted by the AMA Council of Medical Education. At that time the Michigan Commission surveyed local institutions and prepared reports recommending that the Council on Medical Education accredit those institutions as providers of CME.

On July 1, 1977, that national responsibility for accreditation was transferred from the AMA Council on Medical Education to a new entity, the Liaison Committee on Continuing Medical Education (LCCME). This new entity was composed of representatives of the AMA, the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), the Council of Medical Specialty Societies (CMSS), the American Board of Medical Specialties (ABMS), the Association for Hospital Medical Education (AHME), and the Federation of State Medical Boards (FSMB). That new organization adopted all of the prior AMA accreditation decisions.

Over the next two years, LCCME continued to insist that state medical societies could survey local institutions, but that the reports of those surveys would go to LCCME for formal action, which could be either acceptance or denial. Many state medical societies objected to this situation.
As a result, in 1979, the AMA officially withdrew from LCCME and formed its own organization, known as the Commission on Accreditation of Continuing Medical Education (CACME). LCCME continued to operate with only six parents, and thus, from 1979 through late 1980, there were two parallel national accrediting bodies in operation.

In 1981, after a great deal of dialogue and negotiation, LCCME was reconstituted as the Accreditation Council for Continuing Medical Education (ACCME), with the AMA rejoining and discontinuing CACME. This restored the system of one national accreditation body in continuing medical education. A key element in this decision was the delegation of intra-state accreditation authority to those state medical societies so accredited.

Most recently, the ACCME formed a committee entitled the Committee for Review and Recognition of State Medical Societies as Accreditors of Continuing Medical Education Providers, hereafter referred to as CRR. The MSMS Committee on CME Accreditation therefore derives its authority to accredit intra-state CME programs from the CRR. The committee is composed of five representatives of state medical societies and two ACCME representatives. It is the sole accrediting body for that purpose.

The Michigan Relicensure Process
In 1975, the Michigan Legislature amended the Medical Practice Act to require that, as a condition for annual renewal of licensure, an applicant must complete in the preceding year fifty hours of CME in courses or programs approved by the Medical Practice Board (now the Michigan Board of Medicine). The Board’s regulations required physicians to list their courses in certain categories for 1976, and again in 1977. The fifty required hours were to be obtained within a reporting period of February 1 of the preceding year to January 31 of the current year to qualify for relicensure in the upcoming year.

In 1977, the law was again amended and now requires 150 hours of CME related to the practice of medicine and medical ethics over a three year period. Of this 150 hours, at least 75 hours must be in Category I. The licensing process has been staggered so that one third of the licenses expire each year.

It should be pointed out that both the ACCME and the MSMS Committee on CME Accreditation only accredit institutions and organizations to be providers of continuing medical education. External to the accreditation process, but tangentially and importantly related to the process, is the term Category I and the requirements of Category I. Only institutions and organizations accredited as providers of CME can designate which of its CME activities meet those external criteria for Category I as defined by the AMA’s Physician’s Recognition Award (PRA). The Michigan Board of Medicine has accepted the standards utilized by the MSMS Committee on CME Accreditation in accrediting institutions and organizations as providers of CME. The Board also has accepted the AMA’s criteria for Category I. The Board will accept, therefore, attendance at programs designated Category I by those accredited organizations and institutions as meeting the requirements for relicensure in Michigan.

The Michigan Board of Medicine also identified Categories II-VI as also applicable to requirements for relicensure. These categories are not linked in any way with the ACCME/MSMS process of accreditation, and accredited providers therefore can not award credit for Categories II-VI.

In 1988 the AMA House of Delegates changed the categories of credit to the following: Category I defined as before, and Category 2 which now includes all other categories (2 through 6). This is only for PRA purposes. For the Michigan relicensure processes, the Michigan Board of Medicine still uses the former categories I through VI. In 2005, the AMA officially changed the terminology from hours to credit.
General Accreditation Overview

Purposes of Accreditation
The major purposes of accreditation are to ensure quality and integrity of accredited CME providers by:

- Establishing criteria for evaluation of educational programs and their activities,
- Assessing whether accredited organizations meet and maintain standards,
- Promoting organizational self-assessment and improvement, and
- Recognizing excellence.

Responsibilities
The primary responsibilities of the MSMS are to:

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- Certify that accredited providers are capable of meeting the requirements of the ACCREDITATION Essential Areas and their Elements
- Relate CME to medical care, patient safety, quality improvement and the continuum of medical education,
- Promote desirable physician attributes and competencies;
- Evaluate the effectiveness of its policies and processes;
- Assist providers in continually improving their programs, and;
- Assure physicians, the public, and the CME community that CME programs meet the MSMS’s criteria for compliance with the ACCREDITATION Essential Areas and their Elements

The MSMS conducts a voluntary accreditation program for institutions and organizations providing continuing medical education (CME). By evaluating and granting accreditation to an institution or organization whose CME program complies with the MSMS’s ACCREDITATION Essential Areas and their Elements, the MSMS seeks to improve the quality of CME and to assist physicians in identifying CME programs that meet these standards.

Functions and Oversight
The MSMS provides the direct accreditation of Michigan CME providers whose programs of CME attract an audience restricted to the state of Michigan or contiguous states.

The ACCME, through its recognition process, recognizes state or territorial medical societies to accredit CME providers whose target audience is restricted to that state/territory and contiguous states/territories.

These intrastate accredited functions are managed on behalf of the MSMS CME Accreditation Committee with MSMS staff support and oversight. The CME surveyors collect, review, and analyze data from multiple sources about compliance with the MSMS’s Accreditation Essential Areas and their Elements; note program improvements; and make a recommendation to the MSMS CME Accreditation Committee for its final decision regarding the accreditation of an applicant/CME provider. To be accredited by the MSMS, an institution/organization must meet the requirements for accreditation as determined by the MSMS CME Accreditation Committee.

All providers within the MSMS’s system will be judged against the same standard. Accreditation decisions made by the MSMS CME Accreditation Committee will be made using the same basic requirements as described in this document.
To ensure quality and consistency in the accreditation system (accreditation and recognition), the MSMS CME Accreditation Committee measure the success of the accreditation system through its assessment of compliance on the part of the CME providers during their term of accreditation.

The MSMS CME Accreditation Committee will review the Accreditation Essential Areas and their Elements on a continuing basis and will modify them as data and experience dictate, and as required by changes to CME imposed by the ACCME.

**American Medical Association’ Physicians Recognition Award**
In January 2006, the American Medical Association (AMA) published a revised version of its PRA booklet, *The Physicians Recognition Award and Credit System*, and trademarked the term *AMA PRA Category 1 Credit™*. All accredited CME providers also must abide by the rules and regulations stipulated in this booklet, which can be accessed online at: [http://www.ama-assn.org/ama/pub/category/15889.html](http://www.ama-assn.org/ama/pub/category/15889.html).

**Definition of Continuing Medical Education**
The MSMS defines CME as:

> 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.

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

Not all continuing educational activities in which a physician may engage are CME. Physicians may participate in worthwhile continuing educational activities that are not related directly to their profession however these activities are not CME. Continuing educational activities that respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within ACCME’s definition of CME.

All CME educational activities developed and presented by a provider accredited by the MSMS system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all MSMS 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 MSMS accreditation process as verification of fulfillment of the MSMS accreditation requirements. (Effective immediately.)

Providers are not eligible for MSMS 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for MSMS accreditation.
For more information on the definition of CME, please refer to the current edition of the AMA’s Physician’s Recognition Award and credit system booklet at www.ama-assn.org/go/cme.

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

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

Providers are not eligible for MSMS accreditation 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 be ineffective in the treatment of patients.

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

The organization must,

- Be located in the Michigan.
- 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 defined as any proprietary entity producing health care goods or services consumed by, or used on, patients (with the exemption of non-profit or government organizations and non-health care related companies).
- Not be developing and/or presenting a program of CME that is, in the judgment of the MSMS, devoted to advocacy on unscientific modalities of diagnosis or therapy.

Present activities that have “valid” content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Organizations eligible for review and accreditation by the MSMS include:

- Hospitals
- Medical Professional & Educational Associations
- Other qualified research oriented organizations with professional members which are committed to providing continuing medical education for physicians

Where there is a question of eligibility for survey, the application will be referred to the MSMS Committee on CME Accreditation which will consider it and make a recommendation and then vote upon the eligibility of the applicant.
Institutions and organizations whose programs of CME serve learners, 30% or more whom are from beyond the home or contiguous states, must apply for accreditation from the Accreditation Council for Continuing Medical Education (ACCME), 515 North State Street, Suite 7340, Chicago, Illinois 60610 (Telephone – 312/464-2500 and Fax – 312/464-2586).

Institutions that offer less than 25 hours annually may want to seek joint sponsorship from an already accredited institution.

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

**Types and Duration of Accreditation**

**Initial and Reaccreditation Decisions**

Based on the accumulated compliance findings for each individual Accreditation Requirement, the MSMS CME Accreditation Committee makes a decision regarding the provider's accreditation status. This decision could be one of five options:

1. Provisional Accreditation,
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, or
5. Non-Accreditation.

1. **PROVISIONAL ACCREDITATION of an Institution/Organization:** Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a two year term. To achieve Provisional Accreditation, the applicant must be found in Compliance in all Level 1 Requirements. The MSMS CME Accreditation Committee may grant "Extended Provisional" accreditation to an already Provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. **ACCREDITATION of an Institution/Organization:**

   Accreditation is the standard status for reaccreditation applicants, and is associated with a four year term. For accredited providers seeking Accreditation, Non-Compliance with any Accreditation Requirement will necessitate a Progress Report and/or focused or full survey. Failure to demonstrate compliance in the Progress Report and/or focused or full survey may result in Probation.

3. **PROBATIONARY ACCREDITATION of an Institution/Organization:**

   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.

   Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance in all elements 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, validated, and accepted by the MSMS CME Accreditation Committee.
Probation may not be extended. Therefore, providers on Probation that fail to demonstrate Compliance with all MSMS Requirements within two years will receive Non-Accreditation.

Note that Provisionally accredited providers cannot be put on Probation. Rather, Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation.

4. NON-ACCREDITATION of an Institution/Organization:

Although decisions of Non-Accreditation are rare, MSMS reserves the right to deliver such decisions under any of the following circumstances: After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in Compliance in all Level 1 Accreditation Requirements. Initial applicants who receive Non-Accreditation may not be reviewed again by the MSMS until one year from the date of the MSMS meeting at which the decision was made.

- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a Progress Report. For accredited providers on Probation, Non-Compliance with any one of the Criteria will be cause for Non-Accreditation.

**Duration:** The effective date for Non-Accreditation is usually one year from the MSMS decision. MSMS will confirm in writing the specific date on which the provider’s accreditation will end. A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. The process and standards for review of newly Non-Accredited applicants are the same as for all other applicants.

**EXTENSIONS**

A single extension of an accreditation term shall not exceed eight months. All requests for extensions must be made in writing to MSMS prior to the due date of the application. If approved, a $1000 extension fee will be assessed (starting January 1, 2011). Please contact MSMS staff if you have any questions regarding extensions.
Process for Obtaining CME Accreditation

Michigan State Medical Society Approach to Accreditation
The MSMS collects, reviews, and analyzes data for Accreditation Elements consistent with the level of accreditation the CME provider is seeking. Level 1 criteria must be met by all CME providers. Level 2 criteria must be met for full accreditation. Level 3 criteria must be met to achieve accreditation with commendation. The elements are broken down into the following sections: Purpose and Mission (Purpose), Educational Planning and Evaluation (Process and Assessment), Administration (Structure) and Separation of Education from Promotion (Standards for Commercial Support and Disclosure).

- The **Purpose and Mission criteria** describes why the organization is providing CME.
- The **Planning and Evaluation criteria** explains how the organization provides CME activities and how well the organization is accomplishing its purpose in providing CME activities.
- The **Administration criteria** defines what the organizational support and protocol are for the CME unit.
- The **Separation of Education from Promotion criteria** ensures educational activities are provided without commercial bias and planners and faculty have no conflicts of interest.
- Within each section are required **Elements** for which decision-making **Criteria** have been established.
- The **Elements** are descriptors of performance in the Essential Areas.
- The **Criteria** describe the levels of performance and/or accomplishment for each Element.

To make accreditation decisions, the MSMS will review the data collected for these criteria to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every accreditation term for providers.

Accreditation Based on the Accreditation Elements
The MSMS recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician’s needs. The MSMS also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, practice setting requirements, and for evaluating their own learning achievements. The Accreditation Essential Areas and Elements are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Accreditation Essential Areas and Elements the MSMS has identified certain Elements of structure, method and organization, which contribute to the development of effective continuing medical education. The Accreditation Essential Areas and Elements are the requirements that a provider must meet for accreditation. They provide a valuable resource for physicians planning their own CME and for providers designing CME activities and programs.

[Please refer to “The Michigan State Medical Society Accreditation Elements” for the full text of these requirements.]
Criteria

Measurement criteria have been developed for each Accreditation Element to measure whether the accredited provider meets the basic level of accreditation. A provider’s documentation of the measurement criteria will be the MSMS’s primary source of information for determining compliance with the Accreditation Elements.

The following classification of compliance will be used:
- Noncompliance (the provider does not meet the criteria for Compliance)
- Compliance (the provider meets the criteria for Compliance)

[Please refer to “The Michigan State Medical Society Decision Making Criteria” for the full text of the criteria for decision-making.]

Michigan State Medical Society Process of Accreditation

The process of accreditation and reaccreditation is data-driven and uses multiple data sources. It involves four phases: data collection, data review and analysis, decision-making, and notification of the provider.

Data collection

The applicant/provider is responsible for providing descriptive data about its CME program. The MSMS is responsible for receiving, clarifying, and analyzing the data provided so that valid inferences and reliable decisions can be made based on accurate and complete information. Three data sources will be used by the MSMS to accomplish its purposes and responsibilities. These include:

1. Application/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, the MSMS 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.

   For Reaccreditation, the MSMS will select one or more activities, per type of activity, over your current accreditation term for which the provider will be expected to present evidence of performance-in-practice to the MSMS for documentation review.

   For Initial Accreditation, the organization will select at least 2 activities, within the 24-month period prior to the initial interview, for which the provider will be expected to present evidence of performance-in-practice to the MSMS for documentation review.

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

Accreditation Decision Making

The MSMS CME Accreditation Committee will make the final decision about accreditation based on its careful review of the documentation and the surveyors’ recommendation.

A decision could be one of five options: Accreditation with Commendation, Accreditation, Provisional Accreditation, Probation, or Non-accreditation, and will be criterion referenced (based on predetermined criteria).
Notification of the Provider
Within four weeks of the MSMS CME Accreditation Committee decision on an accreditation decision, the MSMS will send a letter of notification of action to the applicant/accredited provider. The letter will include the following:

- Decision of the MSMS CME Accreditation Committee regarding status of the provider,
- Feedback on the provider’s strengths and/or weaknesses, concerns,
- Areas of noncompliance Requirements for follow-up/progress report in areas where change or improvement is necessary.

For more information about the Process of Accreditation, please see the MSMS Guide to Application for Initial CME Accreditation and CME Reaccreditation.

Accreditation Follow-Up

The Progress Report
Providers that receive Noncompliance in one or more of the MSMS’s Essential Areas and Elements, including the Standards for Commercial Support and Accreditation Policies (“Accreditation Requirements”) during their reviews for initial or reaccreditation, will be required to submit an MSMS Progress Report. MSMS will notify providers whether they are required to submit a Progress Report via their Surveyor Worksheet and written correspondence. The usual due date for a Progress Report is one year from the date of the original finding.

The MSMS Progress Report furnishes the provider with the opportunity to describe and demonstrate improvements that they have made to bring the issue(s) in question into Compliance. The requirement to improve is an integral part of the MSMS’s accreditation system. Progress Reports serve as important opportunities for providers to demonstrate that they have mechanisms in place to make improvements to their CME program.

The Progress Report will be reviewed by one or more of the original surveyors, who will formulate a recommendation to the MSMS CME Accreditation Committee to accept, reject or require clarification of the Progress Report. The MSMS CME Accreditation Committee will make the ultimate decision.

Decision Criteria: The same criteria for each Essential Area and Element will be used to assess the progress reports as is used for the initial survey.

Progress Report Decisions
A decision regarding a provider's Progress Report could be one of three options.

1. **Accept:** MSMS accepts a progress Report when the provider has furnished evidence of Compliance with the Requirements that were in Non-Compliance. A provider's demonstration of Compliance in all Elements will result in its ability to complete its four-year term with a status of Accreditation.

2. **Clarification Required:** If the Progress Report requires clarification, the provider has corrected most of the Criteria that were in Non-Compliance, but some additional information is required to be certain the provider is in Compliance. An additional Progress Report may be required.

3. **Reject:** The MSMS rejects a Progress Report if it does not provide evidence that the areas of Non-Compliance have been corrected. Either a second Progress Report or a focused accreditation survey may be required. The MSMS can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.
Notification: The MSMS will send the provider a letter within 30 days of the MSMS CME Accreditation Committee’s decision confirming acceptance of the Progress Report.

The Data Sources

<table>
<thead>
<tr>
<th>INITIAL APPLICATION OR REACCREDITATION APPLICATION</th>
<th>Goals</th>
<th>Objectives</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Application is the foundation for the accreditation process. The goals of the Application are to provide an opportunity for the applicant or accredited provider to assess its commitment to and role in providing CME, analyze its past practices, identify areas for improvement, and determine its future direction.</td>
<td>• Analyze data collected about what, why, and how the CME program and its products and services are utilized, • Assess how well they are performing, and • Identify changes and improvements to be implemented to be a successful provider.</td>
<td>How the Application is accomplished is the responsibility of the provider. The report should address the goals and objectives noted earlier and the Accreditation Elements and Policies. A “Guide for the Application” with key questions for review and study by the provider will be available from the MSMS. The “Guide” will assist the provider in assessing its program thoroughly and in preparing a report for use by the MSMS in its decision for reaccreditation.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SITE SURVEY</th>
<th>Goals</th>
<th>Objectives</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>The goals of the site survey are to gather data about administration, documentation, and practice; to verify and clarify compliance with the Accreditation Elements and Policies and to recognize excellence whenever present.</td>
<td>• To give the providers the opportunity to clarify the information supplied in the Application and to demonstrate the adequacy of their administrative support and resources, which are in place to support the CME unit. • To give MSMS surveyors the opportunity to audit documentation, ensure that any specific documentation required by the MSMS is present, and ensure that they have sufficient information about the provider’s educational program with which to formulate a report to the Michigan State Medical Committee on CME Accreditation.</td>
<td>The format involves interviews between the representatives of the CME organization and the MSMS surveyors. The opportunity for document and activity review will exist. Components of the site survey generally include the following: • Introductory Session • Meeting(s) with CME Principals/Administration/Physician CME Leadership • Document Review • Activity Review • Exit Interview • Tour of facilities</td>
<td></td>
</tr>
<tr>
<td><strong>PERFORMANCE IN PRACTICE REVIEW</strong> (Part of the Site Survey)</td>
<td>Goals</td>
<td>Objectives</td>
<td>Format</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>The goal of the activity review allows providers to demonstrate compliance with MSMS expectations and offer providers an opportunity to reflect on their CME practices.</td>
<td></td>
<td>• Determine whether there is documentation to support that activities have been planned, presented, and evaluated in compliance with the Accreditation Elements and Policies; • Assess that specific documentation that is required by the MSMS is present.</td>
<td>The MSMS surveyors will select a list of the activities on which a document review will be based. The provider also may be requested to have other documentation of compliance with MSMS policy available during the site visit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ANNUAL REPORTING AND MONITORING</strong></th>
<th>Goals</th>
<th>Objectives</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>The goal of the annual reporting and monitoring process is to gather data about the changes within an accredited provider’s program and within the population of accredited providers.</td>
<td></td>
<td>• Provide an opportunity for providers to report on progress of changes and improvements in their programs. • Collect standardized data about the products, services, and processes of all accredited providers. • Receive feedback on the issues of accreditation that should be reviewed and improved.</td>
<td>Information will be exchanged through an annual report. Individual provider data will be maintained in a confidential manner. Information collected about an organization during the complaint and inquiry process, if applicable, will also be included. Summary data will be reported to the ACCME.</td>
</tr>
</tbody>
</table>
MSMS Essential Areas and Their Elements

The Michigan State Medical Society Accreditation Elements
The MSMS recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician’s needs. The MSMS also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, practice setting requirements and for evaluating their own learning achievements.

The Accreditation Elements and Policies, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.
In the Accreditation Elements and Policies, the MSMS has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Accreditation Elements and Policies are the practices that a provider must implement for accreditation.
## Updated Criteria for Compliance with MSMS Accreditation Elements

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Element</th>
<th>Level 1 Provider Provisional Accreditation</th>
<th>Level 2 Provider Full Accreditation</th>
<th>Level 3 Provider Accreditation w/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>1.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>2.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>2.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>2.3</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>4. The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities.</td>
<td>2.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>
<td>2.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</td>
<td>2.1</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>7. The provider develops activities/educational interventions independent of commercial interests</td>
<td>SCS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>8. The provider appropriately manages commercial support</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>9. The provider maintains a separation of promotion from education</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>2.4</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>2.5</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<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>
<td>✔</td>
</tr>
<tr>
<td>14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>16. The provider operates in a manner that integrates CME into the process for improving professional practice.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<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>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>18. The provider identifies factors outside the provider’s control that impact on patient outcomes.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>20. The provider builds bridges with other stakeholders through collaboration and cooperation.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>21. The provider participates within an institutional or system framework for quality improvement.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>22. The provider is positioned to influence the scope and content of activities/educational interventions.</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Achieving an Accreditation Status

In the MSMS revised model, CME providers can achieve three levels of accreditation each of which has an associated set of updated compliance criteria.

**Level 1** requires compliance with nine criteria (see page 17 – Criteria 1 to 3 and 7 to 12.) Level 1 is the basic, entry level set of criteria that all new applicants must achieve in order to achieve

<table>
<thead>
<tr>
<th>Level 1 Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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. (1.1)</td>
</tr>
<tr>
<td>• The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (2.1, 2.2)</td>
</tr>
<tr>
<td>• The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (2.1, 2.3)</td>
</tr>
<tr>
<td>• The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2 and 6)</td>
</tr>
<tr>
<td>• The provider appropriately manages commercial support. (SCS 3)</td>
</tr>
<tr>
<td>• The provider maintains a separation of promotion from education. (SCS 4)</td>
</tr>
<tr>
<td>• The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. (SCS 5)</td>
</tr>
<tr>
<td>• The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. (2.4)</td>
</tr>
<tr>
<td>• 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. (2.4, 2.5)</td>
</tr>
</tbody>
</table>

A provider that meets Level 1 criteria is a change agent focused on trying to change their physician learners’ competence, performance, or patient outcomes. In so doing, the provider plans CME interventions that are compliant with the Michigan State Medical Society Standards for Commercial Support and are designed to improve healthcare in the context of their own CME mission. These providers measure their effectiveness as change agents by determining the extent to which they have been successful at meeting their CME mission.

**Level 2** requires compliance with Level 1 criteria plus six additional criteria (see page 17 – Criteria 1 to 15) – which must also be met by accredited providers in order to maintain their Accreditation status. Level 2 criteria require the provider to refine its educational interventions and to improve on its ability to meet its own mission. A provider at this level will have a plan in place to improve on their ability to meet their CME mission as identified in the Level 1 criteria. The plan will be implemented and improvements will be underway. The impact of the program improvements will be measured. Educational interventions, of appropriate format, will be designed around the knowledge, strategy or performance issues that underlie the professional practice gaps of the learners. The content of the interventions will be related to the scope of practice of the learners and associated with current desirable physician attributes (e.g., IOM or ACGME competencies). This provider is a change agent who is actively engaged in the improvement of the quality of their CME program while facilitating practice-based learning and improvement.
Level 1 Plus…

Level 2 Criteria

• The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities. (2.1)
• The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. (2.1)
• The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). (2.1)

*******

• 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. (2.5)
• The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed. (2.5)
• The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured. (2.5)

Level 3 requires compliance with Level 2 Criteria plus seven additional criteria (see page 17– Criteria 1 to 22.). Level 3 criteria reward the provider for engaging in the system in which it operates beyond the provision of CME interventions - as a strategic asset to quality and safety initiatives. Level 3 will be the basis for achieving Accreditation with Commendation. This provider has mechanisms in place to identify and overcome barriers to physician change and to integrate CME into health care improvement initiatives. This provider does not work in isolation and takes advantage of non-educational strategies to enhance the learning and change process.

Level 2Plus…

Level 3 Criteria

• The provider operates in a manner that integrates CME into the process for improving professional practice.
• The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
• The provider identifies factors outside the provider’s control that impact on patient outcomes.
• The provider implements educational strategies to remove, overcome or address barriers to physician change.
• The provider builds bridges with other stakeholders through collaboration and cooperation.
• The provider participates within an institutional or system framework for quality improvement.
• The provider is positioned to influence the scope and content of activities/educational interventions.
### 2006 *Updated* Decision-Making Criteria Relevant To The Essential Areas and Elements

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be ‘In Compliance.’

<table>
<thead>
<tr>
<th>Essential Area and Element(s)</th>
<th>Criteria for Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential Area 1: Purpose And Mission</strong></td>
<td>The provider must,</td>
</tr>
<tr>
<td><strong>E 1</strong> - Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</td>
<td><strong>C 1</strong> - 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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Essential Area and Element(s)</th>
<th>Criteria for Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential Area 2: Educational Planning</strong></td>
<td>The provider must,</td>
</tr>
<tr>
<td><strong>E 2.1</strong> - Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</td>
<td><strong>C 2</strong> - The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</td>
</tr>
<tr>
<td><strong>E 2.2</strong> - Use needs assessment data to plan CME activities.</td>
<td><strong>C 3</strong> - The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</td>
</tr>
<tr>
<td><strong>E 2.3</strong> - Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</td>
<td><strong>C 4</strong> - The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities.</td>
</tr>
<tr>
<td><strong>E 3.3</strong> - Present CME activities in compliance with the Michigan State Medical Society’s policies for disclosure and commercial support.</td>
<td><strong>C 5</strong> - The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</td>
</tr>
<tr>
<td><strong>C 6</strong> - The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</td>
<td><strong>C 7</strong> - The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</td>
</tr>
<tr>
<td><strong>C 8</strong> - The provider appropriately manages commercial support (if applicable, SCS 3).</td>
<td><strong>C 9</strong> - The provider maintains a separation of promotion from education (SCS 4).</td>
</tr>
<tr>
<td><strong>C 10</strong> - The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</td>
<td><strong>Note:</strong> Regarding <strong>E 3.3 and C7 to C10</strong> - The Michigan State Medical Society’s policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by Michigan Medical Society in May 5, 2005; and (2) Michigan State Medical Society policies applicable to commercial support and disclosure.</td>
</tr>
<tr>
<td>Essential Area and Element(s)</td>
<td>Criteria for Compliance</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
</tr>
</tbody>
</table>
| Essential Area 3: Evaluation and Improvement | The provider must,  
E 2.4 - Evaluate the effectiveness of its CME activities in meeting identified educational needs.  
E 2.5 - Evaluate the effectiveness of its overall CME program and make improvements to the program. | C 11 - The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions  
C 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.  
C 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.  
C 14 - The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed.  
C 15 - The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured. |
| Accreditation with Commendation | In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15. | C 16 - The provider operates in a manner that integrates CME into the process for improving professional practice.  
C 17 - The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).  
C 18 - The provider identifies factors outside the provider’s control that impact on patient outcomes.  
C 19 - The provider implements educational strategies to remove, overcome or address barriers to physician change.  
C 20 - The provider builds bridges with other stakeholders through collaboration and cooperation.  
C 21 - The provider participates within an institutional or system framework for quality improvement.  
C 22 - The provider is positioned to influence the scope and content of activities/educational interventions. |
The ACCME Standards for Commercial Support™
Standards to Ensure Independence in CME Activities

OVERVIEW The purpose of continuing medical education (CME) is to enhance the physician’s ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose.

Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards for Commercial Support™ is to describe appropriate behavior of accredited providers in planning, designing, implementing and evaluating CME activities for which commercial support is received.

In September 2004, the ACCME officially adopted the following updated standards for commercial support, which became effective immediately and adopted by MSMS.

Please note: the Standards for Commercial Support™, as well as the related policies and guidelines for commercial support, apply to all providers, regardless of whether they accept commercial support.
**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 proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

a. Identification of CME needs;
b. Determination of educational objectives;
c. Selection and presentation of content;
d. Selection of all persons and organizations that will be in a position to control the content of the CME;
e. Selection of educational methods;
f. Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

**STANDARD 2: Resolution of Personal Conflicts of Interest**

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

**STANDARD 3: Appropriate Use of Commercial Support**

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

**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 sponsor.

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 sponsor, 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 sponsor, 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 sponsor 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
- 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.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

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 An 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 trade name or a product-group message.

Timing of Disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.
MSMS Supplemental CME Policies

Policies and Guidelines for Commercial Support
These policies and definitions supplement the 2004 updated ACCME Standards for Commercial Standards to Ensure the Independence of CME Activities. These are also called "SCS."

Please note: the Standards for Commercial, as well as the related policies and guidelines for commercial support, apply to all providers, regardless of whether they accept commercial support.

Relevant to SCS1 (Ensuring Independence in Planning CME Activities): NEW (08/2007) 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.

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

- 501-C3 Non-profit organizations (Note, ACCME screens 501-C3 organizations for eligibility. Those that advocate for "commercial interests" as a 501-C3 organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes

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

ACCME’s Definition of a Commercial Interest as It Relates to Joint Sponsorship In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

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

To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.
The ACCME’s deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients. If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact IMQ and they will contact the ACCME on your behalf. Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact IMQ for information in this regard.

**Relevant to SCS2 (Identifying and Resolving Conflicts of Interest): Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. *(March 2005)*

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

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

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

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. *(November 2004)*

**Relevant to SCS3 (Appropriate Use of Commercial Support) Commercial Support** is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.
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. (August 2007)

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME’s Elements, Policies and Standards. (August 2007) Element 3.12 of the ACCME’s Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. (November 2004)

**Relevant to SCS4 (Appropriate Management of Commercial Promotion)** Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be “commercial support”. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

**Relevant to SCS6 (Disclosure to Learners)** Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME 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).
   c) The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider’s acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
Statement of Accreditation & AMA PRA Designation Statement

Authorized Wording for CME Activities
Providers are required to include both an accreditation statement and a credit designation statement on all publicity. The accreditation statement attests that the organization is accredited and indicates who accredits it. The credit designation statement specifies the number of credits granted by the accredited organization’s CME committee for the educational activity. These statements should be included on all promotional material except brief “save-the-date” type of announcements. The phrase, \textit{AMA PRA Category 1 Credit(s)™}, must be italicized and include the trademark symbol.

\textbf{Directly Sponsored Activity} – An activity planned and implemented by a Michigan State Medical Society accredited provider of CME.

\textbf{STATEMENT OF ACCREDITATION}
The [name of accredited provider] is accredited by the Michigan State Medical Society to provide continuing medical education for physicians.

\textbf{AMA/PRA DESIGNATION STATEMENT}
The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] \textit{AMA PRA Category 1 Credit(s)™}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

\textbf{Jointly Sponsored Activity} – An activity planned and implemented by one accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Michigan State Medical Society’s Accreditation Elements and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

\textbf{STATEMENT OF ACCREDITATION - JOINT SPONSORED ACTIVITY}
This activity has been planned and implemented in accordance with the Accreditation Elements and Policies of the Michigan State Medical Society through the joint sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Michigan State Medical Society to provide continuing medical education for physicians.

\textbf{AMA/PRA DESIGNATION STATEMENT}
The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] \textit{AMA PRA Category 1 Credit(s)™}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

\textbf{Note:} CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

\textbf{Use of phrase “AMA PRA Category 1 Credit™”}
The phrase “\textit{AMA PRA Category 1 Credit}” is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase “Category 1 Credit” must never be used when referring to \textit{AMA PRA Category 1 Credit™}. 


Requirements for Brochures/Promotional Materials

Use of the AMA Credit Designation Statement in program materials and activity announcements

Program materials

The AMA Credit Designation Statement must be used in any program materials, in both print and electronic formats, (e.g. a course syllabus, enduring material publication, landing page of an internet activity) that reference CME credit.

If an educational activity contains sections that do not meet the definition of CME or are not at a level appropriate to physicians, these sections should be clearly identified and excluded from the designation of AMA PRA Category 1 Credit™.

Activity announcements

Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity’s educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of AMA PRA Category 1 Credits™ designated for the activity.

However, the accreditation statement and/or designation of credit statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

A “save the date” announcement (such as a card mailer with limited space) may indicate that the activity has been approved for AMA PRA Category 1 Credit™ without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, “This activity has been approved for AMA PRA Category 1 Credit™” or similar language. Accredited CME providers may never indicate that “AMA PRA Category 1 Credit™ has been applied for” or any similar wording.

Institutions may not indicate in a brochure or announcement that “AMA PRA credit has been applied for”. An activity must be designated for AMA PRA Category 1 Credit™ in advance; and may not be awarded retroactively. Brochures and announcements should state the educational objectives and the intended physician audience. The number of credits the provider deems the activity to be worth must be clearly advertised in the final announcement. For additional guidance about brochure content, see STANDARD 4 of the Standards for Commercial Support regarding the appropriate management of associated commercial promotion.

Please note: any publicity that mentions CME credit must contain the accreditation statement identifying the accredited provider as well as the credit designation statement listing the amount of AMA PRA Category 1 Credit(s)™ offered for the activity. There are no exceptions to this rule.

Use of Michigan State Medical Society Logo

Logos of the MSMS are approved for use only on MSMS documents and letterhead or in the case of approved joint sponsorship of a CME activity. The logos are prohibited for use by any other institution or organization on programs, brochures, or other promotional materials.
**Joint Sponsorship**

**Definition:** Activity planning and presentation in collaboration with non-accredited providers.

**Intent:** The accredited provider shall accept responsibility that the MSMS’s Accreditation Elements and Policies are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

**Practice:** The accredited provider must be able to provide to MSMS written documentation that demonstrates how each jointly sponsored CME activity was planned and implemented in compliance with the MSMS accreditation policies and procedures. Material submitted can be from the files of either the accredited provider or the non-accredited provider.

CME Providers are expected to address joint sponsorship in their mission statement. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider and must be reported to the MSMS.

A commercial interest, defined as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies, cannot take the role of non-accredited provider in a joint sponsorship relationship. (The MSMS does not consider providers of clinical service directly to patients to be commercial interests.)

A provider, while on probation, may not act as a joint sponsor of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation. They may continue to jointly sponsor with unaccredited providers if:

1. Previously presented jointly sponsorship activities are available for review by ACCME and the MSMS Committee on Accreditation;
2. The provider is, at the time of initial Accreditation survey deemed to be in at least substantial compliance with committee’s joint sponsorship policies and procedures;
3. The provider has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with the committee’s joint sponsorship policies and procedures.

Providers who choose to initiate joint sponsorship subsequent to the granting of full accreditation or reaccreditation, must notify the Committee on Accreditation of their intention to joint sponsor.

The accredited provider must be able to provide written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the Accreditation Elements and Policies. Material submitted can be from files of either the accredited provider or the non-accredited provider.

All promotional materials for jointly sponsored activities must carry the appropriate accreditation statement and designation of credit statement.

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

**Co-Sponsorship**

Completely different from joint sponsorship is cosponsorship. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement.
**Dual Accreditation**

In response to concerns that some providers maintain accreditation from both the ACCME and a state medical society, the MSMS CME Committee on Accreditation adopted a policy which states that a single provider of continuing medical education may not maintain accreditation by the ACCME and the Michigan State Medical Society at the same time. (It is recognized that short periods of overlap may occur when an accredited provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.) The procedure to be followed in implementing this policy is as follows:

When a MSMS accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the MSMS, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the MSMS, ACCME should be notified and a similar procedure should be followed. Annually, the ACCME will notify state medical societies of CME providers in their states that have been awarded accreditation by the ACCME.

**Physician Attendance Certificate Requirements**

(Credit certificates, transcripts or other documentation available to physicians)

Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded **AMA PRA Category 1 Credit™** by accredited CME providers. Accredited CME providers must be able to provide documentation to participating physicians of the credit awarded at the request of the physician. When an accredited CME provider issues a certificate, transcript or another means of documentation, it must reflect the actual number of credits claimed by the physician.

**AMA PRA Category 1 Credit™** certificates for physicians should read:

The [name of accredited CME provider] certifies that [name of physician] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date] and is awarded [number of credits] **AMA PRA Category 1 Credit(s)™**.

Attendance certificates for non-physicians:

Nonphysician health professionals and other participants may not be awarded **AMA PRA Category 1 Credit™**. However, accredited CME providers may choose to issue documentation of participation to nonphysicians that states that the activity was certified for **AMA PRA Category 1 Credit™**.

**Attendance certificates for non-physician participants should read:**

The [name of accredited CME provider] certifies that [name of nonphysician participant] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date]. This activity was designated for [number of credits] **AMA PRA Category 1 Credit(s)™**.

**Accreditation and Credit**

All CME educational activities developed and presented by a provider accredited by MSMS and associated with **AMA PRA Category 1 Credit™** must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA ‘s Physician’s Recognition Award and credit system [http://www.ama-assn.org/go/pra](http://www.ama-assn.org/go/pra). All activities so designated for, or awarded, credit will be subject to review by the MSMS accreditation process as verification of fulfillment of the MSMS accreditation requirements.

MSMS accreditation and **AMA PRA Category 1 Credit™** have long been linked as markers of quality continuing medical education. The AMA credit system requires that providers be accredited by the MSMS, in order to designate activities for credit. The MSMS accreditation process reviews activities,
designated for credit, in order to determine a provider’s level of compliance and therefore award initial or reaccreditation.

Over the years, what is recognized as a CME activity has broadened in format and method of learner participation, first due to the incorporation into CME of regularly scheduled conferences, enduring materials and the Internet, and more recently due to the actions of the AMA credit system with its new definitions of activities (e.g., test-item writing, manuscript review, and committee learning).

At the same time, the AMA was directly granting AMA PRA Category 1 Credit™ for certain professional activities (as described in the 2005 AMA PRA Booklet, “Physicians may claim AMA PRA Category 1 Credit™ directly from the AMA for learning that occurs as a result of teaching in live CME activities, poster presentations, published articles, medically related advanced degree or American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC)”).

In March 2006, the AMA issued a revision to its Physician's Recognition Award Booklet. In it, the AMA allowed “assigning credit for teaching at Category 1 live activities” from a direct credit awarded by the AMA to one involving ACCME accredited providers who would be able to award credit to their faculty for the learning involved in preparing to teach in live CME activities. The AMA wrote,

Providers may also award AMA PRA Category 1 Credit to their faculty for teaching at the provider’s designated live activities. This credit acknowledges the learning associated with the preparation for an original presentation. Assigning credit for teaching at Category 1 live activities:

Faculty may be awarded two (2) AMA PRA Category 1 Credits for each hour they present at a live activity designated for such credit.

Faculty may not claim simultaneous credit as physician learners for sessions at which they present; however, they may claim participant credit for other sessions they attend as learners at a designated live activity.

Credit may only be claimed once for repeated presentations.

The ACCME has taken formal action to affirm the linkage between accreditation and credit, which MSMS has adopted.

**Teaching Credit / Credit for Teaching Activities**

MSMS expects that providers who award faculty teaching credit are building a separate educational activity that must meet all accreditation requirements, including the ACCME Standards for Commercial Support™. That means there must be documentation of the assessment of needs, evaluation, etc., that relates to the individual receiving the teaching credit.

Teachers and authors provide the link between learner needs and expected results. Faculty are chosen for their ability to facilitate learning in order to achieve the expected result of the activity. Implicit in one’s role as faculty is the expectation that the teacher/author’s expertise and skill is the same as the purpose or objective of the activity. In other words, the teacher’s starting point is the learner’s end point. CME is about learning and change. It is about improvements in competence, or performance, or patient outcomes. Accredited providers, therefore, need to find a way to facilitate improvements of the teachers and authors who receive credit. This is applicable to all formats of CME.

**Annual Reports and Fees**

Every accredited provider must complete an annual report summarizing its CME program and remit annual fees each year to keep their accreditation in good standing. Annual report data will be collected and forwarded to the ACCME. The data will be aggregated and analyzed by the ACCME for publication later in the year. In addition to this annual report data, every accredited provider is required to remit the MSMS Annual Report fee as well as the ACCME Annual fee. Failure to submit either the annual report or annual fees by the due date will result in late fees and may result in suspension of the organization's CME accreditation.
Record Retention
An accredited provider is required to retain activity files/records during the current accreditation period or for the last twelve months, whichever is longer.

An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation.

An accredited provider is required to maintain attendance records for a Category 1 CME activity for at least six (6) years following the completion of the activity.

Policy on Out-of-State and Nationally Advertised Meetings Sponsored by MSMS Accredited Institutions
MSMS, in an attempt to foster continuing medical education of high quality at a reasonable cost, available to all physicians in Michigan, specifies the following criteria of eligibility for accreditation.

- Organizations which offer a program of continuing medical professional medical education on a regular and recurring basis to physicians, and who serve registrants of whom more than 70% are from within Michigan and its bordering states.

- Organizations that offer regular and recurring activities to registrants of whom more than 30% are from beyond Michigan and its bordering states, should apply for national accreditation.

Policy on Out of State Activities
Organizations accredited by the MSMS hold intra-state accreditation, and thus, they are expected to conduct CME activities specifically within the state of Michigan for the local physician audience. The MSMS considers physicians from Michigan’s contiguous states of Wisconsin, Indiana, and Ohio to be a local physician audience.

In the event that an accredited provider wishes to develop an activity to be held outside the boundaries of the state of Michigan or its contiguous states, a formal request must be submitted to the MSMS Committee on CME Accreditation before any substantial educational planning or implementation occurs.

An out-of-state activity must be designed and developed based on the needs of the provider’s local physician audience. In addition, it must be clear that the activity is primarily being held for the benefit of the provider’s local physician audience.

An out-of-state activity must clearly demonstrate commitment to the educational process, and the activity must be controlled and administered by qualified CME personnel of the accredited organization. The activity must comply with all aspects of the Updated Criteria and Policies. It is the expectation of the Committee on CME Accreditation that education will be the primary purpose of the out-of-state activity and that the activity is intended for a group of Michigan physicians falling within the target audience of the accredited provider as specified in its CME Mission Statement. Out-of-state social gatherings and outings with minimal educational time and value are not permissible.

It is important to remember that the MSMS grants intra-state accreditation for the benefit and convenience of physicians located in the state of Michigan. In addition, the ACCME specifies that organizations which conduct CME activities which enjoy a 30% national audience or higher (during their period of accreditation) will apply for national accreditation directly through the ACCME.

Policy on National Advertising
Currently, the ACCME does not restrict intra-state accredited providers from advertising their CME activities on a national basis. However, the ACCME specifies that providers who are serving registrants,
more than 30% of whom are from beyond bordering states, must apply for national accreditation directly through the ACCME.

If an MSMS accredited provider elects to present nationally advertised activities, it is the provider’s responsibility to monitor the attendance at each national activity and report to the MSMS during the next accreditation survey. If the MSMS determines that the accredited provider’s total audience exceeds the 30% rule, then the MSMS will instruct the accredited provider to seek national accreditation, as required by the ACCME. It is important to note that the 30% rule refers to the accredited provider’s total audience for all activities presented during the entire accreditation period.

Organizations that have probationary and provisional accreditation may not present a nationally advertised activity.

**General Survey Information**

1. Following MSMS policy, the MSMS Committee on CME Accreditation accredits institutions or organizations, NOT specific courses or other activities. Accreditation covers all organized learning activities.

2. Study this manual carefully. If you have questions, please call or write:

   Brenda Marenich, Manager, Physician Education
   Michigan State Medical Society
   120 W. Saginaw
   East Lansing, MI 48823
   517-336-7580
   Fax: 517-336-5797
   E-mail to bmarenich@msms.org

3. Cost of Accreditation, please see the MSMS Documents and Forms Library for the current listing of MSMS CME Accreditation fees at www.msms.org/cmeaccreditation.

4. Submit the completed application for accreditation and enclose the appropriate fees made payable to the Michigan State Medical Society and mail to:

   Department of Continuing Medical Education
   Michigan State Medical Society
   120 W. Saginaw
   East Lansing, MI 48823

5. **Initial Survey Visit**: Upon receipt of the completed application for accreditation and registration fee, the applicant will be contacted regarding the establishment of a site survey visit.

6. **Site Visit Team**: A survey team consisting of one or two members and/or staff of the MSMS Committee on CME Accreditation of the Michigan State Medical Society will be selected to conduct the survey.

7. **Site Survey Visit Report**: Immediately following the survey visit, the chair of the survey team will forward a report of the team's recommendations to the Michigan State Medical Society for review by the MSMS Committee on CME Accreditation, which meets 4-5 times a year. The MSMS Committee on CME Accreditation will carefully review and discuss the report and make its recommendations, and will then notify the involved institution/organization and the ACCME of accreditation decisions.
8. **Effective Date of Accreditation Status**: Accredited status, if granted, is from the date of the MSMS Committee on CME Accreditation decision.

9. The institution will be notified well in advance when it is due for resurvey (15 months).

10. Members of the MSMS Committee on Accreditation may act as a counselor and advisors to the provider when necessary.

The MSMS regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision made by the MSMS CME Committee on Accreditation regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process.

Initial and reaccreditation surveys may be conducted “on-site,” “reverse-site,” “telephone” or via “televideo conferencing” at the discretion of the MSMS. Reverse site surveys may take place at the Michigan State Medical Society headquarters located in East Lansing, Michigan, or at a destination specified by MSMS.

The MSMS Committee has the authority to call for an on-site survey at any time. On-site survey must be conducted under any of the following conditions:

1. When a provider has not had an on-site survey during the previous ten years, the on-site survey will be conducted at the next scheduled review.

On-site survey may be conducted under any of the following conditions:

1. As a result of the review a complaint/inquiry. The on-site survey may be conducted at the next scheduled review or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the Essentials of Standards during a review. The on-site survey may be conducted at the next scheduled review or immediately and would defer a recommendation on accreditation.
3. Whenever there is insufficient information on which to make an accreditation recommendation following a reverse-site survey. In this case, the MSMS Committee on Accreditation would recommend only that an on-site survey be conducted immediately and would defer a recommendation on accreditation.
4. Where there is a significant change in the provider’s ownership mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review or immediately.

On-site resurveys may occur at sites other than the provider’s administrative or educational offices if the provider is able to provide the surveyor with:

1. All records or files that will be needed;
2. The opportunity to interact with the CME principles of the applicant; and
3. Appropriate meeting rooms in which to conduct their survey work.

**Provider’s Personnel or Organizational Changes**

**Contact Information:**

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, MSMS requires providers to promptly inform MSMS of any personnel or organizational changes that could impact our ability to contact them. These types of changes include changes of e-mail, address or phone number, and changes to either the CME coordinator or the CME Chair.
Changes may be reported by contacting the MSMS CME Accreditation Committee staff at 517-336-7580.

The MSMS considers the names and contact information of accredited providers to be public information and provides lists of these names to the public and the ACCME, as required.

**Corporate Change (MSMS Policy)**
When the corporate structure of an accredited provider is altered by an acquisition, merger, or dissolution, action will be taken if MSMS Committee on CME Accreditation determines:

1. That the governing body to which the CME unit reports has either been merged or been newly created, and/or
2. The sources of funds and budget approved have changed.

The action will be that a survey will be required within six months and will be limited to collecting evidence that:

1. The accredited CME mission has been affirmed; and
2. There is verification of continued fiscal adequacy and staffing appropriate to the mission

If the evidence collected does in fact indicate that the CME mission has been affirmed and that there is continued fiscal adequacy and staffing then the results of the survey will be:

1. A declaration of the new name of the accredited provider; and
2. Continued accreditation for the specific term.

However, if the results of the limited survey determine that there is not fiscal adequacy and/or that staffing is inappropriate or unknown, and/or a new mission statement has been developed then a full survey will be required.

New providers created through corporate change must contact the CME Accreditation Program Office at 517-336-7580 or 517-336-5716 as a first step towards initial MSMS accreditation.

**Withdrawals of Accreditation**
The MSMS Committee on CME Accreditation must be notified in writing of voluntary withdrawals of accreditation. No refunds will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation.

Organizations seeking to restore their ability to offer CME credit as MSMS-accredited CME providers will be considered initial applicants and must follow the procedures for applying for initial accreditation as outlined in the Initial Application Requirements section.
Continuing Medical Education SAMPLE ANNUAL REPORT

<table>
<thead>
<tr>
<th>ACCME Provider #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CME Program Summary</td>
</tr>
</tbody>
</table>

Please provide the following information about your CME activities, indicating N/A if information is not applicable to your organization.

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Number of Activities</th>
<th>Hours of Instruction</th>
<th>Physician Participants</th>
<th>Non-Physician Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directly sponsored</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regularly scheduled series (count each series as 1 activity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Item Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet Searching and Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manuscript Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning from Teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enduring Materials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Journal-based CME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal, Directly sponsored</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jointly sponsored</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regularly scheduled series (count each series as 1 activity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Item Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet Searching and Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manuscript Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning from Teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enduring Materials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Journal-based CME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal, Jointly sponsored</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for all activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Income and Expenses.** Summarize for the CME unit for the last complete fiscal year. Please enter values rounded to nearest dollar. If you do not have available data write N/A in the space.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount of commercial support (Financial, or in-kind, contributions given by a commercial interest)</td>
<td>$</td>
</tr>
<tr>
<td>Total advertising and exhibit income received:</td>
<td>$</td>
</tr>
<tr>
<td>Total income received from other sources: (Internal allocations, registration fees, government. grants, etc)</td>
<td>$</td>
</tr>
<tr>
<td>Total expenses of your CME unit:</td>
<td>$</td>
</tr>
</tbody>
</table>
Procedure For Processing Complaints/Inquiries Concerning Intrastate CME Providers
The following outline is a guide for processing complaints/inquiries received by the Michigan State Medical Society Committee on CME Accreditation which indicate that an accredited CME Provider may not be in compliance with the Accreditation Elements or Policies or may not follow established accreditation policies with regard to one or more of its activities:

1. All complaints considered under this procedure must be received in writing. The MSMS CME staff will review the complaint/inquiry to determine whether it relates to the manner in which the intrastate CME Provider complies with the Accreditation Elements or Policies or follows established accreditation policies.

   a. If the complaint/inquiry is judged not to relate to compliance with Accreditation Elements or Policies or to established accreditation policies, the person initiating the complaint shall be notified by the MSMS.

   b. If the complaint/inquiry is judged to be related to compliance with the Accreditation Elements or Policies or to established accreditation policies, the following shall be observed:

      (1) The confidentiality of the complaining/inquiring party shall be protected.

      (2) The complaint will be included on the agenda of the next regular meeting of the MSMS CME Committee on Accreditation, and the Committee will determine whether an investigation and report is warranted. If warranted, the report will be included on the following Committee agenda, and will include the following:

         (a) The inquiry letter from the MSMS to the CME provider.

         (b) The CME provider's response to the MSMS inquiry letter (including copies of relevant documentation).

2. Upon receipt of the report, the MSMS Committee on CME Accreditation will determine whether additional information is necessary, or whether the information submitted is adequate. The CME provider will be notified of the MSMS Committee on CME Accreditation’s decision. In addition, the complaining party will be notified of the final disposition of the complaint.

The length of time during which an accredited CME provider must be accountable for any complaints/inquiries received by the MSMS Committee on CME Accreditation is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.

RECONSIDERATION AND APPEAL OF ADVERSE ACCREDITATION DECISIONS
An adverse accreditation decision is a decision by the Michigan State Medical Society Committee on Continuing Medical Education Accreditation to deny or withdraw a hospital or other health-related organization’s CME accreditation or to place the organization on probation.

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

Step 1: Reconsideration Process
Requests for reconsideration should be filed only under one or more of the conditions listed below. The request must specify the condition(s) under which the request is being filed and provide written documentation to substantiate the request.

Conditions under which a request for reconsideration may be filed:

- The Committee’s decision was based on the evaluation of arbitrary factors not addressed in written documentation of the MSMS CME Accreditation Standards, as published and available to all accredited CME providers.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the MSMS CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the MSMS CME Accreditation Standards.

The request must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization’s survey may not be submitted or used in reconsideration of the Committee’s decision.

To begin the reconsideration process, the applicant must submit a written request for reconsideration within 60 calendar days of the date of the Committee's decision letter. Requests must be addressed to the CME Program Administrator at the following address:

MSMS Committee on CME Accreditation
Brenda J. Marenich
120 West Saginaw St
East Lansing, Michigan  48823

If a request for reconsideration is properly filed, the organization’s status will remain as it was prior to the adverse decision until the Committee has completed action upon the request.

Upon receipt of the request, one or more members of the MSMS CME Committee who was not the original surveyor will be asked to review the request. This reviewer will be provided with all material used in the accreditation decision as well as documentation submitted with the request for reconsideration. The reviewer may request additional information from the original surveyor. The MSMS CME Committee may request an additional on-site survey to discuss the Committee’s action and the request for reconsideration.

The reviewer(s) will submit a report of his/her findings to the MSMS CME Committee for action at its next regularly scheduled meeting. If the MSMS Committee on CME Accreditation decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the MSMS Committee on CME Accreditation originally took action. If the MSMS Committee on CME Accreditation decides to non-accredit the organization, this action will be effective immediately. Within 14 working days of the Committee’s action, the organization will be notified in writing of the Committee’s decision.

Step 2: Appeals Process

A request for an appeal will be accepted only in cases where the adverse decision is first upheld under the reconsideration process. If the MSMS CME Committee sustains its adverse decision, the organization may request a written hearing before an appeals board.

Requests for appeal should be filed only under one or more of the conditions listed below. The request must specify the condition(s) under which the appeal is being filed and provide written documentation to substantiate the appeal. Conditions under which a request for appeal may be filed:
• The Committee’s decision was based on the evaluation of arbitrary factors not addressed in written documentation of the MSMS CME Accreditation Standards, as published and available to all accredited CME providers.

• The organization was not given sufficient opportunity to provide documentation of its compliance with the MSMS CME Accreditation Standards.

• The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the MSMS CME Accreditation Standards.

The request for appeal must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization’s survey may not be submitted or used in appeal of the Committee’s decision.

To file an appeal, the organization must submit a written request for appeal within 20 calendar days of the date of the letter notifying the organization of the Committee's decision. Appeals should be addressed to the chairperson of MSMS Board of Directors. The appellant should also send documentation to support the appeal to the following address:
MSMS Board of Directors
120 West Saginaw St
East Lansing, Michigan  48823

If a request for an appeal is properly filed, the organization’s status will remain as it was prior to the adverse decision until the MSMS Board of Directors has taken final action on the appeal.

The chairperson of the MSMS Board of Directors or designee will forward a copy of the appeal to the MSMS CME Accreditation Committee. The MSMS CME Committee shall provide a written response to the Board of Directors within 15 working days. A copy of this response will also be sent to the appellant.

The MSMS Board of Directors will review the appeal and make a final decision based upon the original application for accreditation/reaccreditation. No material developed after the survey is to be introduced.

The decision of the MSMS Board of Directors will be final. If the Board of Directors decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the MSMS CME Accreditation Committee originally took action. If the MSMS Board of Directors decides to non-accredit the organization, this action will be effective immediately.
SURVEYOR CONFLICT OF INTEREST
Surveyors conducting an accreditation survey of an institution/organization may not participate in a survey in which the surveyor has a potential conflict of interest.

Surveyors cannot have been appointees or employees of, or consultants to, the provider institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the provider institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers or applicants to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider’s opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.

MSMS CME Accreditation Committee members shall abstain from voting on the accreditation status of an institution where there is a potential conflict of interest.

SURVEYOR EVALUATION
The information contained in surveyor evaluations completed by CME providers will be held in the strictest of confidence and will not be provided to the members of the survey team, or any decision makers of the accreditation process, until after a final decision has been reached on the status of the application.

ENDURING MATERIALS
The following GUIDELINES are intended to assist providers to comply with the MSMS’s Accreditation Elements and Policies of continuing medical education as they pertain to enduring materials.

Definition
An enduring material is a non-live CME activity that “endures” over time. Typically they are printed, recorded, or computer-assisted instructional materials that may be used wherever/whenever, which, in themselves, constitute a planned activity of continuing medical education. Examples of such materials for independent learning by physicians include: programmed texts, audiotapes, videotapes, and computer-assisted instructional materials that are used alone or in combination with written materials. Not included are "reference materials" such as books, journals (unless otherwise specified), or manuals.

Enduring materials must comply with all MSMS Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities.

Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. ACCME accreditation statement.
2. Purpose and objectives.
3. Financial relationship information
4. Name of commercial supporter(s)
5. Principal faculty and their credentials;
6. Medium or combination of media used;
7. Method of physician participation in the learning process;
8. Estimated time to complete the educational activity (same as number of designated credit hours);
9. Dates of original release and most recent review or update; and
10. Termination date (date after which enduring material is no longer certified for credit).

Guidelines
1. Beginning to participate in enduring materials represents a major change in the overall program of an accredited provider and must be reported to the MSMS.
2. Design and use of enduring materials must be consistent with the provider's overall CME mission and must be described as being within the scope of the provider's CME efforts.
3. Enduring materials must be based upon identified CME needs of given target groups of physicians.
4. The provider must develop objectives and/or establish a stated purpose for each item of enduring material and must communicate these to the prospective participants.
5. The medium, or combination of media, chosen by the provider must be consistent in content and method with the stated objectives or purpose. The overall length of the recorded materials and estimated study time for completing the activity should be specified. A statement should be displayed that the CME activity was planned and produced in accordance with the MSMS’s Accreditation Elements and Policies.
6. Every provider must evaluate each unit of enduring material at least once every three years, or more frequently if indicated by new scientific developments. The provider must demonstrate that findings from the evaluation process are used to revise, update, or plan future versions of the enduring materials. The date of original release must be prominently displayed, along with the most recent date of review and revision or approval, if applicable.
7. Providers of enduring materials must have a mechanism to record and, when authorized by the participating physician, to verify participation.
8. In instances of Joint Sponsorship, an accredited provider must assume ongoing responsibility for the planning, proper use, and evaluation of the CME activity. Planning includes identification of the target physicians, the educational needs to be addressed, the appropriate objectives or stated purpose, educational content, selection of media and faculty, and the production quality. Proper use includes marketing, distribution, and establishing the conditions for effective participation.
9. Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.
10. MSMS policy does not require 'post-tests' for enduring materials. The MSMS records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.
11. Sometimes providers will create an enduring material from a live CME activity. When this occurs, the MSMS considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MSMS requirements, and the enduring material activity must comply additionally with all MSMS policies that relate specifically to enduring materials.

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

Commercial Acknowledgment in Enduring Materials

This policy shall apply to all enduring materials:
1. Product specific advertising of any type is prohibited in enduring materials.
2. Commercial support must be acknowledged in printed materials such as the promotional flier, syllabus or study guide.
3. This acknowledgment must be placed only at the beginning of the enduring material.
4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of
the company or institution and may include corporate logos and slogans, if they do not promote a
specific product or device.

**JOURNAL BASED CME**
Journal-based CME is a form of enduring material; therefore, all accreditation requirements for enduring
materials must be met.

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

The educational content of journal CME must be within the MSMS’ Definition of CME.

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

1. The MSMS does not consider a journal-based CME activity to have been completed until the
learner documents participation in that activity to the provider.
2. None of the elements of journal-based CME can contain any advertising or product group
messages of ‘commercial interests.’ Disclosure information cannot contain trade names. The
learner must not encounter advertising within the pages of the article or within the pages of the
related questions or evaluation materials.

**INTERNET CME/HOME PAGE**
MSMS accredited providers are allowed to list CME activity information, descriptions, and
advertisements on a “home page” on the Internet. In the description of your target audience, providers
must specify that the intended audience is Michigan physicians. MSMS accredited providers, however,
are prohibited from advertising their CME activities, or disseminating descriptions or advertisements to a
national audience via the Internet or through services that list on the Internet.

**INTERNET**
Live or enduring material activities that are provided via the Internet are considered to be “Internet
CME.” Internet CME must comply with all MSMS Accreditation Elements (including the Standards for
Commercial Support) and Policies. However, there are special requirements for Internet CME because of
the nature of the activities:

*Activity Location:* MSMS accredited providers may not place their CME activities on a pharmaceutical or
device manufacturers’ product website.

*Links to Product Websites:* With clear notification that the learner is leaving the educational website, links
from the website of an MSMS 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: Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.

Hardware/Software Requirements: The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

Accredited providers may not place their CME activities on a website owned or controlled by a ‘commercial interest’. (All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.)

REGULARLY SCHEDULED SERIES – MONITORING SYSTEM

Definition
A Regularly Scheduled Series (RSS) is defined as an activity that is planned to have
1) a series with multiple sessions that
2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and
3) are planned by and presented to the accredited organization’s professional staff.

Examples of activities that are planned and presented as a regularly scheduled conference/series are Grand Rounds, Tumor Boards, and M&M Conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSSs because each of these organization types has in-house professional staff. RSSs are only offered as directly-sponsored activities to the accredited organization’s professional staff.

Examples of regularly scheduled series are Grand Rounds, Tumor Boards, and M&M Conferences. Joint-sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers.

Monitoring System
When presenting daily, weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff, the provider must describe and verify that it has a system in place to monitor the activities’ compliance with the MSMS CME Accreditation Standards, including the ACCME Standards for Commercial SupportSM.

The provider must verify its system to monitor for compliance to assure that the activity:
• Is based on real performance data and information derived from the regularly scheduled conferences that describe compliance (in support of Elements 2.1-2.5 and 3.1-3.3), and Results in improvements when called for by this compliance data (in support of Elements 2.4-2.5 and 3.1), and...
Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3)

*This clarification was added in 2009 and is effective immediately*

In addition, the provider must provide evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:

- The MSMS expects that all series, and all sessions within a series, will meet Updated Accreditation Criteria and be in compliance with MSMS Policies. Providers’ monitoring systems must incorporate, measure and document compliance with Criteria 2 - 11 and applicable MSMS Policies.
- The provider must collect data and information from all series as a part of its monitoring system. However, data on each Criterion and Policy need not be collected from every series. For example, a CME provider may monitor Series A for meeting Criterion 2 and Series B for meeting Criterion 3.
- Monitoring data may be derived from either (1) a sample of a provider’s sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.
- A provider must analyze the data and information and determine if the RSS has met Updated Accreditation Criteria 2 - 11 and the applicable MSMS Policies. A provider must also analyze the data and information for Criteria 16 - 22 (in consideration of Accreditation with Commendation) if it chooses to monitor these criteria. A provider would indicate that an RSS has met a Criterion or is in compliance with an MSMS Policy if its monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved in 100% of the sample.

**Information Management System**

The provider must make available and accessible to the learners an information management system (examples include paper, web or database systems) through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include:

- Learner identifier
- Name/topic of activity
- Date of activity
- Hours of credit designated or actually claimed

Note: MSMS limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.
AMA PRA CATEGORY 2 CREDIT™ ACTIVITIES

For more information about AMA PRA Category 2 Credit™ activities, please refer to the AMA’s Physicians Recognition Information Booklet, Version 2006. If you do not have a copy of the booklet, please go here: [http://www.ama-assn.org/ama/pub/category/15889.html](http://www.ama-assn.org/ama/pub/category/15889.html)

Physician may claim AMA PRA Category 2 Credit™ for such learning activities as:

- Teaching residents, medical students or other health professionals
- Unstructured online searching and learning
- Reading authoritative medical literature
- Participating in live activities not designated for AMA PRA Category 1 Credit™
GLOSSARY OF TERMS

Accreditation: The decision by the Michigan State Medical Society (MSMS) that an organization has met the requirements for a CME provider as outlined by the MSMS. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME’s seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by the Michigan State Medical Society Committee on CME Accreditation in evaluation of accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

**Directly Sponsored Activity** – An activity planned and implemented by a Michigan State Medical Society accredited provider of CME.

**STATEMENT OF ACCREDITATION**
The [name of accredited provider] is accredited by the Michigan State Medical Society to provide continuing medical education for physicians.

**AMA/PRA DESIGNATION STATEMENT**
[name of accredited provider] designates this educational activity for a maximum of [number of credits] AMA PRA Category 1 Credit(s)\textsuperscript{TM}. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Jointly Sponsored Activity** – An activity planned and implemented by one accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Michigan State Medical Society’s Accreditation Elements and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

**STATEMENT OF ACCREDITATION - JOINT SPONSORED ACTIVITY**
This activity has been planned and implemented in accordance with the Accreditation Elements and Policies of the Michigan State Medical Society through the joint sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Michigan State Medical Society to provide continuing medical education for physicians.
AMA/PRA DESIGNATION STATEMENT
[name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

**Accreditation Survey:** A form of data collection by the Michigan State Medical Society Committee on CME Accreditation that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of two ways: *on site*, which is in-person at the site of the accredited institution/organization, or its activity or *reverse site*, which is in-person at a site determined by the MSMS. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

**Accreditation with Commendation:** The decision by the Michigan State Medical Society Committee on CME Accreditation that an organization has exceeded the standards for a CME provider as outlined by the MSMS. The standard term of accreditation with commendation is six years.

**Activity:** An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. The MSMS will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the MSMS’s Accreditation Elements and Policies, including the Standards for Commercial Support.

**Activity Review:** The form of data collection that allows the Michigan State Medical Society Committee on CME Accreditation to observe an activity and document compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

**Adverse Accreditation Decision:** Decisions of the MSMS Committee on CME Accreditation of Probation or Non-Accreditation.

**Annual Report:** The form of data collection that requires an annual submission of data from each accredited provider and allows the MSMS to monitor changes in an individual accredited provider’s program and within the population of accredited providers.

**Application:** A form of data collection by the MSMS that allows the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

**Classifications of Compliance with Accreditation Elements:** Using criteria, the MSMS Committee on CME Accreditation will determine the level of compliance with each criteria in the Accreditation Elements. The findings could be one of four levels of compliance: exemplary compliance, compliance, partial compliance, or noncompliance.

**CME Director:** The individual, most often a physician, who directs the CME program within the accredited institution/organization. See Appendix A.
**Commercial Supporter:** The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support. Funds received from a government source are not considered commercial support.

**Committee Learning:** A CME activity that involves a physician learner’s participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.

**Compliance:** The provider is always or consistently meeting the standard of practice for the judged element.

**Conflict of Interest:** When an individual’s interests are aligned with those of a commercial interest the interests of the individual are in ‘conflict’ with the interests of the public. The MSMS 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 potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**Continuing Medical Education (CME):** 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.

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

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

CME that discusses issues related to coding and reimbursement in a medical practice falls within the MSMS’s definition of CME.

**Cosponsored Activity:** A CME activity presented by two or more accredited providers. One institution must take responsibility for the activity and the appropriate direct accreditation statement must be used.

**Course:** A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity. (Examples: annual meeting, conference, seminar)
Credit: The “currency” assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The levels of performance and/or accomplishment required by the MSMS of an accredited provider for each Accreditation Element.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verification of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the MSMS.

Directly-sponsored: An activity that is planned, implemented and evaluated by the accredited provider. Include cosponsored activities (provided by two accredited providers) in this category if you are the accredited provider awarding the credit.

Documentation Review: Data collection that allows the MSMS to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey.

Elements: The descriptors of performance in each accreditation criterion that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded, computer assisted instructional materials or internet-based activities, which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include programmed texts, audiotapes, videotapes and computer assisted instructional materials used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

Exemplary Compliance: The provider exceeds the standard of practice for the judged element.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

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. The MSMS considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Hours of Instruction: The total hours of educational instruction provided. For example, if a one-day course lasts 8 hours, then total hours of instruction for that course is 8. See Regularly Scheduled Conference for additional example. ‘Hours of instruction’ and AMA PRA Category 1 Credit ™ awarded may be the same or may be different. MSMS is looking for ‘Hours of instruction’ as part of our data that will describe the scope of the CME program.
**Internet Activity, Live:** A live Internet activity is an online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. (Example: webcast)

**Internet Activity, Enduring Material:** An Enduring Material Internet Activity 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)

**Internet Searching and Learning:** A CME activity in which a learner accesses the content of the activity directly from the internet. This is differentiated from a ‘course’ and an ‘enduring material’ because the provider does not create the content but rather the learner chooses content based on what (s)he feels meets their needs or answers their questions.

**Joint Sponsorship:** Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

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

**Learning from Teaching:** A CME activity based on the physician learner's preparation to teach in a live CME activity.

**Manuscript Review:** A CME activity based on a learner’s participation in the pre-publication review process of a journal article.

**Multi-institutional system:** Organization consisting of more than two institutions separated by space/location or having multiple sites.

**Needs Assessment/Data:** A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provides the basis for developing learner objectives for the CME activity.

**Non-accreditation:** The accreditation decision by the Michigan State Medical Society Committee on CME Accreditation that an organization has not demonstrated the standards required for a CME provider.

**Noncompliance:** The provider is not meeting the standard of practice for the judged element.

**Non-Physician Participants:** Attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Include residents in this category.

**Objectives:** Statements that clearly describe what the learner will know or be able to do after participating in the CME activity. The statements should result from the needs assessment data. Providers may also state the purpose of an individual activity in lieu of developing specific objectives.

**Organizational Framework:** The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.
Participant: An attendee or learner, primarily a physician, at a CME activity.

Partial Compliance: The provider is only sometimes or not fully meeting the standard of practice for the judged element.

Performance Improvement: It is a CME activity in which a provider has established a process by which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

Physician Participants: MD and DO activity-participants

Planning Process(es): The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: The accreditation decision by the Michigan State Medical Society Committee on CME Accreditation that an accredited provider has not met all the standards for a CME provider as outlined by the MSMS. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities. Please note that the period of probation is time limited.

Program of CME: The CME activities and functions of the provider taken as a whole.

Progress Report: A report prepared for the MSMS by the accredited provider communicating changes in the provider’s program to demonstrate compliance with the Accreditation Elements that were found in partial compliance, or non-compliance, during the most recent accreditation review.

Provider: The institution or organization that is accredited by the MSMS to present CME activities.

Provisional Accreditation: The accreditation decision by the Michigan State Medical Society Committee on CME Accreditation that an initial applicant for accreditation has met the standards for a CME provider as outlined by the MSMS. Please note that the period of probation is time limited.

Regularly Scheduled Conferences (RSC’s): A course is identified as an RSC when it is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization’s professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences. When reporting on RSC activities, each series equals one activity. The cumulative number of hours for all sessions within a series equals the number of hours for that activity. Each physician is counted as a learner for each session he/she attends in the series. (Example: Internal Medicine Grand Rounds is one activity that meets for one hour each week. That series is counted as one activity with 52 hours of instruction; if 20 physicians participated in each session, total physician participants would be 1,040 for that activity.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. The MSMS 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 MSMS defines “‘relevant’ financial relationships” as financial relationships in any amount occurring in within the past 12 months that create a conflict of interest.
**Sponsor:** See Provider

**Standards of Commercial Support:** Standards to ensure independence in planning and implementing CME activities

**Supporter:** See Commercial Supporter

**Survey:** See Accreditation Survey

**Test Item Writing:** A CME activity based on a learner’s participation in the pre-publication development and review of any type of test-item (ex: multiple choice questions).

**Types of Activities:** These are not intended as restrictive definitions nor are they compliance criteria. They are descriptors for data collection purposes. In the MSMS accreditation process, regardless of what an activity is called, MSMS will simply look for verification that it was planned, implemented and evaluated in accordance with the ACCME® Essential Areas and their Elements, and Accreditation Policies.
RESOURCES

PROVIDER ACCREDITATION INFORMATION:

Brenda Marenich, Manager, Physician Education
Michigan State Medical Society
120 W. Saginaw
East Lansing, MI  48823
517-336-7580
517-336-5797 (fax)
bmarenich@msms.org

Kathryn Barnes, CME Coordinator
Michigan State Medical Society
120 W. Saginaw
East Lansing, MI  48823
517-336-5716
517-336-5797 (fax)
kbarenes@msms.org

Accreditation Council for Continuing Medical Education (ACCME)
(312) 775-7401
www.accme.org

Alliance for Continuing Medical Education
(205) 824-1355
www.acme@acme-assn.org

American Academy of Family Physicians (AAFP)
800-274-2237
www.aafp.org

PHYSICIAN RECOGNITION AWARD INFORMATION:

American Medical Association
(312) 464-4671
www.ama-assn.org/go/cme

PHYSICIAN CME REQUIREMENTS FOR LICENSURE

Department of Michigan of Consumer & Industry Services, Credentials Unit
517-335-0930
1)  At the first prompt, press 1
2)  At the second prompt, press 2
3)  At the third prompt, press 4
4)  At the fourth prompt, press 3
You will be directed to a customer service representative