**PERFORMANCE-IN-PRACTICE STRUCTURED ABSTRACT FOR**

**ACCME INITIAL ACCREDITATION
FOR THE NOVEMBER 2019 COHORT**

**This document includes the questions initial applicants will be asked to respond to in completing the Performance-in-Practice Structured Abstract form. All information and materials must be submitted in the ACCME’s Program and Activity Reporting System (PARS),** [**https://pars.accme.org**](https://pars.accme.org)**.**

## INTRODUCTION

**Performance-In-Practice Abstract**

Instructions: Complete this form for each activity selected for the ACCME's performance-in-practice review. Complete all sections applicable for the activity.

(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.)

*The following PARS data will auto-populate per activity:*

|  |  |  |  |
| --- | --- | --- | --- |
| Provider ID: |  | Provider Name: |  |
| ACCME Activity ID: |  | Activity Title: |  |
| Activity Date: |  | Activity Type: |  |
| Providership: |  | Commercial Support Received: |  |

## 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.

* **State the professional practice gap(s) of your learners on which the activity was based. (maximum 100 words)**
* **State the educational need(s) that you determined to be the cause of the professional practice gap(s).**

**Check all that apply:**

**Knowledge need *and/or***

 **Please explain (max 50 words).**

**Competence need *and/or***

 **Please explain (max 50 words).**

**Performance need**

 **Please explain (max 50 words).**

##  CRITERION 3

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

* **State what this CME activity was designed to change in terms of competence, performance or patient outcomes. (maximum 50 words)**

##  CRITERION 5

### This criterion is OPTIONAL for initial applicants.

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

* **Explain why this educational format is appropriate for this activity (maximum 25 words).**

## CRITERION 6

### This criterion is OPTIONAL for initial applicants.

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

* **Indicate the desirable physician attribute(s) this activity addresses. The list below includes the ACGME/ABMS Competencies, Institute of Medicine Competencies, Interprofessional Education Collaborative Competencies, or you may enter other competency(ies) that are recognized by your organization.**

Patient Care and Procedural Skills

Medical Knowledge

Practice-Based Learning and Improvement

Interpersonal and Communication Skills

Professionalism

Systems-Based Practice

Provide Patient-Centered Care

Work in Interdisciplinary Teams

Employ Evidence-Based Practice

Utilize Informatics

Values/Ethics for Interprofessional Practice

Roles/Responsibilities

Interprofessional Communication

Teams and Teamwork

Other Competency(ies)

 **If Other Competency(ies) is selected, Please Explain**

## 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.

* **Did employees or owners of**[**ACCME-defined commercial interest(s)**](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)**control CME content for this activity (e.g., participate as  planners, reviewers, faculty, authors, and/or others who control educational content) (C7 SCS 1.1)?**

**If Yes,**

**Please describe how their participation met one of the three specific circumstances permitted by the ACCME and how you ensured the independence of the CME Activity.**

**If No, move to the next question.**

## 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.

Upload a single copy of the form(s), tool(s), or mechanism(s) used to identify relevant financial relationships of all individuals in control of content (C7 SCS 2.1). If you use different form(s), tool(s), or mechanism(s) within your process, upload a single copy of each version used. **DO NOT UPLOAD COMPLETED FORMS**.

Download and complete the EXCEL spreadsheet linked [**here**](http://www.accme.org/publications/performance-practice-individuals-control-content). Provide the information indicated in each of the five columns as follows. For each individual in control of content, list 1) the name of the individual, 2) the individual’s role(s) (e.g., planner, reviewer, faculty, author, and/or other roles in control of educational content) in the activity, 3) the name of the [**ACCME-defined commercial interest**](http://accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)**(s)**with which the individual has a[**relevant financial relationship**](http://accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support/standard-2)(orif the individual has no relevant financial relationship(s), 4) the nature of the relationship(s), and 5) the mechanism(s) implemented to resolve all conflicts of interest appropriate to the role(s) of the individuals in the activity (C7 SCS 2.1, 2.2, 2.3).

* Upload the spreadsheet as an EXCEL file in the this field. **PDF AND WORD FILES WILL NOT BE ACCEPTED.**

## 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.

* **Upload the information for disclosure of the presence or absence of relevant financial relationships for all individuals in control of content, as presented to learners.  (C7 SCS 6.1-6.2, 6.5) To upload multiple documents, add additional rows to the table.**
* **If the activity was commercially supported, upload the commercial support disclosure information as presented to learners (C7 SCS 6.3-6.5). To upload multiple documents, add additional rows to the table.**

## 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

* **If the Activity was COMMERCIALLY SUPPORTED...**

**Complete the table below. List the name(s) of the commercial supporter(s) of this activity and the $ value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6). Use one line for each supporter.**

|  |  |  |
| --- | --- | --- |
| Name of Commercial Supporter | Amount of Monetary Commercial Support | In-Kind |
|  |  |  |

* **If the activity was COMMERCIALLY SUPPORTED...**

**Upload each executed commercial support agreement for the activity. (C8 SCS 3.4-3.6). To upload multiple documents, add additional rows to the table.**

* **If the activity was COMMERCIALLY SUPPORTED...**

**Upload an income and expense statement for the activity that itemizes the source(s) of commercial support and details the receipt and expenditure of all the commercial support (C8 SCS 3.13).**

## 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.

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

## 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.
* **Upload the activity topics/content, e.g. agenda, brochure, program book, or announcement. For RSS: if the series was topic-based, upload a listing of the dates and topics of each session (C10, CME Clinical Content Validation Policy, ACCME Definition of CME). To upload multiple documents, add additional rows to the table.**
* **If this activity is an enduring material, an internet enduring material, or journal-based CME, and available on the internet, please provide a direct link or URL and, if necessary, a generic username and password to login, allowing access to the activities from the point of submission and for the duration of the review period until the decision, OR upload the CME “product” (screen shots, PDF) if not available via the internet. To upload multiple documents, add additional rows to the table.**

## 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.

* **Upload the data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. (C11) To upload multiple documents, add additional rows to the table.**

## Accreditation Statement

### This criterion is OPTIONAL for initial applicants.

The accreditation statement must appear on all 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 CME 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.

* **Upload the ACCME accreditation statement for this activity as provided to learners (Accreditation Statement Policy). To upload multiple documents, add additional rows to the table.**