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Element		Sept 2006 Criteria	What we want to know:	What we ask in the Self Study Report:	What evidence we expect to see in files:	Questions on the Surveyor Rpt Form:	Accreditation Review Committee	
Element 1	The provider must have a written statement of its CME mission that includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.	C1: 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.	<ol style="list-style-type: none"> 1. Is there a mission statement? 2. Does it have all five parts? 3. Are the expected results in terms of competence, performance, or patient outcomes? 	<ol style="list-style-type: none"> 1. Attach a copy of your CME Mission. 2. Identify the five components. 3. How have you described expected results in terms of competence, performance, or patient outcomes? 	N/A	<ol style="list-style-type: none"> 1. Does the provider have a CME Mission? (Y/N) 2. Does the CME Mission have all five parts identified? (Y/N) 3. Are the expected results articulated in terms of competence, performance, or patient outcomes? (Y/N) 		1
Element 2 Incorporating Elements 2.1, 2.2 and 2.3 and 3.3	The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. The provider must use needs data to plan all CME activities. The provider must inform the learner of the purpose or objectives of the activity prior to the learning taking part in the activity.	C2: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	<ol style="list-style-type: none"> 1. Is planning based on professional practice gaps? 2. Are the gaps those of 'own learners'? 3. Have needs been identified from gaps? 4. Have needs been articulated in terms of knowledge, competence or performance? 	<ol style="list-style-type: none"> 1. As a provider, you identify the gaps of your learners, translate those gaps into needs, and incorporate the needs into activities. For a set of activities or for an identified professional practice gap, explain this translation. Be sure to include in your explanation: <ol style="list-style-type: none"> a. the gap that you started with, b. the need(s) that you identified, and c. how those needs are addressed in an activity. 2. For those gaps that are not from the direct measurement of your own learners, explain how you connected this gap to your learners. 	Labels in documentation review for: <ol style="list-style-type: none"> 1. verification that the activity is developed from a professional practice gap 2. verification of the connection of identified gap to audience 3. verification that a need or set of needs was derived from the professional practice gap 4. verification that the need(s) was translated into the activity 	<ol style="list-style-type: none"> 1. Is planning is based on professional practice gaps? (Y/N) 2. Have those gaps been identified from their own learners? (Y/N) 5. Does the provider translate gaps into needs? (Y/N) 6. Are the needs articulated in terms of knowledge, competence, or performance? (Y/N) 		2
		C3: The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	<ol style="list-style-type: none"> 1. Has the provider created educational activities? 2. Is change in competence, performance, or patient outcomes specified as a goal of activity? 3. Does specified change match the changes specified in the mission statement? 	<ol style="list-style-type: none"> 1. From an educational perspective, explain how you create an activity <ol style="list-style-type: none"> a. intended to change knowledge? b. intended to change practice? c. intended to change patient outcomes? 2. Describe how your activities are linked, either in content or expected results, to your CME Mission? 	Label in the documentation review verification of the expression of the change expected (in goals or objectives for the activity).	<ol style="list-style-type: none"> 1. Does the provider incorporate change(s) in competence, performance, or patient outcomes into the goals or objectives of the activities? (Y/N) 2. Do the changes listed in the goals or objectives of the activities support the changes specified in the CME Mission? (Y/N) 		3

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Element 2 Incorporating Elements 2.1, 2.2 and 2.3 and 3.3	The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. The provider must use needs data to plan all CME activities. The provider must inform the learner of the purpose or objectives of the activity prior to the learning taking part in the activity.	C4: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	Is there a match between the content and learners' practice?	Describe how your program either matches or determines that there is a match between the content of your activities with your learners' current or potential scope of professional activities.	Label in the documentation review for verification of the <i>appropriate</i> match between the content and the scope of their learners' current or potential scope of professional activities. This verification could be in the form of: <ol style="list-style-type: none"> Information about the learners gathered using pre/post-tests or participant evaluations, Data analysis on attributes of participants, or Participant listing that identifies those within target audience identified in C2 	<ol style="list-style-type: none"> Does the provider appropriately match the content of their educational activities with the current or potential scope of professional activities of their own learners? (Y/N) Did the provider include evidence of their success in the activity files (from a, b, c, or d)? (Y/N) 		4
		C5: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	Does the provider select formats for their educational activities based on setting, objectives, and desired results?	<ol style="list-style-type: none"> Describe the different educational formats you utilized for your activities. Explain what criteria you use to select the format for each activity. 	N/A	<ol style="list-style-type: none"> What educational formats does the provider use? (short answer) Does the provider explain how the format for an activity is selected based on the setting, objectives, and desired results of the activity? (Y/N) 		5
		C6: The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	In planning, or in final form, interventions match a competency	What desirable physician attributes have you chosen to address in your program? Provide an example of how this happened.	<ol style="list-style-type: none"> Include on activity list a column for the desirable physician attribute associated with each activity. Label in the documentation review that identifies evidence that consideration of the desirable physician attribute was incorporated into the planning process (label). 	<ol style="list-style-type: none"> Were associated physician attributes listed for each activity on the "activity list"? (Y/N) Did the provider include evidence in the activity files that desirable physician attributes were considered as a part of the planning process? (Y/N) 		6

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<p style="text-align: center;">Element 2 Incorporating Elements 2.1, 2.2 and 2.3 and 3.3</p> <p>The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. The provider must use needs data to plan all CME activities. The provider must inform the learner of the purpose or objectives of the activity prior to the learning taking part in the activity.</p>	<p>C7: The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p>	<ol style="list-style-type: none"> 1. Does the provider ensure independence from commercial interests in the planning of CME activities? (SCS 1) 2. Does the provider identify and resolve personal conflicts of interest for everyone who is in the position to control the content of their CME activities? (SCS 2) 3. Does the provider disclose the relevant financial relationship of all those in control of content to the participants prior to the activity? (SCS 6) 4. Does the provider disclose commercial support for the CME activity to the participants prior to the activity? (SCS 6) 	<ol style="list-style-type: none"> 1. Describe how your organization ensures that CME activity planning decisions are made free of the control of a commercial interest. These decisions include the identification of needs, the determination of educational objectives, the selection, and presentation of content, the selection of all persons and organizations in a position to control the content, the selection of educational methods, and the evaluation of the activity. (SCS 1.1) 2. Does your organization enter into joint sponsorship relationships with non-accredited providers? (SCS 1.2) 3. Describe the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests, including your organization's mechanism for managing individuals who refuse to disclose. (SCS 2.1, 2.2) 4. Attach an example of the mechanism(s) your organization uses to collect the disclosure information of relevant financial relationships of everyone in a position to control educational content. (SCS 2.1) 5. Describe the mechanism(s) you use to identify conflicts of interest prior to an activity. (SCS 2.3) 6. Describe the mechanism(s) you use to resolve conflicts of interest prior to an activity. (SCS 2.3) 7. Describe your organization's process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content and the source of support from commercial interests. (SCS 6.1-6.5) 8. Attach examples that verify the disclosure of relevant financial relationships for all persons in a position to control educational content to the learners. (SCS 6.1-6.2, 6.4-6.5) 9. Attach examples of the disclosure of the source of support from commercial interests to the learners. (SCS 6.3-6.5) 	<p>Labels in the documentation review for:</p> <ol style="list-style-type: none"> 1. Verification that <u>all</u> individuals in a position to control the content disclosed relevant financial relationships to the provider. (SCS 2.1) 2. Verification that individuals who refuse to disclose are disqualified from any role involved in planning and implementation, if applicable. (SCS 2.2) 3. Verification of the implementation of a mechanism to <u>identify</u> conflicts of interest prior to the start of an activity. (SCS 2.3) 4. Verification of the implementation of a mechanism to <u>resolve</u> conflicts of interest prior to the start of an activity. (SCS 2.3) 5. Verification that disclosure of relevant (or no) financial relationships of those with control of content was made to learners prior to the beginning of activity. (SCS 6.1-6.2, 6.4-6.5) 6. Verification that disclosure of source of commercial support was made to learners prior to activity, when applicable. (SCS 6.3-6.5) 	<ol style="list-style-type: none"> 1. Does the provider ensure that the following decisions were made free of the control of a commercial interest: <ol style="list-style-type: none"> a. identification of needs (Y/N)? b. determination of educational objectives (Y/N)? c. selection and presentation of content (Y/N)? d. selection of all persons and organizations in the position to control the content (Y/N)? e. selection of educational methods (Y/N)? f. evaluation of the activity (Y/N)? (SCS 1.1) 2. I observed evidence that indicated commercial interests were joint sponsors of CME activities (Y/N). If yes, please describe the evidence that you observed. (SCS 1.2) 3. Does the provider demonstrate that: <ol style="list-style-type: none"> a. everyone who is in a position to control content has disclosed relevant financial relationships (Y/N)? (SCS 2.1) b. individuals who refuse to disclose are disqualified from planning and implementation of the activity (Y/N)? (SCS 2.2) c. they have implemented a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners (Y/N)? (SCS 2.3) 4. Does the provider demonstrate: <ol style="list-style-type: none"> a. that disclosure of relevant financial relationships included name of the individual, commercial interest, and nature of the relationship (Y/N)? (SCS 6.1) b. that disclosure was made when an individual had no relevant financial relationships (Y/N)? (SCS 6.2) c. that the source of all commercial support is disclosed to learners, including "in-kind" support (Y/N)? (SCS 6.3) d. that disclosure does not include use of trade names or product-group messages (Y/N)? (SCS 6.4) e. that all disclosures are made to the learners prior to the activity (Y/N)? (SCS 6.5) 	<p>7</p>

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<p>Element 2 Incorporating Elements 2.1, 2.2 and 2.3 and 3.3</p>	<p>The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. The provider must use needs data to plan all CME activities. The provider must inform the learner of the purpose or objectives of the activity prior to the learning taking part in the activity.</p>	<p>C8: The provider appropriately manages commercial support (if applicable, SCS 3).</p>	<ol style="list-style-type: none"> 1. Does the provider demonstrate that the use of commercial support is independent of the influence of commercial interests? (SCS 3.1-3.3, 3.13) 2. Does the provider document the terms of commercial support through the use of fully executed written agreements? (SCS 3.4-3.6) 3. Does the provider appropriately manage expenditures for individuals providing CME content? (SCS 3.7-3.10) 4. Does the provider appropriately manage expenditures for learners of their CME activities? (SCS 3.11-3.12) 	<ol style="list-style-type: none"> 1. Does your organization accept commercial support for educational activities? (If no, skip to question 6) If you do accept commercial support, respond to questions 2-5: 2. Describe your decision-making process(es) for the receipt and disbursement of support (both funds and in-kind support). Include in your description how you ensure that advice or services related to teachers, authors, participants, or other educational matters are not conditions of the funds or services. (SCS 3.1-3.3) 3. Describe your mechanism(s) to ensure that all commercial support is given with your organization's full knowledge and approval. (SCS 3.3) 4. Attach an example of a written agreement documenting terms, conditions, and purposes of commercial support that you have used, or would use, to fulfill relevant elements of SCS Standard 3. (SCS 3.4-3.6) 5. Describe your mechanisms to ensure that commercial support is not used to pay for expenses for non-teacher or non-author participants. (SCS 3.12) Regardless of whether or not you accept commercial support, respond to questions 6-10: 6. Describe your process for payments of honoraria and reimbursement of expenses to planners, teachers, or authors. (SCS 3.7-3.8) 7. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8) 8. (SCS 3.9) 9. (SCS 3.10) 10. Describe how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.11) 	<p>If you do accept commercial support, label the following in your activity files:</p> <ol style="list-style-type: none"> 1. Label in the documentation review that identifies a list of <u>all</u> Commercial supporters for the activity. (SCS 3.4-3.6) 2. Labels in the documentation review that identify <u>all</u> signed written agreements, when applicable. (SCS 3.4-3.6) <p>Regardless of whether or not you accept commercial support, label the following in your activity files:</p> <ol style="list-style-type: none"> 3. For all activities a label in the documentation review identifying complete income and expense statement. <i>NOTE: If commercial support is received for an activity, the income/expense statements should include a detailed accounting for the commercial support.</i> (SCS 3.8, 3.10, 3.12-3.13) 	<ol style="list-style-type: none"> 1. Does the provider receive commercial support for any educational activities? (if no, skip to question 9) (Y/N) If the provider does accept commercial support, did they demonstrate that:: 2. they make all decisions regarding commercial support (Y/N)? (SCS 3.1) 3. they do not accept advice or services of a commercial interest as a condition of receiving support (Y/N)? (SCS 3.2) 4. commercial support is given with full knowledge and approval of provider (Y/N)? (SCS 3.3) 5. written agreement between the provider, educational partner (if applicable) and commercial supporter outlines the terms, conditions and purposes of commercial support (Y/N)? (SCS 3.4) 6. written agreement specify the source of the commercial support (Y/N)? (SCS 3.5) 7. written agreements are signed by both the provider and commercial supporter (Y/N)? (SCS 3.6) 8. commercial support is not used to pay for expenses for non-teacher or non-author participants of a CME activity (Y/N)? (SCS 3.12) Regardless of whether or not the provider received commercial support, did they demonstrate that: 9. they have written policies and procedures governing honoraria and reimbursement of expenses (Y/N)? (SCS 3.7) 10. either the provider, joint sponsor, or educational partner directly paid honoraria and expense reimbursement in compliance with policies (Y/N)? (SCS 3.8) 11. no other payment is paid to anyone involved with the supported activity. (SCS 3.9) 12. expenses of teachers/authors are paid for their teacher or author role only when they are a participant of a CME activity (Y/N)? (SCS 3.10) 13. social events/meals do not take precedence over the educational activity (Y/N)? (SCS 3.11) 14. Did the provider provide accurate documentation detailing receipt and expenditure of commercial support (Y/N)? (SCS 3.13) 	<p>8</p>

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Element 2 Incorporating Elements 2.1, 2.2 and 2.3 and 3.3	The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. The provider must use needs data to plan all CME activities. The provider must inform the learner of the purpose or objectives of the activity prior to the learning taking part in the activity.	C9: The provider maintains a separation of promotion from education (SCS 4).	<ol style="list-style-type: none"> Does the provider demonstrate independence in its management of commercial promotion associated with educational activities? (SCS 4.1) Does the provider keep education separate from promotion? (SCS 4.2-4.5) 	<ol style="list-style-type: none"> Do you organize any commercial exhibits in association with any of your CME activities? (SCS 4.1) If yes, describe how your organization ensures that the education is separate from the commercial exhibits. (SCS 4.1) Do you arrange for advertisements in association with any of your CME activities? (SCS 4.2) If yes, describe how your organization ensures that the education is separate from the advertisements. (SCS 4.2) (SCS 4.3-4.4) (SCS 4.5) 	<ol style="list-style-type: none"> If the activity had associated commercial exhibits, label for evidence that exhibit space was separate from education (e.g. a map, diagram, or description of the exhibit & educational space) (SCS 4.1) If the activity had associated advertisements, label identifying all associated advertising along with a description of how and when the advertisement was used. (SCS 4.2) Labels in the documentation review that identify copies of materials used in the educational activity (e.g. slide copies, program book, syllabus, etc.) (SCS 4.3-4.4) 	Does the provider's evidence demonstrate that: <ol style="list-style-type: none"> exhibits do not interfere with the CME activity and are not a condition of commercial support (Y/N)? (SCS 4.1) product-promotion or product-specific advertisement does not occur during CME activities (Y/N)? (SCS 4.2) educational materials do not contain advertising, trade name or product-group messages (Y/N)? (SCS 4.2) 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 (Y/N)? (SCS 4.3) a commercial interest is not the agent providing CME activities to learners (Y/N)? (SCS 4.5) 		9
		C10: The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).	Does the provider present content and format without bias?	<ol style="list-style-type: none"> Describe and explain the mechanism(s) your organization uses to ensure that the content of CME activities promotes improvements or quality in healthcare. (SCS 5.1) Describe and explain the mechanism(s) your organization uses to ensure that the content of CME activities gives a balanced view of therapeutic options. (SCS 5.2) 		Does the provider's evidence demonstrate that: <ol style="list-style-type: none"> Content and format of CME activities promotes improvements or quality in healthcare and not a proprietary business interest of a commercial interest (Y/N)? (SCS 5.1) Presentations give a balanced view of therapeutic options and use generic names or multiple companies' trade names, if applicable (Y/N)? (SCS 5.2) 		10
		C11: The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	Does the provider look at data drawn from across activities to see if activities, individually or in aggregate, have 'changed' learners with respect to competence, performance, or patient outcomes?	<ol style="list-style-type: none"> Provide a summary report of the data that you have collected through the evaluation of your activities. What were the results of your analysis of this data? 	Label in the documentation review for verification that a change in the activity was measured.	<ol style="list-style-type: none"> Has the provider produced data or information related to change in learners? (Y/N) Does the provider an analysis related to change in learners? (Y/N) Are the changes in their learners in the areas of competence or performance or patient outcomes? (Y/N) 		11

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Element 3 Incorporating Elements 2.4 and 2.5	The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs. The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.	C12: 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.	Does the provider look at both data from activity evaluations (C11) <u>and from sources beyond activities</u> to see what elements of mission have been met? Looks at outcomes of 16 thru 22	<ol style="list-style-type: none"> In addition to learner change data, what other data or information about the attributes of your program [activity components, non-activity components, and environmental factors] do you use to evaluate the overall CME Program? What elements of your program contributed to determining whether or not you've met your Mission? What conclusions about your CME Program have you reached through an analysis this information? Include a description of where you did and where you did not meet the components of your Mission. If applicable, describe how you have incorporated initiatives related to Criterion 16-22 into your CME Program in order to meet your Mission. 	N/A	<ol style="list-style-type: none"> Does the provider gather data beyond activity evaluation for the purpose of evaluating the CME Program? (Y/N) Have they used this information along with the activity evaluations to produce an analysis on the degree to which the CME Mission has been met through the conduct of their CME activities? (Y/N) What are the conclusions of their analysis in the context of the Mission? (short answer) Which of the following has the provider incorporated in to their CME Program? (check boxes of C16-22) 		12
		C13: 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.	Does the provider have a strategic plan for improvement that involves both: <ul style="list-style-type: none"> Identifying changes that need to be made and Steps/practices/tactics to be implemented to effect changes? 	<ol style="list-style-type: none"> What areas for change did you identify as a result of your program-based analysis? <i>In your description, link each area for change to a component of your Mission (purpose, content areas, target audience, type of activities, or expected results).</i> Describe what your organization plans to do to affect change based on the areas for improvement identified in your program-based analysis. For any areas that you identified for change which are not included in your plans for improvement, please explain why you elected not to address them? 	Verification of any changes made in your activities as a result of the CME Program analysis.	<ol style="list-style-type: none"> Does the provider identify changes that need to be made in their CME Program? (Y/N) Does the provider's plan for improvement include steps to implement these changes? (y/n) Does the provider link all of their planned changes to a component of their Mission? (Y/N) List any changes that the provider indicates are needed which are not addressed in their plan for improvement? (short answer) If the provider has identified changes that are not included in their plans for improvement, have they described their rationale for doing so? (Y/N) 		13
		C14: 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.	Is the provider implementing or have they implemented the 'steps/practices/ tactics' outlined in their plan for improvement.	<ol style="list-style-type: none"> What steps has your organization already taken to address the areas for improvement that you identified through your program-based analysis? Describe any changes in CME Program that have resulted from the implementation of your improvement plan. 	Are there any opportunities in the activity files to demonstrate how changes have been implemented and/or the result(s)? If so, please label the evidence and include a brief description of the gap that afforded the change.	<ol style="list-style-type: none"> Has the provider identified areas for change as a result of their program analysis? (Y/N) Is there evidence that the provider has implemented changes in the CME Program as a result of the program analysis? (Y/N) 		14

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Element 3 Incorporating Elements 2.4 and 2.5	The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs. The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.	C15: 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.	The provider has data or information, within 11 and 12, that represents the impact of change implemented through 13 and 14.	<ol style="list-style-type: none"> 1. Explain how you analyze whether or not the changes that you implemented attained their desired outcomes. 2. Describe whether or not the changes that you made in your CME Program as a result of your improvement plan accomplished what you had intended? Include evidence of improvements/data to support your findings. 	Are there any opportunities in the activity files to demonstrate how changes have been implemented and/or the result(s)? If so, please label the evidence and include a brief description of the gap that afforded the change.	Does the provider have evidence of the impact of their changes on the CME Program? (Y/N)		15
		C16: The provider operates in a manner that integrates CME into the process for improving professional practice.	<p>The provider has a process: Has a <u>process</u> of trying to integrate CME and PI/QI exists</p> <p style="text-align: center;"><i>or</i></p> <p>The provider has the desired outcome: Has evidence that CME is <u>found</u> within a QI/PI process</p>	<ol style="list-style-type: none"> 1. Do you integrate CME into the process for improving professional practice? 2. If so, describe your organization's process for improving physicians' professional practice. In your description, provide explicit examples of organizational practices that have been implemented or planned. 3. Attach evidence to support your description of examples. 	Label in the documentation review that verifies the integration of CME into the process for improving physicians' professional practice (if applicable).	<ol style="list-style-type: none"> 1. Does the provider have a process for the integrating CME into the process for improving professional practice? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		16
		C17: The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).	<ol style="list-style-type: none"> 1. Do you utilize non-educational strategies to enhance change as an adjunct to your educational activities? 2. If so, describe the non-educational strategies that your organization used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description how the non-educational strategies were connected to either an individual activity or group of activities. 3. Provide examples of your organizations utilization of non-educational strategies. 	Label in the documentation review that verifies non-educational strategies that were used to enhance change (when applicable).	<ol style="list-style-type: none"> 1. Does the provider utilize non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback)? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		17

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Element	Sept 2006 Criteria	What we want to know:	What we ask in the Self Study Report:	What evidence we expect to see in files:	Questions on the Surveyor Rpt Form:			
		C18: The provider identifies factors outside the provider's control that impact on patient outcomes	The provider identifies factors outside the provider's control that impact on patient outcomes.	<ol style="list-style-type: none"> 1. Do you identify factors outside your organization's control that impact on patient outcomes? 2. If so, provide examples of instances in which this occurred. These instances might be specific to the planning of a CME activity or at the overall CME program level. 3. Attach evidence to support your description of examples. 	Label in the documentation review that verifies that the provider identified factors outside its control that impact on patient outcomes (when applicable).	<ol style="list-style-type: none"> 1. Does the provider identify factors outside its control that impact on patient outcomes? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		18
		C19: The provider implements educational strategies to remove, overcome or address barriers to physician change	The provider Has a process: Has a <u>process</u> of trying to overcome barriers or has the desired outcome: Has evidence that barriers have been overcome	<ol style="list-style-type: none"> 1. Do you implement educational strategies to remove, overcome or address barriers to physician change? 2. If so, provide examples of instances in which this occurred. These instances might be specific to the planning of a CME activity or at the overall CME program level. 3. Attach evidence to support your description of examples. 	Label in the documentation review that verifies that the provider implemented educational strategies to remove, overcome, or address barriers to physician change (when applicable).	<ol style="list-style-type: none"> 1. Does the provider implement educational strategies to remove, overcome, or address barriers to physician change? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		19
		C20: The provider builds bridges with other stakeholders through collaboration and cooperation.	The provider has built bridges with other stakeholders through collaboration and cooperation.	<ol style="list-style-type: none"> 1. Do you collaborate with other stakeholders in your planning and presentation of educational activities? 2. If so, provide examples of instances in which this occurred. These instances might be specific to the planning of a CME activity or at the overall CME program level. 3. Attach evidence to support your description of examples. 	Label in the documentation review that verifies that the provider implemented educational strategies to remove, overcome, or address barriers to physician change (when applicable).	<ol style="list-style-type: none"> 1. Does the provider build bridges with other stakeholders through collaboration and cooperation? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		20
		C21: The provider participates within an institutional or system framework for quality improvement.	Does the provider participate within an institutional or system framework for quality improvement?	<ol style="list-style-type: none"> 1. Do you participate with an institutional or system framework for quality improvement? 2. If so, describe how your organization's framework supports quality improvement. For example, do you have a link between your CME committee and a quality or performance improvement committee? 3. Attach evidence to support your description of examples. 	N/A	<ol style="list-style-type: none"> 1. Does the provider participate within an institutional or system framework for quality improvement? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 		21

A	B	C	D	E	F	G	Accreditation Review Committee
Element		Sept 2006 Criteria	What we want to know:	What we ask in the Self Study Report:	What evidence we expect to see in files:	Questions on the Surveyor Rpt Form:	
		C22: The provider is positioned to influence the scope and content of activities/educational interventions.	Is the provider positioned to influence the scope and content of activities/educational interventions?	<ol style="list-style-type: none"> 1. Has your organization positioned itself to influence the scope and content of activities/educational interventions? 2. If so, describe what structure, process, or procedure your organization utilizes to direct its future CME programming in scope and content. For example, does your organization decide an overall area of content to cover through CME activities or are decisions about content influenced by factors (organizations, individuals) outside of your institution? 3. Attach evidence to support your description. 	N/A	<ol style="list-style-type: none"> 1. Is the provider positioned to influence the scope and content of its activities/educational interventions? (Y/N) 2. If you answered yes, describe the evidence that you observed to support your answer. 	22

NEW POLICY: Elements to be monitored outside accreditation process	Criteria for Initial and Continuing Eligibility for Accreditation	
	Human and fiscal resources are adequate to meet mission (Element 3.1).	Organizational framework for the CME unit exists and necessary physical plant, fiscal and human resources to support its mission are present (qualitative and quantitative.)
	Attends to the laws of the land and other regulatory requirements (Element 3.2)	Examples: ADA, OSHA, FDA, IRS, AMA PRA Requirements, AMA and other professional ethics guidelines other applicable Federal, State and Local Government law and regulation.

Types of Accreditation:

Provisional - Compliance w/ at least C1-C3 and C7-C12. (Black) (1 yr. term)

Accreditation - Compliance w/ C1-C15 (Black and green) (3 yr. term)

Accreditation w/ Commendation - Compliance w/ C1-C22 (Black, green & blue) (4 yr. term)

Accreditation w/ Progress Report - Non-compliance w/ any accreditation requirement

Probation - Any program that seriously deviates from the accreditation requirements.
 @ Provider's failure to demonstrate compliance in a progress report.

Non-Accreditation - Accreditation status withdrawn/withheld.