

GUIDE TO THE PROCESS FOR INITIAL ACCREDITATION: AN OVERVIEW AND SUBMISSION REQUIREMENTS

Overview and Background Information

Conducting Your Self-Study for Initial Accreditation

The self-study process provides an opportunity for the initial applicant to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

As an initial applicant, your organization is expected to provide narrative and evidence for Level 1 Criteria (Criteria 1-3 and 7-12). Your organization may choose to submit narrative and evidence for Level 2 Criteria (Criteria 4-6 and Criteria 13-15) and Level 3 Criteria (Criteria 16-22). The UMA will give a compliance finding and feedback for your narrative and evidence for Level 2 and 3 Criteria, but the findings and feedback will not affect your organization's accreditation status.

An outline of the content of the *self-study report* is specified by the UMA but the process of conducting a self-study is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the initial self-study is expected to address

- The extent to which your organization has met its CME Mission (C1, C12)
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12)
- The extent to which, in the context of meeting your CME mission, your organization produces CME that
 - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2)
 - Is designed to change competence, performance, or patient outcomes (C3)
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-10)

Additionally, as an initial application, you may choose to address the following in your self-study:

- The extent to which, in the context of meeting your CME mission, your organization produces CME that
 - Includes content matched to your learners' current or potential scopes of practice (C4)
 - Includes formats appropriate for the setting, objectives, and desired results (C5)
 - Is in the context of desirable physician attributes (C6)
- How implemented improvements helped your organization better meet its mission (C13-15)
- The extent to which your organization is engaged with its environment (C16-22)

Data Sources Used in the Initial Accreditation Process

The UMA's initial accreditation process is an opportunity for the initial applicant to demonstrate that its practice of CME is in compliance with the UMA's accreditation requirements through three primary sources of data about the provider's CME program.

Self-Study Report

Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to UMA Criteria and Policies. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.

Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with UMA Criteria and Policies through the documentation review process. The initial applicant will present evidence to the UMA for documentation review from at least two recently completed educational activities.

Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors who are colleagues from the CME community, trained by the UMA.

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. UMA surveyors will be assigned to review the self-study materials you submit to the UMA. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted to the UMA. You can expect UMA surveyors to 1) conduct their interactions with providers in a professional manner; 2) be familiar with your materials and the UMA's Accreditation Criteria and Policies; and 3) communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

The UMA utilizes the on-site or face-to-face meeting as its standard accreditation interview format; however, other interview formats are available, including a conference call or televideo. Interviews typically average 90 minutes in length. To ensure the validity of the process and based on circumstances and available resources, the UMA reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team. The UMA will provide information about the process of scheduling the accreditation interview. The UMA will confirm your assigned surveyor(s) and the interview date and time in advance via email. Your organization will be asked to confirm receipt of this communication.

Please note that your organization must have an onsite interview and a CME activity reviewed which entails the observation of one your organization's CME activities by a UMA surveyors as part of your organization's initial interview process.

Expectations about Materials

Materials submitted to the UMA, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

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

Missing or Incomplete Information

Providers that meet all of the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the UMA. Please note, if the UMA is unable to render a decision due to missing or incomplete information, the UMA reserves the right to request additional information, the expenses for which will be borne by the provider.

Decision-Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the UMA based on the data and information collected in the accreditation process. The data and information are analyzed and synthesized by the site surveyors. The surveyors make recommendations on findings and status which are forwarded for action by the UMA's Committee on Accreditation. All accreditation decisions are made by the full membership of the Accreditation Committee. The Committee meets three times each year, generally, in March, July, and November.

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of UMA decisions are also enhanced by the UMA's use of a criterion-referenced decision-making system. Accreditation decision letters are sent to providers via mail following the UMA Accreditation Committee meeting.

The UMA's review and initial accreditation decision will be based on your organization's demonstration of Compliance with Level 1 Criteria (C1-C3 and C7-C12). Compliance with Level 1 Criteria will lead to an accreditation outcome of Provisional Accreditation with a two year accreditation term. However, if any of the Level 1 Criteria are found to be in Noncompliance, the accreditation outcomes will be Non-Accreditation.

At the end of the two year term of Provisional Accreditation, your organization will be eligible for reaccreditation. If successful in reaccreditation, your organization would be eligible for a status of either Accreditation (with a four year term) or Accreditation with Commendation (with a six year term).

Requirements for Organizing and Formatting Your Self-Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

The cover of each of the four Self-Study Report binders should clearly identify your organization by name; if accreditation is successful, you will be assigned an ACCME provider number. Use the full name of your organization as it is known to the UMA (no acronym or abbreviations).

1. Each page in the binder, including the attachments, must be consecutively numbered. The name (or abbreviation) of your organization must appear with the page number on each page.
2. The Self-Study Report must be organized using divider tabs as specified by the UMA.
3. Narrative, attachments, and examples must be provided as indicated in the UMA Self-Study Report Outline.
4. The Self-Study Report must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
5. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc.).
6. The Self-Study Report must be submitted in a three-ring binder. The rings may not be more than 1 ½ inches in diameter, and the materials may not be more than 1 ½ inches in thickness.
7. Four hard copies of the Self-Study Report must be submitted to the UMA. Keep a separate duplicate copy for your reference at any time during the accreditation process, but especially at the time of the accreditation interview.
8. One electronic copy of the Self-Study Report in its entirety must be submitted to the UMA (in addition to the four binders) as a single PDF file on a USB flash drive, bookmarked according to the seven sections of the UMA Self-Study Report Outline.

Regarding Self-Study Report Divider Tabs

The Self-Study Report must be organized using divider tabs to separate the content of the report in the seven sections of the UMA Self-Study Report Outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

- I) Prologue
- II) Purpose And Mission (C1)
- III) Educational Activities (C2-7 and Policies)
- IV) CME Program and Educational Activities (C8-9)
- V) Content of Educational Activities (C10 and Content Validation)
- VI) Evaluation and Improvement (C11-15)
- VII) Engagement with the Environment (C16-22)

Please pay careful attention to the requirements for organizing and formatting the Self-Study Report.

These requirements facilitate the review of your CME program. If they are not fulfilled, then 1) The reaccreditation process will be suspended and the provider's review will be deferred to the next cohort with new deadlines and milestones established; 2) A fee that is equal to twice the standard extension fee will be required; and, 3) All self-study materials will be discarded by the UMA and another complete set will be required by the UMA by the new deadline.

The UMA's Review of Performance-in-Practice

The UMA's performance-in-practice review allows providers to demonstrate compliance with the UMA's expectations and offers providers an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the UMA's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the UMA's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

The UMA's review of a provider's performance-in-practice entails the following process:

- 1) The provider's submission of CME activity data
- 2) The UMA's selection of activities for performance-in-practice review
- 3) The provider's submission of evidence of performance-in-practice for activities selected

Submitting your CME Activity Data (Not Yet Required for UMA-Accredited Providers)

Using the ACCME's Program and Activity Reporting System, or "PARS," (pars.accme.org), you will submit known information about the CME activities that your organization has provided, or will provide, under the umbrella of your ACCME accreditation statement, from the beginning of your current accreditation term to the expiration. The only exception to this is for providers whose term began prior to January 1, 2008. No activities prior to January 1, 2008 need to be entered into PARS. For more information about PARS, visit <http://education.accme.org/help/pars>.

Selecting Activities for Performance-in-Practice Review

As an initial applicant, you must submit at least two activities for review but may use additional examples in your self-study to demonstrate compliance. The UMA notifies providers via email of the activities selected for review. Your organization will be asked to confirm receipt of this communication. Providers are accountable for demonstrating performance-in-practice for all activities selected. It is important that you carefully review the list of activities selected by the UMA. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact the UMA immediately to make any necessary corrections or adjustments to the sample of activities selected for performance-in-practice review.

Requirements for Assembling and Submitting Performance-in-Practice Materials

Submitting Evidence for Performance-in-Practice Review

The UMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the UMA's expectations. In addition, the UMA collects additional evidence for the American Medical Association (AMA).

"GOING GREEN"

The UMA encourages providers to submit their evidence of performance-in-practice in electronic format as PDF files on a CD-ROM or flash drive, which will have the benefit of conserving material resources, energy, space, and shipping costs. The ACCME has tested this format with a number of providers, all of whom have indicated that electronic formatting did not require additional time or resources to implement. Organizations whose own filing systems are electronic found this option to be easier than and preferable to hard copy submission. If your organization would like to submit its performance-in-practice materials electronically, please contact the UMA.

The requirements for assembling and submitting performance-in-practice materials to the UMA for the accreditation process and for the AMA are outlined in this section.

Downloading the Labels

Download the *Performance in Practice Review Labels* from UMA's website <http://www.utahmed.org/cmedocuments.htm>. This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*.

Labeling Evidence to Support Compliance

- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Apply the corresponding label to the first page of the evidence or on a coversheet. Cover sheets also help to organize and separate your documentation.
- Use discretion in selecting evidence that relates specifically to the criterion or policy and do not include documentation not required by the UMA, such as faculty CVs, all completed participant evaluation forms, or handouts in their entirety.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff. The best strategy is to submit all related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons in control of content. If an activity has an extraordinarily large number of persons in control of content, and the paperwork involved would pose a challenge, contact the UMA to discuss possible alternate strategies.
- Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.
- Once you have affixed the label to the evidence or coversheet, use highlighting, arrows, circles, or callout boxes to pinpoint in the materials your demonstration of compliance.

Demonstrating Compliance with RSS

See *compliance with ACCME Requirements within an Institution's Regularly Scheduled Conferences*: <http://www.accme.org/news-publications/news/compliance-accme-requirements-within-institutions-regularly-scheduled>.

The ACCME defines regularly scheduled series (RSS) as an educational activity that is presented as a series of sessions which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by, and presented to, the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

A provider that produces RSS must ensure that they are designed and implemented in compliance with the UMA's requirements – just like any other activity type.

For the performance-in-practice review, RSS require a FOUR-part information set that includes,

- 1) a description of a monitoring system used to collect and analyze data regarding the compliance of the selected RSS; 2) a summary of the RSS monitoring data collected presented in summary or aggregated and 3) your analysis and compliance conclusions drawn from the data; and 4) your itemization and description of activity or program improvements needed and implemented;

OR

- 2) By using all of the performance-in-practice review labels for each annual series selected,
 - documentation of how the series was planned (C2 – C7 SCS1)
 - Documentation from the implementation of the series to demonstrate compliance with the ACCME's expectations for the Standards of Commercial Support (C7 SCS2 – C10)
 - Documentation from the series to demonstrate data generated about learner change (C11)

Assembling Evidence of Performance-in-Practice

1. Submit labeled evidence for each activity selected in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
 - Full name of your organization (no acronyms or abbreviations)
 - Activity title
 - Activity date and location
 - Type of activity
 - Directly or jointly sponsored activity
 - If commercial support was accepted

Enclosing the CME Product

If the activity for which you are labeling evidence is an enduring material, journal, or Internet CME activity, you are required to demonstrate that the activity is in compliance with the UMA Policy that is specific to its activity type, in addition to demonstrating compliance with the Accreditation Criteria and other UMA Policies. Please refer to the specific policies related to these activity types on <http://www.utahmed.org/cmedocuments/UMA%20Accreditation%20Policies.pdf>.

Where possible, affix the performance-in-practice labels to hard copy evidence to show how these activities comply with the applicable policy. In addition, you must submit the CME product in its entirety for each Internet, journal-based and/or enduring material CME activity selected. In the product, you may also highlight, flag, note, describe, or otherwise provide written directions to ensure that you are showing where you are meeting the policy requirements.

For Internet activities, provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived Web site. If UMA surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs, and passwords must be made available for the duration of your organization's current accreditation review.

Documentation Requirements for AMA PRA Category 1 Credit™

The American Medical Association's collection of evidence from a representative sample of your activities demonstrates how well and how consistently your organization is meeting some of the AMA's PRA Category 1 Credit™ requirements.

As a service to both the provider and the credit system, the UMA is collecting this evidence and transmitting it for the AMA's review and follow-up with providers. This information will not be considered as part of your UMA accreditation decision and will not elicit feedback from the UMA.

Download the Labels

Go to <http://www.utahmed.org/cmedocuments.htm> and click on *AMA PRA Labels*. This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. You may use either white or colored labels.

Label the Documents

Assemble one **separate file folder** that indicates the full name of your organization (no acronyms or abbreviations) on the cover of the file folder and includes, for each activity selected, evidence of your organization's use of the:

- *AMA PRA Category 1 Credit™* Designation Statement by submitting a copy of the page of the brochure or handout which indicates the AMA's PRA statement
- AMA New Skills and Procedures Levels (if applicable)

Submit a Separate File Folder of AMA Documentation to the UMA at the same time that you submit the UMA performance-in-practice review materials.

Submitting Materials to the UMA

The following materials must be shipped, using a method that has a reliable electronic, web-enabled delivery tracking system, for the UMA's receipt by the published due date:

- Four copies of the Self-Study Report in binders formatted and organized as specified
- One electronic copy of the Self-Study Report as a single PDF file on a CD-ROM or flash drive
- One set of your evidence of performance-in-practice for selected activities
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review
- One set of your evidence of use of the AMA credit designation statement and (if applicable) the AMA new skills and procedures levels

Do not ship original documents. Activity files will not be returned. Retain a duplicate set of materials including the Self-Study Report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the UMA may ask for a second copy of a file or set of files.

SHIP TO:

Accreditation Committee
Utah Medical Association
310 East 4500 South, Suite 500
Salt Lake City, UT 84107-4250

Please contact the Utah Medical Association at (801) 747-3500 or email cme@utahmed.org if you have any questions about the accreditation process.