**DOCUMENTATION REVIEW FORM FOR ACCME REACCREDITATION**

## CRITERION 2

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

* **For this activity does the provider’s evidence demonstrate that the provider incorporated needs (knowledge, competence, or performance) that underlie a professional practice gap(s) of their own learners?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 3

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

* **For this activity does the provider’s evidence demonstrate that the activity was designed to change competence, performance or patient outcomes?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 5

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

* **For this activity does the provider’s evidence demonstrate that the activity’s format was appropriate to the settings objectives, and desired results?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 6

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 (ACGME) Competencies].

* **For this activity did the profider’s evidence demonstrate that the activity was developed in the context of desirable physician attributes [e.g. IOM competences, ACGME competencies]?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 7 SCS 1

The provider develops activities/educational interventions independent of commercial interests. (SCS 1).

SCS 1 Independence

SCS 1.1: A CME provider must ensure that the following decisions were made free of the control of a commercial interest (see the definition of a "commercial interest" on the ACCME website at this [link](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)). (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

SCS 1.2: A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

* **Is there evidence in this activity that the provider allowed an employee or owner of an** [ACCME-defined commercial interest](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest) **to control CME content (C7 SCS 1.1) or that an ACCME-defined commercial interest took the role of a Joint Provider (C7 SCS 1.2)?** (Required)
* **If Yes, Please ask the provider to explain in the interview and note the response here.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 7 SCS 2

SCS 2 Resolution of Personal Conflicts of Interest

SCS 2.1: The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "'relevant' financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

SCS 2.2: An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

SCS 2.3: The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

* **Q2: For this activity, does the provider’s evidence demonstrate that the provider obtained disclosure information from all individuals in control of CME content regarding their relevant financial relationships with commercial interests? [2.1]** (Required)
* **If No, Please explain.**
* **Q3: For this activity, does the provider’s evidence demonstrate that the provider disqualified anyone who refused to disclose? [2.2]** (Required)
* **If no, Please explain.**
* **Q4: For this activity, does the provider’s evidence demonstrate that the provider implemented a mechanism(s) to identify and resolve conflicts of interest prior to the activity for ALL individuals with relevant financial relationships? [2.3]**
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 7 SCS 6

SCS 6 Disclosures Relevant to Potential Commercial Bias

SCS 6.1: An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

SCS 6.2: For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

SCS 6.3: The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind‟ the nature of the support must be disclosed to learners.

SCS 6.4: 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

SCS 6.5: A provider must disclose the above information to learners prior to the beginning of the educational activity.

* **Q5: For this activity, does the provider’s evidence demonstrate that the provider disclosed to learners prior to the activity all of the relevant financial relationshps (with all required information), or the absence of relevant financial relationships, for all individuals in control of content? (SCS 6.1, 6.2, and 6.5)?** (Required)
* **If No, Please explain.**
* **Q6: For this activity, does the provider’s evidence demonstrate that the provider disclosed commercial support for the activity to learners prior to the activity, without the use of corporate logos, trade names or product group messages (SCS 6.3, 6.4, 6.5)?**
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 8

The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support).

SCS 3: Appropriate Use of Commercial Support

SCS 3.1: The provider must make all decisions regarding the disposition and disbursement of commercial support.
SCS 3.2: A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
SCS 3.3: All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
SCS 3.4: The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.
SCS 3.5: The written agreement must specify the commercial interest that is the source of commercial support.
SCS 3.6: Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.
SCS 3.7: The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
SCS 3.8: The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
SCS 3.9: No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
SCS 3.10: If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.
SCS 3.11: Social events or meals at CME activities cannot compete with or take precedence over the educational events.
SCS 3.12: The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.
SCS 3.13: The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support

* **Q1: For this activity, does the provider’s evidence demonstrate that the provider has written agreements that [1] specify terms and conditions of the commercial support that would meet ACCME expectations [2] are signed by the provider and the commercial supporter [3] were executed prior to the activity [4] for all commercial supporters? (3.4-3.6)** (Required)
* **If No, Please explain.**
* **Q2: For this activity, does the provider’s evidence demonstrate that the provider has documentation detailing the receipt and expenditure of commercial support? (3.13)**
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 10

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

SCS 5: Content and Format Without Commercial Bias

SCS 5.1: The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
SCS 5.2: Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

It is an expectation of the ACCME that the content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options.

* **For this activity, does the provider’s evidence demonstrate that the content or format of the CME activity or its related materials promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest? (C10 SCS 5.1)** (Required)
* **If No, Please explain.**
* **For this activity, does the provider’s evidence demonstrate that the activity provided a balanced view of therapeutic options? (C10 SCS 5.2)** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CME Clinical Content Validation Policy

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.
* **Did the content of this CME activity appear to meet the expectations of the**[ACCME CME Clinical Content Validation Policy](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/cme-clinical-content-validation)**?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## CRITERION 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

* **For this activity, does the provider’s evidence demonstrate data or information about changes achieved in learners’ competence or performance or patient outcomes?** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**

## Accreditation Statement

The accreditation statement must appear on al CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

For directly provided activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”

For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”

There is no “co-providership” accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.

* **The provider consistently utilizes the appropriate Accreditation Statement(s) for its activities.** (Required)
* **If No, Please explain.**

Additional Materials:

* **Should additional materials be requested?**