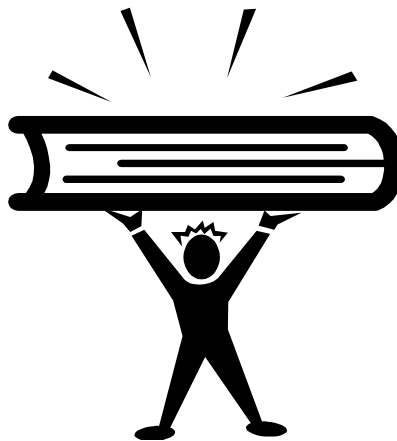




The Institute for Medical Quality
A Subsidiary of the California Medical Association

2010
IMQ/CMA
CME Accreditation Standards Manual
A Guide to Continuing Medical Education in California



IMQ/CMA Committee on Continuing Medical Education

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2010

IMQ/CMA CME Accreditation Standards A Guide to Continuing Medical Education in California

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What's New in the 2010 IMQ/CMA CME Accreditation Standards Manual

This manual has been updated and reformatted to present all the accreditation requirements in a user-friendly layout. To ensure that you have the most current program information, please check our web site often for the most up-to-date standards manual. The date of publication is listed on page 2 (the inside cover).

****This edition was most recently updated in April 2010 for CME Provider Conference.***

The 2006 Accreditation Criteria, the ACCME Standards for Commercial SupportSM and most policies have remained unchanged since the 2009 CME Provider Conference. Exceptions to this include the following:

- The new Cultural and Linguistic Standards (*New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines*) can be found on page 11.
- Clarification to the expectations of the monitoring system for Regularly Scheduled Series can be found on page 19.

Since the last publication, some internal IMQ/CMA CME Program Policies & Procedures have been removed from this manual. Information on applying for either initial accreditation or reaccreditation, however, is available on our website, www.imq.org. We encourage you to contact IMQ staff if your organization is interested in becoming accredited or have any questions about the accreditation process. In addition, the following policy is available upon request from IMQ staff:

- Policy for Complaints and Inquiries about Accredited Providers

If you have any questions or comments, please contact the IMQ CME Accreditation Program at (415) 882-5182.

INTRODUCTION

ACCME Recognition

The Institute for Medical Quality (IMQ)/California Medical Association (CMA) has been designated by the nationally-recognized accrediting agency for continuing medical education, the Accreditation Council for Continuing Medical Education (ACCME), as California's intrastate accrediting agency.

IMQ, on behalf of CMA, accredits California-based hospitals, ambulatory care clinics, specialty societies, health plans, and other health care organizations on a voluntary basis to offer *AMA PRA Category 1 Credit(s)*[™].

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 and the California Medical Association's Certification in Continuing Medical Education.

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. Please see page 2 for a list of current committee members and consultants.

IMQ/CMA CME Accreditation Standards Manual

Throughout this document the terms "organization" and "provider" are used broadly to include hospitals, professional societies and other entities that offer CME for physicians. The term "program" refers to the organization's overall CME effort while "activity" refers to individual educational activities, such as live courses, regularly scheduled series, enduring materials, etc., which collectively comprise the overall program.

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*[™]. In this standards manual, the term "Category 1 CME" refers to continuing medical education that has been designated for *AMA PRA Category 1 Credit*[™].

IMQ/CMA CME ACCREDITATION

Accreditation Overview

The Institute for Medical Quality/California Medical Association (IMQ/CMA) recognizes that the professional responsibility of physicians requires continuous learning as appropriate to individual learning needs. IMQ/CMA also recognizes that physicians choose CME activities in accordance with their own needs, individual learning styles and practice setting requirements and evaluate their own learning achievements. The IMQ/CMA CME Accreditation Standards are therefore designed to encourage accredited CME providers to consider the needs of physician participants and promote physician involvement in the planning process.

IMQ/CMA strives to increase physician access to quality CME by accrediting organizations whose overall CME programs meet or exceed established criteria for educational planning and quality. Accreditation is granted on the basis of an organization's demonstrated ability to plan and implement CME activities in accordance with the IMQ/CMA CME Accreditation Standards.

Accreditation Standards

In 2004, IMQ/CMA's Committee on Continuing Medical Education adopted the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and their Elements as its accreditation standards. In September 2006, the ACCME announced updates to its Accreditation Criteria, which IMQ/CMA then adopted as well. These are called the 2006 Accreditation Criteria.

The Essential Areas and Decision-Making Criteria

The IMQ/CMA CME Accreditation Program surveys organizations for compliance with three Essential Areas: Purpose and Mission; Educational Planning; and Evaluation and Improvement. Fulfillment of 7 *additional* criteria qualifies an organization to receive Accreditation with Commendation. In addition, compliance with the original administrative Essential Elements 3.1 and 3.2 are determined at the time of initial application and, as required, during each provider's term of accreditation.

IMQ/CMA Supplemental CME Policies

IMQ/CMA CME Accreditation Policies supplement the Essential Areas and Decision-Making Criteria. Compliance with these policies is required for accreditation.

Standards and the Policies & Guidelines for Commercial Support

In 2006, the ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities were incorporated into Criteria 7-10 of the 2006 Accreditation Criteria (see page 9). All of the Standards, as well as the policies and definitions that supplement the Standards, still apply. Please see the 2004 updated ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities, beginning on page 12.

Compliance with Assembly Bill 1195 -- Continuing Education: Cultural and Linguistic Competency

Compliance with Assembly Bill 1195 is still required under the 2006 Accreditation Criteria. Providers will be asked on the accreditation/reaccreditation application about their process to comply with this law. In May 2009, IMQ/CMA published new guidelines for compliance, New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines, which are detailed on page 11.

Accreditation Terms that Correspond with Levels of Accreditation

The CME Committee reviews the findings of the organization and typically renders one of the following decisions, with or without a requirement for interim report to monitor any area of non-compliance found during the survey, according to the following requirements:

Typical Levels and Terms of Accreditation

Type of Accreditation	Requirements	Length of Term
Provisional	Compliance with Criteria 1 to 3 and 7 to 12 and all Accreditation Policies	2 years
Continued	Compliance with Criteria 1 to 15 and all Accreditation Policies	4 years
Commendation	Compliance with Criteria 1 to 22 and all Accreditation Policies	6 years

The CME Committee also may render decisions of Non-Accreditation or Probation, which is a one-year accreditation. The accreditation decision may include a request for an Interim Report

and the deadlines for compliance for any area of noncompliance. An Interim Report will be due within one year of the date of accreditation.

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>.

Definition of Continuing Medical Education

The California Legislature defines Category 1 continuing medical education as follows:

Continuing medical education activities that 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, 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 Category 1 Credit According to California Legislature

CME committees may consider courses related to the following as eligible for Category 1 credit:

- 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 Category 1 Credit According to California Legislature

CME committees should not consider courses related to the following as eligible for Category 1 credit:

- 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

If you have any questions about course content that is eligible for Category 1 credit, please contact the IMQ/CMA CME Accreditation Program Office.

THE IMQ/CMA'S ESSENTIAL AREAS AND THEIR ELEMENTS

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Element 1	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.
------------------	--

ESSENTIAL AREA 2: EDUCATIONAL PLANNING

The provider must,

Element 2.1	Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
Element 2.2	Use needs assessment data to plan CME activities.
Element 2.3	Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
Element 3.3	Present CME activities in compliance with the ACCME's policies for disclosure and commercial support. [NOTE: The ACCME's policies for disclosure and commercial support are articulated in: (1) <i>The Standards For Commercial Support: Standards to Ensure Independence in CME Activities</i> , as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All materials can be found on www.accme.org .]

ESSENTIAL AREA 3: EVALUATION AND IMPROVEMENT

The provider must,

Element 2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
Element 2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

ADMINISTRATION

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

The provider must,

Element 3.1	Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists
Element 3.2	The 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.

2006 ACCREDITATION CRITERIA

On September 5, 2006, the Accreditation Council for Continuing Medical Education (ACCME) announced updates to its Accreditation Criteria. **All providers are now surveyed on these 2006 Criteria.** IMQ will continue to work to ensure that resources and support are available to help all accredited CME providers understand and apply the Updated Accreditation Criteria to their CME programs.

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.'

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	<p>The provider must,</p> <p>E 1 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.</p>	<p>C 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.</p>
Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
<p>[Note: Regarding E 3.3 and C7 to C10 - The ACCME'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 ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.]</p>		

Essential Area and Element(s)		Criteria for Compliance
Essential Area 3: Evaluation and Improvement	<p>The provider must,</p> <p>E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Accreditation with Commendation	<p>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.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

LEVELS OF ACCREDITATION

PROVISIONAL ACCREDITATION requires compliance with Criteria 1 to 3 and 7 to 12. The criteria required for *Provisional Accreditation* are listed on pages 2-3 in black.

CONTINUED ACCREDITATION requires compliance with Criteria 1 to 3 and 7 to 12 (*Provisional Accreditation*) **plus** six additional criteria; Criteria 4 to 6 and 13 to 15. The additional criteria for *Accreditation* are listed on pages 2-3 in green.

ACCREDITATION WITH COMMENDATION requires compliance with Criteria 1 to 15 (*Continued Accreditation*) **plus** seven additional criteria; Criteria 16 to 22. The additional criteria for *Accreditation with Commendation* are listed above in blue.

New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines

The following policy applies to non-exempt CME activities, is aligned with the 2009 updated CME criteria and addresses the essential elements for compliance with Assembly Bill 1195. These guidelines and compliance levels are effective January 1, 2010.

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.

Noncompliance	Provider lacks evidence of compliance with the standard.
Compliance	<p>Provider meets or exceeds minimum requirements of AB 1195 by the following:</p> <ul style="list-style-type: none"> a) Acknowledge within their CME mission statement the importance of culture and communication for delivering effective health care and establish a commitment to educate physicians to deliver culturally and linguistically appropriate care. b) Assess for each planned CME activity¹ any evidence of health disparities² that have been linked to cultural or linguistically related practice gaps (i.e. physician knowledge, competence, or performance) found within the relevant physician learners/patient community. If no cultural or linguistic health or health care disparities or practice gaps are identified, this should be documented³ c) Generate at least one educational component for each activity that addresses a specific need underlying the identified cultural/linguistic competency-based quality gap. d) Incorporate appropriate assessment tools⁴ for each cultural/linguistic component, and evaluate any changes/improvements⁵ that occur as a result.
Required for Accreditation with Commendation	In those cases where the provider demonstrates that comprehensive progress ⁶ is being made to strengthen the cultural and linguistic efficacy of physicians, a status of commendation may be awarded.

¹ Evidence can be found through literature searches, national and regional databases, surveys, needs assessments, community reports.

² Health disparities may arise from a variety of sources such as difference in disease incidence, risk, burden, access to care, diagnosis, testing, treatment, or adherence.

³ Provide a list of the types and places searched.

⁴ Resources on cultural and linguistic proficiency is available at www.imq.org

⁵ Changes include learner Competence, performance, or patient outcomes.

⁶ A pattern of organization-wide program changes are measured and show positive impacts.

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

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 SupportSM 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 IMQ/CMA.

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

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

Standards to Ensure Independence in CME Activities

STANDARD 1: INDEPENDENCE

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (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 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.

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.⌘

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names

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. ⌘

POLICIES AND GUIDELINES FOR COMMERCIAL SUPPORT

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

Please note: the Standards for Commercial SupportSM, 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-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 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. **(added 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. **(added 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. **(added 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. **(added 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. **(added 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.

NEW (08/2007) 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. (Effective immediately.)

NEW (08/2007) 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. (Effective January 1, 2008.)

Element 3.12 of the ACCME's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. **(added 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.

IMQ/CMA SUPPLEMENTAL CME POLICIES

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 IMQ/CMA 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 on May 1, 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 IMQ/CMA expects that all series, and all sessions within a series, will meet Updated Accreditation Criteria and be in compliance with IMQ/CMA Policies. Providers' monitoring systems must incorporate, measure and document compliance with Criteria 2 - 11 and applicable IMQ/CMA 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 Criteria 2 and Series B for meeting Criteria 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 IMQ/CMA 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 IMQ/CMA

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: IMQ/CMA 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.

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, *AMA PRA Category 1 Credit(s)*[™], must be italicized and include the trademark symbol.

o Accreditation Statement:

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 provider**] takes responsibility for the content, quality and scientific integrity of this CME activity.

o Credit Designation Statement:

The [**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. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Please note: under no circumstances can an activity be advertised for CME credit (pending, applied for, expected, authorized, desired, etc.) until the CME Committee has approved it.

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.

RECOMMENDED CERTIFICATE LANGUAGE

Only **physicians** (MD's and DO's) may receive certificates of credit. All others receive certificates of attendance or participation. Please note that the provider is not required to issue certificates, only to keep track of attendance and credits claimed.

o Credit Certificate Language (for Physicians):

Must contain the phrase *AMA PRA Category 1 Credit(s)*[™], italicized and including the trademark symbol.

- o Attendance Certificate Language (for Non-physicians):
Must contain *AMA PRA Category 1 Credit(s)*[™], including the trademark symbol. The provider may state that the participant has participated in the educational activity and reference *AMA PRA Category 1 Credit(s)*[™], but the participant does not receive credit.

ENDURING MATERIALS

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) 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. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

NEW (08/2007) For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required IMQ/CMA information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME's policies regarding disclosure in the Standards for Commercial Support). **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.**

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 certified for credit 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.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

IMQ/CMA policy does not require 'post-tests' for enduring materials. IMQ/CMA 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.

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 IMQ/CMA requirements, and the enduring material activity must comply additionally with all IMQ/CMA policies that relate specifically to enduring materials.

INTERNET/WEB BASED CME

CME activities delivered via the Internet or Intranet are expected to be in compliance with the IMQ/CMA CME Accreditation Standards. In addition, the accredited provider must adhere to the following provisions.

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

Activity Location: IMQ/CMA accredited providers may not place their CME activities on a website owned or controlled by a ‘commercial interest.’

Links to Product Websites: With clear notification that the learner is leaving the educational website, links from the website of an IMQ/CMA 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.

Transmission of information: For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required IMQ/CMA 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.**

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.

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 IMQ/CMA 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 IMQ/CMA's Definition of CME.

Journal CME activities must comply with all IMQ/CMA 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 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.

2. NEW (08/2007) 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.

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 IMQ/CMA 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.

RECORD RETENTION

Specific CME activity records for physician participation and activity documentation must be maintained by all accredited providers.

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. This includes documenting how many credits (hours) each individual physician plans to claim. The accredited provider is free to choose whatever method works best for their organization and learners. IMQ/CMA does not require sign-in sheets.

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 Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) and Accreditation Policies.

JOINT SPONSORSHIP

Joint sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider that must be reported to IMQ/CMA.

Please note: organizations whose accreditations are on probationary status are not allowed to participate in joint sponsorships.

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

The jointly sponsored activity must be planned and presented in accordance with the mission of the accredited provider. The accredited provider must develop and utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities.

The accredited provider must be able to document that the activity was planned and presented in compliance with the IMQ/CMA CME Standards. In order to acceptably do so, the accredited sponsor must enter the joint sponsorship arrangement prior to the printing and dissemination of promotional materials containing registration information for the activity.

All promotional materials for jointly sponsored activities must carry the following statements:

o Accreditation Statement:

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of [name of accredited provider] and [name of non-accredited provider]. 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 provider] takes responsibility for the content, quality and scientific integrity of this CME activity.

o Credit Designation Statement:

The [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. This credit may also be applied to the *CMA Certification in Continuing Medical Education*.

Note: In August 2007, the ACCME modified its definition of a "commercial interest." Please see *Policies and Guidelines for Commercial Support* section of this manual. As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

CO-SPONSORSHIP

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.

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

NATIONAL VERSUS STATE CME PROGRAMS

IMQ/CMA, in an attempt to foster continuing medical education of high quality at a reasonable cost, available to all physicians in California, 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 California and its bordering states.
- Organizations that offer regular and recurring activities to registrants of whom more than 30% are from beyond California and its bordering states, should apply for national accreditation.

ACCREDITATION AND CREDIT

All CME educational activities developed and presented by a provider accredited by IMQ/CMA 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 (see page 5 for link to the AMA PRA booklet). All activities so designated for, or awarded, credit will be subject to review by the IMQ/CMA accreditation process as verification of fulfillment of the IMQ/CMA accreditation requirements.

IMQ/CMA 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 IMQ/CMA, in order to designate activities for credit. The IMQ/CMA 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 IMQ/CMA has adopted.

TEACHING CREDIT / CREDIT FOR TEACHING ACTIVITIES

NEW (08/2007) IMQ/CMA 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 SupportSM. 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.

Please note that if the provider decides not to award teaching credit to faculty, this does not mean that the provider can award them participation credit instead. In this case, if a faculty is requesting teaching credit for a live activity, they can do so by applying directly to the IMQ/ CMA CME Certification service or the AMA's Physician Recognition Award.

COMPLIANCE WITH ASSEMBLY BILL 1195 – CONTINUING EDUCATION: CULTURAL AND LINGUISTIC COMPETENCY

Background

On October 4, 2005, Governor Arnold Schwarzenegger signed Assembly Bill 1195 (AB 1195) into law. AB 1195, “Continuing Education: Cultural and Linguistic Competency,” goes into effect July 2006. The law mandates that the CME accrediting agencies (the ACCME and IMQ/CMA) must develop standards for compliance.

On and after July 1, 2006, all continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine. California-based providers planning courses must comply with this law.

Exempt Courses

This law does not apply to all CME courses. A continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine. All other courses are considered nonexempt.

Nonexempt Courses

Since CME activities often include a direct patient care component, IMQ/CMA expects that many of the CME courses offered by IMQ/CMA-accredited providers will not be exempt from AB 1195.

- Nonexempt courses will be expected to have an educational component that addresses cultural and linguistic competency.
- The term "course" refers to any continuing medical educational activity designated for *AMA PRA Category 1 Credit(s)*[™] by an accredited provider.
- All activities planned after July 1, 2006, must comply.
 - Live activities (e.g., live courses/meetings/conferences, regularly scheduled conferences, live Internet/Intranet activities, test item writing, performance improvement activities, Internet searching and learning activities, journal-based CME, and journal-based manuscript review).
 - Enduring materials that are approved after July 1, 2006 (e.g., Internet activities, journal-based CME, journal-based manuscript review and any other enduring material). Any enduring material approved prior to July 1, 2006, must comply when activity is renewed for credit.
- Note: regularly scheduled series/conferences (RSS) are activities presented by hospitals and other types of providers that have a professional staff. Examples of RSS include tumor boards, M&Ms, grand rounds, etc., that often are presented weekly, biweekly or monthly. RSS often are approved as a series and each series is considered one educational activity. In this case, rather than requiring a cultural and linguistic competency component at each session, IMQ/CMA expects cultural and linguistic competency will be included in the overall activity planning. This can be done by incorporating cultural and linguistic competency into appropriate sessions or by sessions dedicated to cultural and linguistic competency.

New CLC Guidelines – Effective January 2009

In May 2009, IMQ/CMA revised the existing element and compliance levels for AB 1195 to be more consistent with the Updated Accreditation Criteria. These new guidelines, *New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines*, are detailed on page 11.

OTHER CME ACCREDITATION REQUIREMENTS

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 IMQ 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.

VOLUNTARY WITHDRAWAL FROM THE CME ACCREDITATION PROGRAM

Organizations that decide to cease offering CME as a CMA-accredited provider must notify the CME Accreditation Program in writing of their decision. Organizations seeking to restore their ability to offer CME credit as IMQ/CMA-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.

INFORMING IMQ/CMA OF A 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, 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.

Changes may be reported by contacting the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182.

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 with the organization.

Keep in mind that IMQ/CMA accreditation was awarded to the organization that sought the accreditation and was able to demonstrate compliance with Accreditation Requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes **significant** organizational change, for example, becoming partially owned by a commercial interest or losing its 501(c) IRS tax status, the IMQ/CMA considers the provider to be significantly different than the organization which was accredited. Therefore, in these cases, the IMQ/CMA will expect the provider to cease providing CME as an IMQ/CMA accredited provider. IMQ/CMA will set a date of non-accreditation for these providers. IMQ/CMA will also withdraw a provider's accreditation if the provider is dissolved, or ceases to exist as a result of a merger, acquisition or dissolution.

When two or more IMQ/CMA accredited **providers merge**, the IMQ/CMA will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged. New providers created through corporate change must contact the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182 as a first step towards initial IMQ/CMA 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, accordingly.

INTERIM REPORTS

Accredited providers may be required by the IMQ/CMA CME Committee to submit an interim report by a specified date during their accreditation period. **Appropriate documentation on how the provider addressed the accreditation recommendations must accompany the report.**

Interim reports may be called for if significant changes are occurring or have taken place in the organization; when successive CME surveyors have noted an area of concern; or when a specific recommendation(s) for improvement has not been addressed. The provider may be notified at the time of accreditation of any interim report requirement, including the need to address specific issue(s), as appropriate.

Note: If sufficient improvement has not been made, the IMQ/CMA CME Committee also may recommend an onsite survey. If the IMQ/CMA CME Committee recommends an onsite survey, the organization will be notified and the onsite survey scheduled.

IMQ/CMA CME PROGRAM POLICIES AND PROCEDURES

Since the last publication, some internal IMQ/CMA CME Program Policies & Procedures have been removed from this manual. Information on applying for either initial accreditation or reaccreditation, however, is available on our website, www.imq.org. We encourage you to contact IMQ staff if your organization is interested in becoming accredited or have any questions about the accreditation process. In addition, the following policy is available upon request from IMQ staff:

- Policy for Complaints and Inquiries about Accredited Providers

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 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 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
221 Main 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 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 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
221 Main 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.