2015
IMQ/CMA
Accreditation Criteria and Policies
for Continuing Medical Education (CME)
*with annual report glossary

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INTRODUCTION

ACCME RECOGNITION
The Institute for Medical Quality (IMQ)/California Medical Association (CMA) has been designated by the Accreditation Council for Continuing Medical Education (ACCME), the nationally-recognized accrediting agency for continuing medical education (CME), as an accreditor for California and bordering states including Hawaii and Alaska. IMQ, on behalf of CMA, accredits hospitals, ambulatory care clinics, specialty societies, health plans, and other health care organizations on a voluntary basis to offer AMA PRA Category 1 Credits™.

Physicians who attend CME courses offered by IMQ/CMA accredited providers meet the Medical Board of California's Division of Licensure requirements for physician licensure and receive credits towards the American Medical Association's Physician's Recognition Award (AMA PRA) and the California Medical Association's Certification in Continuing Medical Education.

AMERICAN MEDICAL ASSOCIATION
In 2010, the American Medical Association (AMA) published a revised version of its booklet the Physicians Recognition Award & 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. The booklet is available online at: http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/full-text-booklet.page.

AMA Definition of CME
The AMA HOD and the Council on Medical Education have defined continuing medical education as follows: CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. (HOD policy #300.988)

Educational Content of Certified CME
Certified CME is defined as:
1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g. office management, patient-physician communications, faculty development) for AMA PRA Category 1 Credit™ as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for AMA PRA Category 1 Credit™.

Activities Ineligible for AMA PRA credit
CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:
• Clinical experience
• Charity or mission work
• Mentoring
• Surveying
• Serving on a committee, council, task force, board, house of delegates or other professional workgroup
• Passing examinations that are not integrated with a certified activity

CALIFORNIA LEGISLATURE DEFINITION OF CONTINUING MEDICAL EDUCATION
The California Legislature (Business and Professions Code Section 2190-2196.7) defines CME as follows:

The Continuing medical education standard of section 2190 may be met by educational activities that meet the standards of the Division of Licensing and serve to maintain, develop or increase the knowledge, skills, and professional performance that a physician or surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

1. Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine
2. Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine
3. Concern bioethics or professional ethics
4. Designed to improve the physician/patient relationship

The definition expressly excludes: Educational activities that are not directed toward the practice of medicine, or are directed toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing.

Examples of Courses Eligible for CME According to California Legislature
CME committees may consider courses related to the following as eligible:

• Quality assessment and clinical outcome measurements
• Risk management relative to preventive care
• The evolving role of physicians in managed care, (i.e., leadership, management/administration, policy development)
• Various organizational models - how they work; steps required to develop a model and physicians’ roles in them

Examples of Courses Ineligible for CME According to California Legislature
CME committees should not consider courses related to the following as eligible:

• Medical office management in integrated healthcare delivery/group practice arrangements
• Marketing of integrated delivery systems/group practice arrangements
• Understanding corporate structure from a financial or legal perspective

IMQ Note: Under California law, courses on the coding aspects of ICD-10 do not qualify for CME credit. ACCME and some accrediting organizations outside of California do award CME credit for activities on billing and coding, such as ICD-10. However, any provider based in California and offering CME activities for California licensed physicians, cannot award AMA PRA Category 1 Credit(s)™ for a course covering billing and coding topics. CME credits may be awarded for any portion of the content that is focused on patient care and not financially related. If you have any questions about course content that is eligible for CME credit, please contact the IMQ/CMA CME Accreditation Program Office.
IMQ/CMA’S CME ACCREDITATION PROGRAM

IMQ/CMA’s CME Accreditation Program is administered under the leadership of the IMQ/CMA’s Committee on Continuing Medical Education. This CME Committee makes final accreditation decisions for CME programs in order to foster continuing medical education of high quality available to all physicians in California. IMQ/CMA specifies the following criteria of eligibility for accreditation:

- Organizations which offer a program of continuing medical professional education on a regular and recurring basis to physicians, and who serve registrants of whom more than 70% are from within California and its bordering states (Arizona, Nevada, Oregon, and including Alaska and Hawaii).
- IMQ/CMA is also approved to accredit organizations in Alaska where 70% of their registrants are from within the state.
- Organizations that do not meet the above criteria, i.e., more than 30% are from beyond California and its bordering states or are in Alaska, should apply for accreditation by ACCME.
- Organization must not be a commercial interest as defined by the ACCME.
- Activities conducted within by a CME program must have “valid” content as defined by the American Medical Association and the California Legislation.

Accreditation Levels, Terms & Decisions

The IMQ/CMA CME Accreditation Program surveys organizations for compliance with:

- Criteria 1-13 in three areas: Mission (Criterion 1): Educational Planning (Criteria 2-6); and Evaluation and Improvement (Criteria 11-13).
- ACCME Standards for Commercial SupportSM (Criteria 7-10)
- Fulfillment of Criteria 16-22 qualifies an organization to receive Accreditation with Commendation
- IMQ/CMA Supplemental Policies for Cultural and Linguistic Competency (CLC) requirement
- Policies related to accreditation and credit designation statements, record keeping, reporting.

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<th>Type of Accreditation</th>
<th>Requirements</th>
<th>Length of Term</th>
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<tbody>
<tr>
<td>Provisional</td>
<td>Compliance with Criteria 1,2,3 and 7 to 12 and all Accreditation Policies</td>
<td>2 years</td>
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<tr>
<td>Accreditation</td>
<td>Compliance with Criteria 1 to 13 and all Accreditation Policies</td>
<td>4 years</td>
</tr>
<tr>
<td>Accreditation with Commendation</td>
<td>Compliance with Criteria 1 to 13, Commendation Criteria 16-22 and all Accreditation Policies</td>
<td>6 years</td>
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IMQ Notes on the Committee on CME Accreditation Decisions

For each criterion and policy, the CCME will make an accreditation finding of either “Compliance” when the provider demonstrates that they meet the requirement or “Non-Compliance” when the provider does not meet the requirement. The Committee can reach one of the following five decisions:

1. Provisional Accreditation. An initial applicant that is found noncompliant with one or more criterion or policy automatically receives a decision of nonaccreditation.
2. Accreditation. A finding of noncompliance for any criterion or policy will result in an expectation of demonstrated improvement by the provider as shown in an interim report and/or a survey. If a provider fails to demonstrate compliance, a change in status to Probation may result.
3. Accreditation with Commendation. If a provider is found in compliance with (a) Criteria 1-15, and (b) all but one of Criteria 16-22 and with the policies measured during the accreditation process, then that provider is eligible to submit an interim report to be considered for a change in status to Accreditation with Commendation.
4. Probation. Provider receives a four year term but must demonstrate that all noncompliance findings have been converted to Compliance within a maximum two year period or the provider’s status will change to Nonaccreditation.
5. Nonaccreditation. The provider’s accreditation is terminated.
SUMMARY OF CHANGES TO THE ACCREDITATION CRITERIA AND POLICIES
EFFECTIVE MARCH AND JUNE 2014

This manual has been updated to reflect the simplification changes adopted by the ACCME on February 25, 2014 and the changes to the Standards for Commercial Support, effective June 2014. This edition of the manual includes changes to simplify or eliminate some of the criteria and polices, and the addition of an annual report glossary. There are no new requirements.

ACCREDITATION CRITERIA
Criterion 1 has been simplified. Criteria 4, 14, and 15 have been eliminated. The criteria that have been eliminated are noted in red. To avoid confusion, the numbering of the criteria has not changed.

STANDARDS FOR COMMERCIAL SUPPORT
Standard 4.2 incorporates the requirements related to Internet CME and journal-based CME that previously were included in the policies. These changes are noted in blue.

Standards 4.3 and 6.4 incorporate the prohibition against using ACCME-defined commercial interest logos in disclosure of commercial support. These changes are noted in blue.

TERMINOLOGY
The term “joint sponsorship” is replaced by the term “joint providership” throughout the requirements, including in the Standards for Commercial Support and in the Accreditation Statement Policy. The term “Essentials” in the accreditation statement is replaced with “accreditation requirements.”

POLICIES
The Organizational Mission and Framework Policy has been eliminated.

The CME Program and Activity Administration section now includes the following policies that were moved from other requirements into this document:
- English As Official Language for Accreditation and Recognition Procedures
- HIPAA Compliance Attestation
- Administrative Deadlines

This section also includes the following policy that was moved from the Enduring Materials Policy, so that it now accompanies other policy related to content validation:
- Content Validity of Enduring Materials

CME ACTIVITY TYPES
This CME Activity Types section in the policies has been eliminated. Some of the special requirements for Internet CME, enduring materials, regularly scheduled series, and journal-based CME, were eliminated as part of the simplification process. The remaining requirements related to the Standards for Commercial Support and therefore have been incorporated into the Standards, as described above. Previously, these policies also included descriptions of these activity types. These are not requirements— but rather, descriptions, used by accredited providers for annual reporting, and are now incorporated into the Annual Report Glossary. The IMQ/CMA incorporates these descriptions into the annual reports to present the diversity of accredited CME.

ANNUAL REPORT GLOSSARY
The annual report glossary includes descriptions of CME activity types that previously were included in the policies, as well as other explanations and descriptions related to annual reporting.
IMQ/CMA ACCREDITATION CRITERIA AND POLICIES

| Criterion 1 | The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. |
| Criterion 2 | The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. |
| Criterion 3 | The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. |
| **Criterion 4 has been eliminated effective March 2014.** |
| Criterion 5 | The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. |
| Criterion 6 | The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies]. |
| Criterion 7 | The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).* |
| Criterion 8 | The provider appropriately manages commercial support (if applicable, SCS 3).* |
| Criterion 9 | The provider maintains a separation of promotion from education (SCS 4).* |
| Criterion 10 | The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5)* |
| Criterion 11 | The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. |
| Criterion 12 | The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions |
| Criterion 13 | The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. |

**Criteria 14 and 15 have been eliminated effective March 2014.**

*SCS numbers refer to the ACCME Standards for Commercial Support.SM*
Accreditation with Commendation

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<th>Criterion 16</th>
<th>The provider operates in a manner that integrates CME into the process for improving professional practice.</th>
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<td>The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</td>
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<td>Criterion 18</td>
<td>The provider identifies factors outside the provider’s control that impact on patient outcomes.</td>
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<td>Criterion 19</td>
<td>The provider implements educational strategies to remove, overcome or address barriers to physician change.</td>
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<td>Criterion 20</td>
<td>The provider builds bridges with other stakeholders through collaboration and cooperation.</td>
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<td>Criterion 21</td>
<td>The provider participates within an institutional or system framework for quality improvement.</td>
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<td>Criterion 22</td>
<td>The provider is positioned to influence the scope and content of activities/educational interventions.</td>
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ACCME STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

IMQ Note: the Standards for Commercial SupportSM, as well as the POLICIES SUPPLEMENTING THE STANDARDS 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. (See www.accme.org for a definition of a ‘commercial interest’ and some exemptions.)
   (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 provider relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

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

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

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.
STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

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

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

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

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint provider.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4: APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of
For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleafed between computer ‘windows’ or screens of the CME content. (Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited 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 interleafed 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.

(Supplemented, February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

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

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5: CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6: DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

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.
6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

The IMQ/CMA has adopted the following ACCME policies that supplement the standards for Commercial Support℠.

DEFINITION OF A COMMERCIAL INTEREST

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

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. Commercial interests cannot be accredited providers and cannot be joint sponsors. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:
• 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
• Government organizations
• Non-health care related companies
• Liability insurance providers
• Health insurance providers
• Group medical practices
• For-profit hospitals
• For profit rehabilitation centers
• For-profit nursing homes
• Blood banks
• Diagnostic laboratories
ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST

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

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

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

**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.

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

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

**DISCLOSURE OF FINANCIAL RELATIONSHIPS TO THE ACCREDITED PROVIDER**

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

**VERBAL DISCLOSURE TO LEARNERS**

Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the 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) which includes the name of the commercial interest and relationship; or that there was nothing to disclose (SCS 6.2).

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

**COMMERCIAL SUPPORT DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS**

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

- When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.
• An accredited provider can fulfill the expectations of SCS 3.4 - 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

• A provider will be found in 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 accreditation requirements.

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

COMMERCIAL SUPPORT ACKNOWLEDGMENTS
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.

COMMERCIAL EXHIBITS AND ADVERTISEMENTS
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.

IMQ/CMA POLICIES

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

The IMQ/CMA Accreditation Statement for Directly Provided Activities
“The [name of accredited provider] is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.”

Accreditation Statement for Jointly Provided Activities
“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of [name of accredited provider] and [name of nonaccredited provider]. The [name of accredited provider] is accredited by the IMQ/CMA to provide continuing medical education for physicians.”

Collaborative Relationships with Multiple Accredited CME Providers
There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The IMQ/CMA has no policy regarding specific ways in which providers may acknowledge the involvement of other IMQ/CMA or ACCME-accredited providers in their CME activities.
CREDIT DESIGNATION STATEMENT

AMA Credit Designation Statement
The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with AMA PRA Category 1 Credit™ requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

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

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:
- Live activity
- Enduring material
- Journal-based CME activity
- Manuscript review activity
- Test item writing activity
- PI CME activity
- Internet point-of-care activity

Use of phrase “AMA PRA Category 1 Credit™”
The phrase “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 AMA PRA Category 1 Credit™.

Use of the AMA Credit Designation Statement in 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.

Use of the AMA Credit Designation Statement in 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 Credit™ designated for the activity.

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.

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.

Documentation provided to participating physicians must accurately reflect, at a minimum, the
following:
- Physician’s name
- Name of accredited CME provider
- Title of activity
- Learning format
- Location of activity (if applicable)
- Date(s) of live activity or date that physician completed the activity
- Number of AMA PRA Category 1 Credits™ awarded

IMQ Notes:
- 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.
- CMA Certificate Statement can be used on a separate line following the AMA Credit Designation
  statement:
    This credit may also be applied to the CMA Certification in Continuing Medical Education.
- The accreditation statement, the credit designation statement and the CMA certification statement
  should all be on separate lines.
- See Annual Report Glossary below as well as the AMA PRA Booklet for specific requirements for
  each type of learning format.

IMQ EXAMPLES OF CERTIFICATE LANGUAGE
CME Providers must be able to provide documentation to the participating physician of the credit
awarded upon request but they are not required to issue certificates. The following is an example of the
documentation that might be used when awarding AMA PRA Category 1 Credit™ to physicians and
nonphysicians who attend a CME activity.

Example of Physician Certificate of Credit
The [name of accredited provider] is accredited by the Institute for Medical Quality/California Medical
Association (IMQ/CMA) to provide continuing medical education for physicians.”

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

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

Example of Non-physician Certificate of Attendance
The [name of accredited provider] is accredited by the Institute for Medical Quality/California Medical
Association (IMQ/CMA) to provide continuing medical education for physicians.”

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

The IMQ/CMA defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, an IMQ/CMA accredited provider engages in “joint providership” when it plans and presents one or more activities with an organization this is not accredited by IMQ/CMA, ACCME or other ACCME-recognized CME provider. Please note: neither ACCME nor IMQ/CMA intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the words partnership or partners is not included in the definition of joint providership or description of joint providership requirements.

IMQ Note: The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization. Joint providership involves the planning and presentation of CME activities in collaboration with non-accredited providers. RSS cannot be a joint provided activity. An accredited provider is not obligated to enter into such relationships, however, when they chose to do so the accredited provider must be able to document that the activity was planned and presented in compliance with the IMQ/CMA CME criteria and policies.

Informing Learners

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. Any materials for jointly provided activities must carry the appropriate accreditation statement.

Accreditation Statement for Jointly Provided Activities

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint providership of [name of accredited provider] and [name of nonaccredited provider]. The [name of accredited provider] is accredited by the IMQ/CMA to provide continuing medical education for physicians.”

Fees

The IMQ/CMA maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

Compliance and Noncompliance Issues

The IMQ/CMA expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the IMQ/CMA accredited provider’s responsibility to be able to demonstrate compliance through written documentation. Materials submitted that demonstrate compliance may be from either the IMQ/CMA accredited provider’s files or those of the nonaccredited provider.

Providers on Probation

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

Collaborations by Two or More CME Accredited Organizations

If two or more accredited providers jointly plan and present CME activities, one accredited provider must assume responsibility for documentation and assurance that the Essential Areas and Policies of IMQ/CMA are met. Such CME activities should use the directly provided accreditation statement naming the one accredited provider that is responsible for the activity.
CME CONTENT VALIDITY

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

CME Clinical 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.
3. Providers are not eligible for IMQ/CMA 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 ACCME accreditation.

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

CME Content and the American Medical Association Physician’s Recognition Award
All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

CME ACTIVITY AND ATTENDANCE RECORDS RETENTION

Physician Participation
An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever method works best for their organization and learners. IMQ/CMA does not require sign-in sheets.

The critical data and information elements include:
- Learner identifier
- Name/topic of activity
- Date of activity
- Hours of credit designated or actually claimed
Activity Documentation
An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. Maintenance of this documentation enables the provider, at the time of reaccreditation, to show IMQ/CMA how the activities it provided during its current term of accreditation were compliant with all IMQ/CMA Criteria and Policies including the ACCME Standards for Commercial SupportSM and Accreditation Policies.

REGULARLY SCHEDULED SERIES
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 RSS activities include grand rounds, tumor boards, and morbidity and mortality conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSS. The monitoring requirement for RSS has been eliminated.

IMQ Note: All RSS are expected to comply with Criteria 2-11 and policies. RSSs are only offered as directly-sponsored activities to the accredited organization’s professional staff. RSS cannot be a joint-provided activity.

CULTURAL AND LINGUISTIC POLICY
The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006. The following policy applies to non-exempt CME activities and addresses the essential elements for compliance with Assembly Bill 1195. This policy was updated and approved by the Boards of CMA and IMQ in July and August 2013.

Effective September 26, 2014, AB 496 was approved as an amendment to AB 1195, the existing rule that serves as the basis for the IMQ/CMA Cultural and Linguistic Policy for CME-accredited organizations. As a result, Section 2190.1 of the Business and Professions Code expands the definition of cultural competency as follows:

(D) Understanding and applying cultural and ethnic data to the process of clinical care, including, as appropriate, information pertinent to the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities.

Element 3.2.1 The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006. Provider meets or exceeds minimum requirements of AB 1195 by the following:

a) Determine for each planned CME activity with a clinical care focus, if there are cultural or linguistic health disparities relevant to the targeted physician learners and/or their patient community. If no relevant cultural or linguistic health or health care disparities are identified, this should be documented.

b) When a relevant cultural or linguistic health disparity is identified, generate at least one educational component to address the specific need(s) related to the educational activity.

Note: In compliance with California law, relevant Cultural and Linguistic disparities need to be addressed in one or more sessions within a Regularly Scheduled Series (RSS).

Note: IMQ/CMA has always interpreted cultural and linguistic competence as more than language or ethnicity. With the introduction of AB 1195, IMQ instructional materials recommended gender and sexual orientation as disparities to be considered when developing clinical CME activities. Therefore, compliance with AB 496 should be easy for IMQ/CMA-accredited CME providers.
CME PROGRAM ADMINISTRATION REQUIREMENTS

Compliance with the following are determined at the time of initial application and, as required, during each provider’s term of accreditation.

ORGANIZATIONAL MISSION AND FRAMEWORK: This policy has been eliminated effective March 2014.

CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES
The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.

REPORTING AND FEES
Every accredited provider must submit data summarizing its CME program and remit fees each year to keep its accreditation in good standing. Beginning in 2015, IMQ/CMA accredited providers will report data using the ACCME Provider Activity Reporting System (PARS). The data is aggregated and analyzed by the ACCME for annual publication and is used by IMQ/CMA to select activities for an organization’s reaccreditation. In addition to this annual report data, every accredited provider is required to remit the IMQ annual fee as well as the ACCME annual pass through fee. Organizations applying for initial or reaccreditation, or submitting an interim report, are charged fees as posted on the IMQ website. Failure to submit either the activity data or any fees by the due date will result in late fees and may result in probation or nonaccreditation.

VOLUNTARY WITHDRAWAL FROM THE CME ACCREDITATION PROGRAM
Organizations that decide to cease offering CME as an IMQ/CMA accredited provider must notify the IMQ CME Accreditation Program in writing of their decision. Organizations are obligated to pay any outstanding accreditation fees, as well as any IMQ and ACCME annual fees that are applicable based on the date of the last day of their accreditation. Organizations seeking to restore their ability to offer CME credit as IMQ/CMA-accredited CME providers at a later date will need to reapply as initial applicants and must follow the procedures for applying for initial accreditation as outlined on the IMQ website: www.imq.org.

INFORMING IMQ/CMA OF A PROVIDER’S PERSONNEL OR ORGANIZATIONAL CHANGES
Changes must be reported by contacting the IMQ CME Accreditation Program office.

Contact Information
In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, IMQ/CMA requires providers to promptly inform IMQ/CMA 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. The IMQ/CMA 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
If an IMQ/CMA accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the IMQ/CMA expects to be made aware of the change as soon as possible so that IMQ/CMA can work through the transition of their CME program including the maintenance of
records, status of enduring materials, and outstanding fees. Keep in mind that IMQ/CMA accreditation was awarded based on an organization’s CME application and evaluation of a CME Program at the time of survey. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited or by adding non accredited organizations without an IMQ/CMA review and approval. Organizations that are part of a health system may seek accreditation for a single CME Program if they meet certain criteria. Please contact the IMQ CME Accreditation Program staff for more information about mergers or healthcare system accreditation.

The IMQ/CMA considers the names of providers that are no longer accredited due to corporate change to be public information, and provides lists of these names to the public, if requested.

ENGLISH AS OFFICIAL LANGUAGE FOR ACCREDITATION AND RECOGNITION PROCEDURES
1. IMQ/CMA conducts its affairs in English. IMQ/CMA does not require that providers or accreditors conduct all their business or continuing medical education in English. However it is required that, all written or electronic communications or correspondence with IMQ/CMA is in English.
2. Any application and/or self-study reports for accreditation or recognition be submitted to IMQ/CMA in English.
3. IMQ/CMA is provided with English translations of any written materials requested by IMQ/CMA in the course of its accreditation, recognition, or monitoring process.
4. Any IMQ/CMA interview for accreditation or recognition be conducted in English, or have the services of an English translator, acceptable to IMQ/CMA, provided and paid for by the applicant organization.

HIPAA COMPLIANCE ATTESTATION
Every provider applying for either for initial accreditation or reaccreditation must attest to the following: “The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”

RECONSIDERATION AND APPEAL OF ADVERSE ACCREDITATION DECISIONS
An adverse accreditation decision is a decision by the Institute for Medical Quality and the California Medical Association’s Committee on Continuing Medical Education to terminate accreditation, find an organization nonaccredited or to place an 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 IMQ/CMA 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 IMQ/CMA 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 IMQ/CMA 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:

CME Accreditation Program
The Institute for Medical Quality
180 Howard Street, Suite 210
San Francisco, CA  94105

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, a member of the IMQ/CMA 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 IMQ/CMA CME Committee may request an additional on-site survey to discuss the Committee’s action and the request for reconsideration.

The reviewer will submit a report of his/her findings to the IMQ/CMA CME Committee for action at its next regularly scheduled meeting. If the CCME decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the CCME originally took action. If the CCME decides to non-accredit the organization, this action will be effective immediately. Within 10 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 IMQ/CMA CME Committee sustains its adverse decision, the organization may request a written hearing before the IMQ Board of Directors.

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 IMQ/CMA 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 IMQ/CMA 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 IMQ/CMA 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 IMQ Board of Directors. The appellant should also send documentation to support the appeal to the following address:

Chairperson, IMQ Board of Directors  
The Institute for Medical Quality  
180 Howard Street, Suite 210  
San Francisco, CA 94105

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 IMQ Board of Directors has taken final action on the appeal.

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

The IMQ 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. In addition, the identity of the organization making the appeal to the IMQ Board of Directors will be anonymous.

The decision of the IMQ Board of Directors will be final. If the IMQ 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 IMQ/CMA CME Committee originally took action. If the IMQ Board of Directors decides to non-accredit the organization, this action will be effective immediately.

**POLICY FOR COMPLAINTS AND INQUIRIES ABOUT ACCREDITED PROVIDERS**

This policy is available upon request from IMQ staff.
**ANNUAL REPORT GLOSSARY**

The terms and descriptions below only refer to organizations, programs, and activities within the ACCME and the IMQ/CMA accreditation system. For more information, visit [www.imq.org](http://www.imq.org) or [www.accme.org](http://www.accme.org).

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited provider</td>
<td>An organization accredited by the IMQ/CMA, ACCME, or another organization recognized by ACCME, as a provider of continuing medical education. IMQ/CMA accredited providers represent a range of organizational types and offer CME primarily to local or regional audiences of physicians and other health care professionals. See also state-accredited providers.</td>
</tr>
<tr>
<td>Advertising and exhibits income</td>
<td>Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support.</td>
</tr>
<tr>
<td>CME activity</td>
<td>A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the IMQ/CMA and ACCME Accreditation Criteria, Standards for Commercial Support, and policies.</td>
</tr>
<tr>
<td>Commercial interest</td>
<td>A commercial interest, as defined by the ACCME, 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 IMQ/CMA accreditation.</td>
</tr>
<tr>
<td>Commercial support</td>
<td>Commercial support for a CME activity is monetary or in-kind contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial Support SM. Advertising and exhibit income is not considered commercial support.</td>
</tr>
<tr>
<td>Committee learning</td>
<td>Committee learning is a CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the definition of CME if it were taught or learned in another format.</td>
</tr>
<tr>
<td>Course</td>
<td>A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.</td>
</tr>
</tbody>
</table>

For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.
| **Directly provided** | A directly provided activity is one that is planned, implemented, and evaluated by the accredited provider. This definition includes co-provided activities (offered by two ac-credited providers) reported by the accredited provider that awards the credit. |
| **Enduring material (other)** | An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.  

Sometimes providers will create an enduring material from a live CME activity. When this occurs, IMQ/CMA considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all accreditation requirements.  

Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year.  

Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. IMQ/CMA would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants. |
| **Expenses** | Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider’s CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space. |
| **Hours of instruction** | Hours of instruction represents the total hours of educational instruction provided. For example, if a one-day course lasts eight (8) hours (not including breaks or meals), then the total hours of instruction reported for that course is eight.  

Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. Accredited providers have the option to report the number of **AMA PRA CATEGORY 1 CREDITS™** designated for activities but they are not required to do so. |
| **In-kind commercial support** | In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities. |
| Internet (enduring materials) | An Internet enduring material activity is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. IMQ/CMA would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants. |
| Internet (live) | An Internet live activity is an online course available via the Internet 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 unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast. |
| Internet searching and learning | Internet searching and learning CME is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning. Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning as a CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed. For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as one (1) Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction. |
| Jointly provided | A jointly provided activity is planned, implemented, and evaluated by the accredited provider and a nonaccredited entity. |
| 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.

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

Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity.

For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as one (1) journal-based CME activity with 20 physician participants and one (1) hour of instruction.

| Learning from teaching | Learning from teaching activities are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the *AMA PRA Category 1 Credit™* awarded directly to physicians for "Teaching at a live activity."

To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as one (1) learning from teaching CME activity with 10 physician participants and two (2) hours of instruction. |
| --- | --- |
| Manuscript review | Manuscript review CME is based on a learner’s participation in a manuscript’s pre-publication review process.

When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as one (1) activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing |
manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed. For example, an accredited provider publishes one (1) journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent two (2) hours on the review. The accredited provider reports this as one (1) manuscript review CME activity with 25 physician participants and two (2) hours of instruction.

<table>
<thead>
<tr>
<th>Nonphysician participants</th>
<th>Nonphysician participants are activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Residents are also included in this category.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other income</td>
<td>Other income includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider’s parent organization or other internal departments to pay for the CME unit’s expenses.</td>
</tr>
</tbody>
</table>
| Performance improvement   | Performance improvement CME is based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.  

To report performance improvement CME, accredited providers count each learning project as one (1) performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as one (1) performance improvement CME activity with three (3) physician participants and 20 hours of instruction. |
| Physician participants    | Physician participants are activity attendees who are MDs or DOs. Residents are not included in this category, but are included under nonphysician participants. |
| Regularly scheduled series| The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. |
Accredited providers report each RSS as one (1) activity. In addition, accredited providers follow the following guidelines:

1. The cumulative number of hours for all sessions **within** a series equals the number of hours for that activity and
2. Each physician is counted as a learner for **each session** he/she attends in the series.

For example: Internal Medicine Grand Rounds is planned for the entire year as one (1) series. Participants meet weekly during the year for one (1) hour each week. The accredited provider reports the series as one (1) activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that **single** activity.

### State-accredited provider

State-accredited providers are accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences. IMQ/CMA is recognized by ACCME as a state accreditor for California and bordering states, plus Hawaii and Alaska.

### Test-item writing

Test-item writing is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.

Test-item writing CME activities may consist of either of the following processes:

1. When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as 1 activity. Examples: the Pediatric Item Writing Committee of the National Board of Medical Examiners or the second year clerkship exams at a medical school.
2. When questions, items, or cases are created for 1 specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics.

For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write.

For example, an accredited provider planned a CME activity where 5 physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with five (5) physician participants and 10 hours of instruction.