



INITIAL CME ACCREDITATION SELF-STUDY OUTLINE

I. Prologue

- A. Provide a brief narrative that tells the history of your continuing medical education (CME) Program.
- B. Describe and attach an organizational chart showing the leadership and staff relationships for your CME Program.

II. Purpose and Mission (Criterion 1)

- A. Attach your CME mission statement.
- B. Highlight the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes.

III. Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the NMA's requirements into your program of continuing medical education.

- A. Tell us the 'story' of how you develop CME. Pick two of your CME activities as examples. Using these examples, within the context of your organization's processes and mechanisms, describe for us all of the steps you went through to create these educational activities.
- B. In your narrative for Section III (A) the NMA will be looking for:
 1. The professional practice gap that the activities were addressing. (C2)
 2. The educational need(s) that you determined were underlying the gap(s) for your learners. (C2)
 3. What competence or performance or patient outcome the activity was designed to change. (C3)
 4. A description of your planning process that is independent of the control of any NMA defined commercial interest and the mechanisms implemented to ensure that you retain complete control of the CME content. Relate your description to each element of the ACCME's Standards for Commercial Support: Standard 1. (C7 SCS1)
 - a. Under very rare circumstances, an initial applicant might choose to develop activities that include the presentation of discovery, research or new knowledge by employees of NMA defined commercial interests. When that happens, it is important that you demonstrate through your description that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. (See <http://accme.org/ask-accme/can-provider-allow-oral-or-written-reporting-scientific-research-employee-commercial> for more information on this topic.) If your organization is involved in these rare circumstances, please:
 - Describe the factors you consider in determining an appropriate role of an NMA defined commercial interest employee in planning and/or presenting accredited CME; and
 - Describe the mechanisms implemented to ensure that you retain complete control of the CME content.

5. The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content). (C7 SCS2)
6. 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. (C7 SCS 6.1 - 6.5)
7. Your organization's process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including "in-kind" support. (C7 SCS 6.1 - 6.5)

C. Initial applicants may also address the following optional items:

1. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity. (C5)
2. The desirable physician attribute(s) you associated with the activity. (C6)

D. You may feel that the two examples in Section III (A) do not provide you with adequate opportunity to sufficiently describe how you apply the NMA's requirements in the development of your CME activities. Please feel free, in Section III (B), to provide other examples and descriptions that provide DIFFERENT information or DIFFERENT strategies that were not available in the two examples chosen in Section III (A), above. This is especially important for a description of your implementation of the ACCME Standards for Commercial Support: *Standards to Ensure Independence in CME ActivitiesSM*.

E. Recording and verifying physician participation

1. Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
2. Using the information from one of the example activities in Section III (A) or (B), above, show the information or reports your mechanism can produce for an individual participant.

IV. CME Program and Educational Activities (Criteria 8 -9)

- A. Attach your written policies and procedures governing honoraria for planners, teachers, and/or authors - or state, "We do not provide honoraria in any form to planners, teachers, and/or authors." (C8 SCS 3.7-3.8)
- B. Attach your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors - or state, "We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors." (C8 SCS 3.7-3.8)
- C. Describe what policy, procedure, or communications you employ to ensure that no direct payment from an NMA defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint provider, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- D. Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support) - or state, "We do not accept commercial support for any of our directly or jointly provided CME activities." (C8 SCS 3.1)
- E. Describe what policy, procedure or communications you employ to ensure that all commercial support is given with your organization's full knowledge and approval - or state, "We do not accept commercial support for any of our directly or jointly provided CME activities." (C8 SCS 3.3)

- F. Describe the practices or procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events – or state, “We do not accept commercial support for any of our directly or jointly provided CME activities or, “We do not provide social events or meals for any of our directly or jointly provided and commercially supported CME activities.” (C8 SCS 3.11)
- G. Do you organize commercial exhibits in association with any of your CME activities? If “No,” state in this section, “We do not organize commercial exhibits in association with any of our CME activities.” If yes, describe how your organization ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with the presentation and 2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- H. Do you arrange for advertisements in association with any of your CME activities? If “No,” state in this section, “We do not arrange for advertisements in association with any of our CME activities.” If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: 1) print materials, 2) computer-based materials, 3) audio and video recordings, and 4) face-to-face. (C9 SCS 4.2, 4.4)

V. Content of Educational Activities (Criterion 10 and Content Validation Policy)

- A. It is an expectation of the NMA that;
 - 1. The content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is not commercial bias). (C10 SCS 5.1)
 - 2. CME activities give a balanced view of therapeutic options. (C10 SCS 5.2)
 - 3. The content of CME activities is in compliance with the NMA’s content validity value statements*. (Policy on Content Validation)
- B. Describe how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

***NMA’s Policy on Content Validation:** All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for NMA accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

VI. Evaluation and Improvement (Criteria 11-13)

- A. Based on data and information from your program’s activities/educational interventions, provide your analysis of changes achieved in your learners’ competence, performance, or in patient outcomes. (C11)
- B. Based on data and information gathered, provide your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions. (C12)
- C. Initial applicants may also address the following optional item:

1. Describe the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve on your ability to meet your CME mission that have been identified, planned, and implemented. (C13)

VII. Engagement with the Environment (Criteria 16-22)

NOTE: Your organization may choose to respond to the following items:

- A. If your organization integrates CME into the process for improving professional practice, describe how this integration occurs. Include examples of explicit organizational practices that have been implemented. (C16)
- B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, describe the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include examples of non-education strategies that have been implemented. (C17)
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, describe those factors. Include examples of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, describe these strategies. Include examples of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. Include examples of collaboration and cooperation with other stakeholders. (C20)
- F. If your CME unit participates within an institutional or system framework for quality improvement, describe this framework. Include examples of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, describe organizational procedures and practices that support this. Include examples of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)