Nebraska Medical Association

Advocating for Physicians and the Health of all Nebraskans

GUIDE

TO THE

REACCREDITATION

PROCESS

TABLE OF CONTENTS

OVERVIEW AND BACKGROUND INFORMATION

Conducting Your Self Study

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

Reaccreditation Timeline and Provider Milestones

This timeline is a key resource in your organization's preparations of its self-study materials. Providers are encouraged to keep a copy of this page to track reaccreditation process milestones. Some providers use this document to develop an internal work schedule, factoring in holidays, meetings, staff schedules, and other events that would impact the self-study process.

Date	*Milestone (in months prior to reaccreditation expiration)*
11 months	NMA: Reaccreditation notification to provider.
9 months	Provider: All activities for current accreditation term are entered in PARS and preferred dates for interview are sent to the NMA.
8 months	NMA: Provider notified of which activity files will be reviewed.
4 months	Provider: Completed self-study report, activity files and reaccreditation fee due to NMA.
3-2 months	Interview (approximately 90 minutes).
1 month	NMA: Surveyor results presented to Nebraska Medical Association Commission on Medical Education.
0 months	NMA: Provider receives reaccreditation decision.

Data Sources Used in the Reaccreditation Process

Your organization will demonstrate that your practice of CME is in compliance with the NMA's accreditation requirements through three primary sources of data: the self-study report, evidence of performance-in-practice, and the accreditation interview.

1. Self-Study Report: Providers are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to NMA 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.

2. Performance-in-Practice: Providers are asked to verify that their CME activities are in compliance with NMA Criteria and Policies through the documentation review process. The NMA will select, at minimum, one of each activity type for each year of the current reaccreditation term. The organization will be expected to present evidence of performance-in-practice for documentation review.

3. Reaccreditation Interview: Providers are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed.

Expectations about Materials

Information and materials submitted to the NMA 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.

Information and materials submitted for accreditation (self-study report, performance-in-practice 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 the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the NMA. Please note, if the NMA is unable to render a decision due to missing or incomplete information, the NMA reserves the right to request additional information, the expenses for which will be borne by the provider.

REQUIREMENTS FOR ORGANIZING AND FORMATTING YOUR SELF-STUDY REPORT

- The cover of each binder should clearly identify your organization by name. Use the full name of your organization as it is known to the NMA (no acronyms or abbreviations).
- Narrative, attachments, and examples must be provided as indicated in the NMA self-study outline.
- Submit two hard copies of your self-study report. Keep a separate duplicate copy for your reference at any time during the reaccreditation process, but especially at the time of the interview. Organize your self-study report using divider tabs to separate the content of the report according to the outline.
- If you prefer to submit your information electronically, please reach out to the NMA to discuss options.

Your self-study will encompass the following information. Please use the self-study outline to compile your report.

I. Introduction
   A. Demographic Information Form
   B. Provide a brief narrative (maximum 250 words) that tells the history of your CME Program.
   C. Describe the leadership and structure of your CME Program. Include an organizational chart.

II. Purpose and Mission (C1)
The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

   A. The provider has a CME mission statement that will serve as a roadmap for what it seeks to achieve through its accredited CME program. The provider is free to include any parameters that are relevant to its program, learners, setting, goals, but must at least include what it seeks to change in terms of learners' competence, performance and/or patient outcomes.

III. Program Analysis (formerly 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.

   A. Using data, information, and analysis from Analyzes Change, the provider is asked to step back and review its CME mission statement. Has it been successful in achieving what it outlined as expected results related to learner or patient outcome change? If not, why not?

IV. Program Improvements (formerly 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.

   A. Building from the review of its CME mission, the provider is asked to identify, plan, and implement changes to its CME program that will help it be more effective. This step-wise

process of collecting data, reviewing it, comparing it to expected changes, and then making adjustments to be more effective, is a form of quality improvement for the accredited provider.

V. Educational Needs (formerly C2)
The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

A. The accredited provider addresses, through its CME activities, problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. By doing so, the provider is able to plan and implement education that will effectively address the problems.

VI. Designed to Change (formerly C3)
The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

A. In fulfillment of its mission, and as a next step in the planning process, the accredited provider designs its education to change learners' strategies/skills (i.e., competence), and/or what learners actually do in practice (i.e., performance), and/or the impact on the patient or on the care delivered (i.e., patient outcomes).

VII. Appropriate Formats (formerly C5)
The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

A. Activity formats (e.g., didactic, small group, interactive, hands-on skill labs) should be chosen based on what the provider hopes to change as a result of the education. Adult education literature provides guidance about which learning formats are more effective than others depending on the outcome that is desired, the setting, and the needs of the learners.

VIII. Competencies (formerly C6)
The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education Competencies].

A. The NMA is looking for an active recognition of "desirable physician attributes" in the planning process (e.g., "We have planned to do a set of activities that touch on professionalism and communications to address our patients' concerns that they are not receiving complete discharge instructions - which is the identified professional practice gap.") The simple labeling of an activity with a competency is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification/Continuing Certification.

IX. Analyzes Change (formerly C11)
The provider analyzes changes in learners (competence, performance, or patient outcomes)

achieved as a result of the overall program's activities/educational interventions.

A. The accredited provider is asked to collect data and information about the changes that result from its educational interventions, including changes it expects learners to make, changes that learners actually make, and/or the impact on patients. Using this data and information, the provider is asked to look across all its activities and analyze its impact in terms of those changes.

X. Standard 1: Ensure Content is Valid (formerly Clinical Content Validation Policy & C10 SCS 5.2)
Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

A. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

B. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

C. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.

D. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

XI. Standard 2: Prevent Commercial Bias and Marketing (formerly C7 SCS 1 & C10 SCS 5.1)
Accredited continuing education must protect learners from commercial bias and marketing.

A. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company,

B. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.

C. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

XII. Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships (formerly C7, SCS 1, 2 & 6)
Many healthcare professionals have financial relationships with ineligible companies. These

relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

A. Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.
    1. Collect information: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
    2. The name of the ineligible company with which the person has a financial relationship.
    3. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

B. Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
    1. When the content of the activity is not related to the business lines or products of their employer/company.
    2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
    3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

C. Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

D. Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
    1. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.

2. Document the steps taken to mitigate relevant financial relationships.

E. Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:
   1. The names of the individuals with relevant financial relationships.
   2. The names of the ineligible companies with which they have relationships.
   3. The nature of the relationships.
   4. A statement that all relevant financial relationships have been mitigated.

F. Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

G. Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

H. Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

I. Exceptions: Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:
   1. Accredited education that is non-clinical, such as leadership or communication skills training.
   2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
   3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

XIII. <u>Standard 4: Manage Commercial Support Appropriately (formerly C8 SCS 3)</u>
Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

A. Decision-making and disbursement: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
   1. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
   2. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
   3. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.

4. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.

B. Agreement: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.

C. Accountability: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

D. Disclosure to learners: The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

XIV. Standard 5: Managing Ancillary Activities Offered in Conjunction with Accredited Continuing Education (formerly C9 SCS 4)

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

A. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
   1. Influence any decisions related to the planning, delivery, and evaluation of the education.
   2. Interfere with the presentation of the education.
   3. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.

B. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
   1. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
   2. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
   3. Educational materials that are part of accredited education (such as slides, abstracts,

handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.

4. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.

C. Ineligible companies may not provide access to, or distribute, accredited education to learners.

Menu of Criteria for Accreditation with Commendation

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the "Achieves Outcomes" category, for a total of eight criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

XV. Promotes Team-Based Education

A. Engages Teams (formerly Criterion 23)
Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE)

1. Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.

B. Engages Patients/Public (formerly Criterion 24)
Patient/public representatives are engaged in the planning and delivery of CME.

1. Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.

C. Engages Students (formerly Criterion 25)
This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education,

including professional schools and graduate education.

1. Students of the health professions are engaged in the planning and delivery of CME.

XVI. Addresses Public Health Priorities

A. Advances Data Use (formerly Criterion 26)
The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.

1. The provider advances the use of health and practice data for healthcare improvement.

B. Addresses Population Health (formerly Criterion 27)
This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.

1. The provider addresses factors beyond clinical care that affect the health of populations.

C. Collaborates Effectively (formerly Criterion 28)
Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.

1. The provider collaborates with other organizations to more effectively address population health issues.

XVII. Enhances Skills

A. Optimizes Communication Skills (formerly Criterion 29)
Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.

1. The provider designs CME to optimize communication skills of learners.

B. Optimizes Technical/Procedural Skills (formerly Criterion 30)
Technical and procedural skills that are psychomotor in nature are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and

reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.

1. The provider designs CME to optimize technical and procedural skills of learners.

C. Creates Individualized Learning Plans (formerly Criterion 31)
This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.

1. The provider creates individualized learning plans for learners.

D. Utilizes Support Strategies (formerly Criterion 32)
This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.

1. The provider utilizes support strategies to enhance change as an adjunct to its CME.

XVIII. Demonstrates Educational Leadership

A. Engages in Research/Scholarship (formerly Criterion 33)
Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.

1. The provider engages in CME research and scholarship.

B. Supports CPD for CME Team (formerly Criterion 34)
The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.

1. The provider supports the continuous professional development of its CME team.

C. Demonstrates Creativity/Innovation (formerly Criterion 35)
This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.

1. The provider demonstrates creativity and innovation in the evolution of its CME

program.

XIX. Achieves Outcomes

A. Improves Performance (formerly Criterion 36)
Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.

1. The provider demonstrates improvement in the performance of learners.

B. Improves Healthcare Quality (formerly Criterion 37)
CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.

1. The provider demonstrates healthcare quality improvement.

C. Improves Patient/Community Health (formerly Criterion 38)
Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.

1. The provider demonstrates the impact of the CME program on patients or their communities.

PERFORMANCE-IN-PRACTICE REVIEW

The performance-in-practice review allows providers to demonstrate compliance with the NMA's expectations and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate compliance may result from work done for individual activities or as part of the overall CME program. In this process, you will present materials that you developed and utilized for the activity to help your organization demonstrate compliance. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets expectations with evidence not directly related to a specific CME activity. Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.

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

A. The provider's entry of CME activity data into the ACCME's Program and Activity Reporting System (PARS).
B. The NMA's selection of activities for performance-in-practice review.
C. The provider's submission of evidence of performance-in-practice for activities selected.

A. Submitting your CME Activity Data

1. Using PARS, you will submit known information about the CME activities that your organization has provided, or will provide, under the umbrella of your NMA accreditation, from the beginning of your current accreditation term to the expiration. Your list of activities needs to be comprehensive and must include all activities beginning with the month after your last accreditation decision and through the expiration of your current accreditation term. For example, if you received a four-year accreditation decision in July 2007, your list should include all accredited CME activities offered, or scheduled to be offered, from August 1, 2007 through July 31, 2011.

2. For activities that have not yet occurred, please use the best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self-study report.

B. Selecting Activities for Performance-in-Practice Review

Based on the CME activity you provide, the NMA will select, at minimum, one of each activity type for each year to review.

Keep in mind:

- Providers are accountable for demonstrating performance-in-practice for all activities selected for review.
- If, after reviewing the list of selected activities, an error such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, please notify the NMA to make any necessary corrections or adjustments.

C. Requirements for Assembling Performance-in-Practice Materials

The NMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets NMA expectations. Providers have the following options for submitting evidence of performance-in-practice to the NMA.

1. Option 1: Submit Evidence Using the Performance-in-Practice (PIP) Structure Abstract Form
   Using the PIP form, you will provide the information requested with narrative explanations and statements, in tables, and include documents and evidence to verify that the activity meets the NMA's requirements.

2. Option 2: Submit Labeled Evidence of Performance-in-Practice
   Use any standard file folder labels of your choosing. White or color labels are acceptable.
   a. Affix the labels to evidence that verifies the activity meets the NMA requirements. If the evidence applicable to a label is several pages in length, you may apply the corresponding label to the first page or on a coversheet. If multiple requirements are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document. Use labels, arrows, highlighting, or other methods to pinpoint your demonstration of compliance. One sentence or a paragraph within a document may be your demonstration of compliance.

3. 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. The NMA does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety to verify compliance. However, the complete signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters (if commercial support was received).

4. Provide evidence of disclosing the presence or absence of financial relationships to learners for all persons in control of content, along with a list of their names and roles e.g., planners, faculty, reviewers, staff.
   a. Submitting all related documentation demonstrating the identification and resolution of conflicts of interest for all persons in control of content is the best strategy. If an activity has an extraordinarily large number of people in control of content, and the paperwork involved would pose a challenge, alternate strategies may be applied.

D. Requirements for Submitting Performance-in-Practice (PIP) Materials

1. Cover page or label for each activity file. Include:
   a. Full name of organization (no acronyms or abbreviations).
   b. Activity title, date, location, activity type, providership or joint providership, and if commercial support was received.

SUBMITTING MATERIALS TO THE NMA

Organizations must send the following reaccreditation materials to the NMA. Do not send original documents as the files will not be returned.

A. Submit two hard copies of your self-study report. Keep a separate duplicate copy for your reference at any time during the reaccreditation process, but especially at the time of the interview. Organize your self-study report using divider tabs to separate the content of the report according to the outline.
B. The cover of each binder should clearly identify your organization by name. Use the full name of your organization as it is known to the NMA (no acronyms or abbreviations).
C. Two sets of your evidence of performance-in-practice for selected activities.
D. If you prefer to submit your information electronically, please reach out to the NMA to discuss options.

Do not send original documents. 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 reaccreditation process, but especially at the time of the reaccreditation interview. If the need arises, the NMA may ask for additional copies of a file or set of files.

Materials must be sent via a method that is trackable to the following address**:**

Nebraska Medical Association
Attn: CME Director
1045 Lincoln Mall, Suite 200
Lincoln, NE 68508

REACCREDITATION INTERVIEW

The reaccreditation interview offers the provider the opportunity to discuss its CME program. NMA surveyors will be assigned to review the self-study materials you submit and meet with representatives of your CME program to engage in a dialogue about your CME program and your organization's policies and practices to 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 materials you submitted. NMA surveyors are expected to conduct their interactions with providers in a professional manner. You can expect surveyors to be familiar with your materials and the NMA Accreditation Criteria and Policies. Surveyors are expected to communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the reaccreditation review.

The goal of the survey is to collect data that supports your organization's compliance. The NMA requires that we meet with CME principals from your organization to help achieve this goal. It is up to you and your organization to determine who you would like to include in the survey interview process. Once you decide who will be a part of the survey interview, please provide the names and titles of those representing your organization for the survey.

The NMA utilizes on-site, conference calls or videoconferencing as methods for reaccreditation interviews. Interviews typically average 90 minutes in length.

DECISION MAKING PROCESS

Your organization's compliance findings and the outcome of the reaccreditation review are determined by the NMA Commission on Medical Education based on the data and information collected in the reaccreditation process. The NMA will also consider data from monitoring issues if such data is applicable to the provider. The data and information are analyzed and synthesized by the NMA.

The fairness and accuracy of NMA decisions is also enhanced by using a criterion-referenced decision-making system. Your organization will be notified of its reaccreditation status following NMA's decision.