

## Medical Society of Virginia GLOSSARY OF TERMS AND ABBREVIATIONS

**Accreditation:** The decision by the Medical Society of Virginia, another recognized state medical society, or the ACCME that an organization has met the requirements to be granted accreditation as a provider of continuing medical education (CME). The standard term of accreditation is four years.

**Accreditation Council for Continuing Medical Education (ACCME):** The ACCME accredits national providers of CME. The ACCME also recognizes state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

**Accreditation Decisions:** Accreditation decision means a decision by the MSV Intrastate Accreditation Committee to grant, revoke, deny or modify accreditation status to an entity that has requested accreditation or reaccreditation, or that has been reevaluated by the MSV Intrastate Accreditation Committee. For national providers of CME, accreditation decisions are made by the ACCME.

**Accreditation Statement:** The standard statement that must be used by all accredited institutions and organizations. One of two different statements that must be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

**1. Directly sponsored activity** — An activity planned and implemented by an ACCME or state medical society accredited provider of CME. For MSV accredited organizations, the correct accreditation statement is:

*The (name of the accredited provider) is accredited by the Medical Society of Virginia to provide continuing medical education for physicians.*

**2. Jointly sponsored activity** — An activity planned and implemented by an ACCME or state medical society accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Essential Areas and Policies of the Medical Society of Virginia. The correct accreditation statement for MSV accredited organizations is:

*This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of Virginia through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider).*

**Accreditation Survey:** Data collection by the MSV that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of two ways: *on site*, which is in-person at the site of the accredited institution/organization; and *reverse site*, which is in-person at a site determined by the MSV. (MSV

Accreditation Procedures, Page 6, Section V.C.1. for information on Reverse Site Visits.) Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

**Accreditation with Commendation:** A provider will be considered for accreditation with commendation if the provider complies with the 22 Revised Criteria for accreditation.

**Activity:** A provider may define a “CME activity” in the traditional sense as a single educational event. A provider may also consider multiple interventions (linked together by a common goal/overall objective to close gaps in competence, performance or patient outcomes) as one activity with multiple interventions. An activity is based upon identified needs (knowledge, competence, or performance) that underlie the professional practice gaps of the learners, has objective(s) and is evaluated for changes in learner’s competence performance or in patient outcomes.

**Activity Review:** Data collection that allows the MSV to observe an activity and document compliance with the requirements for accreditation. The review usually occurs during an on-site accreditation survey and is required for all new applicants before they are fully accredited.

**American Board of Medical Specialties (ABMS):** The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates three individuals for appointment to the Board of the ACCME.

**American Hospital Association (AHA):** The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates three individuals for appointment to the Board of the ACCME.

**American Medical Association (AMA):** The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates three individuals for appointment to the Board of the ACCME.

**Annual Report:** Data collection by the MSV that requires an annual submission of data from each accredited provider and allows the MSV to monitor changes in an individual accredited provider’s program and within the population of accredited providers.

**Association for Hospital Medical Education (AHME):** The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME nominates one individual for appointment to the Board of the ACCME.

**Association of American Medical Colleges (AAMC):** The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates three individuals for appointment to the Board of the ACCME.

**Classifications of Compliance with Essential Area Elements:** Using criteria, the MSV will determine the level of compliance with each Element in the three Essential Areas. There are up to four levels of compliance: exemplary compliance, compliance, partial compliance, or noncompliance.

**Commercial Bias:** A personal judgment in favor of a specific proprietary business interest of a commercial interest.

**Commercial Interest:** A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Commercial Support:** Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support (Element 3.3).

**Competence: (Related to C1, C2, C3, C6, C11)**

- "Knowing how to do something" (Source: Miller, G. The assessment of clinical skills/competence/performance. *Academic Medicine*, 65(9):S63-7, 1990)
- Competence is a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice. (*Sanford, B. (Ed). Strategies for maintaining professional competence: A Manual for professional associations and faculty. Toronto, Canada: Canadian Scholars Press, inc. 1989*)
- The simultaneous integration of knowledge, skills and attitudes required for performance in a designated role and setting. (*Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press.*)

**Core Competencies: (Related to C6)**

- Examples of core competencies are the Institute of Medicine (IOM) Core Competencies, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) Competencies, and the core competencies of the 24 medical specialty boards Maintenance of Certification MOC<sup>®</sup> Programs.
- Competencies are referred to under Criterion 6 of the Updated Decision Making Criteria as an example of "desirable physician attributes".

**Competency:**

- An underlying characteristic....causally related to effective or superior performance in a job. (*Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press.*)

**Classifications of Accreditation:** There are three levels of accreditation, with level one for initially accredited providers of CME and level three, the highest level, for providers who collaborate with other stakeholders within or outside the organization, or both, to improve the quality of healthcare. To receive initial accreditation, a provider must comply with Revised Criteria 1-3 and 7-15. To receive continued accreditation, a provider must comply with Revised Criteria 1-15 and to be accredited with commendation, a provider must comply with all 22 Revised Criteria.

**Commercial Supporter:** The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support (Element 3.3).

**Commercial Bias:** A personal judgment in favor of a specific proprietary business interest of a commercial interest.

**Commercial Interest:** Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The MSV does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for accreditation.

**Commercial Support:** Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support (Element 3.3, Revised Criteria 7-10).

**Committee for Review and Recognition (CRR):** The Committee for Review and Recognition, a working committee of the ACCME, recognizes state, or territorial, medical societies to accredit providers whose target audience is restricted to that state, or territory, or contiguous state, or territories. The CRR makes the determination of compliance about recognition on behalf of the ACCME. To be recognized by the ACCME, a state, or territorial, medical society must meet the requirements for recognition as determined by the ACCME

**Compliance:** The provider is always or consistently meeting the standard of practice for the judged element.

**Conflict of Interest:** When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The MSV considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**Continuing Medical Education (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.

**Co-sponsored Activity:** A CME activity presented by two or more accredited providers. One institution must take responsibility for the activity.

**Council of Medical Specialty Societies (CMSS):** A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates three individuals for appointment to the Board of the ACCME.

**Credit:** The "currency" assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

**Designation of CME Credit:** The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

**Documentation Review:** Data collection that allows the MSV to determine if the required documentation of the standards presented in the Elements of the Essential Areas has occurred. This review occurs during an accreditation survey.

**Elements:** Performance in each Essential Area that must be met to be an accredited provider.

**Enduring Materials:** Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials which are used alone or in combination with written materials.

**Essential Areas:** The categories of standards necessary to become an accredited provider. They are Purpose and Mission, Educational Planning, Evaluation and Improvement and Administration.

**Exemplary Compliance:** The provider complies with the 22 revised Criteria for accreditation.

**Faculty:** The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

**Federation of State Medical Boards of the U.S., Inc. (FSMB):** A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates one individual for appointment to the Board of the ACCME.

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. MSV considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Focused Accreditation Survey:** A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

**Joint Sponsorship:** Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

**Medical Society of Virginia Intrastate Accreditation Committee:** The Committee of the Medical Society of Virginia that is responsible for management of the intrastate accreditation program.

**Monitoring:** Data collection which allows the MSV Intrastate Accreditation Committee to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider and/or in the pursuit of a complaint/inquiry about a specific CME activity.

**Multiple interventions:** Multiple interventions might include, for example, selected pre readings in peer reviewed journals, a live educational activity, hands-on skills workshops, group discussions and follow-up reminders posted in the physician's lounge or sent electronically.

**Needs Assessment/Data:** A process of identifying and analyzing data that reflects the knowledge, competence or performance needs that underlie the professional practice gaps of learners.

**Non-accreditation:** The accreditation decision by the MSV that an organization has not demonstrated the standards for a CME provider as outlined by the MSV.

**Noncompliance:** The provider is not meeting the standard of practice for the judged criteria.

**Objectives:** Statements that clearly describe what the learner will know or be able to do after participating in the CME activity. The statements should result from the needs assessment data and identification of gap(s) in practice.

**Organizational Framework:** The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

**Participant:** An attendee at a CME activity.

**Performance (C1, C2, C3, C11)**

- That which one actually does in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

**Planning Process(es):** The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

**Probation:** The accreditation decision by the MSV that an accredited provider has not met all the standards for a CME provider as outlined by the MSV. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities.

**Professional Practice Gap (C2)**

- The difference between actual and ideal performance or actual and ideal patient outcomes or both.
- In patient care, the quality gap is "the difference between present treatment success rates and those thought to be achievable using best practice guidelines." (Source: *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication no. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD.* <http://www.ahrq.gov/clinic/epc/gapfact.htm>)

**Program of CME:** The CME activities and functions of the provider taken as a whole.

**Program Analysis, Program Summary and Improvement Plan:** Part of the accreditation process that allows the provider to assess its CME program, identify strengths and areas where improvement may be necessary and to develop an improvement plan.

**Progress Report:** A report prepared for the MSV by the accredited provider. It communicates changes in the provider's program to demonstrate compliance with the Elements that were found in partial compliance or non-compliance, during the most recent accreditation review.

**Provider:** The institution or organization that is accredited to present CME activities.

**Provisional Accreditation:** The accreditation decision by the MSV that an initial applicant or accreditation has met the standards for a CME provider as outlined by the MSV.

**Recognition:** The process used by the ACCME to approve state medical societies as accreditors of intrastate providers.

**Regularly Scheduled Sessions (RSS):** Daily, weekly, monthly or quarterly CME activity that is primarily planned by and presented to the accredited provider’s professional staff.

**Relevant Financial Relationships:** MSV focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. MSV has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The MSV defines “‘relevant’ financial relationships” as financial relationships in any amount occurring in within the past 12 months that create a conflict of interest.

**Scope of Practice (C4)**

- The range or breadth of a physician’s actions, procedures, and process.
- “...those health care services a physician or other health care practitioner is authorized to perform by virtue of professional license, registration, or certification.” (*Assessing Scope of Practice in Health Care Delivery. Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005.*)

**Self Study:** Data collected by the provider that allows it to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making improvements.

**Standards of Commercial Support:** Standards to ensure independence in planning and implementing CME activities.

**Supporter:** See Commercial Interest.

**Abbreviations**

ACCME	Accreditation Council for Continuing Medical Education
ARC	Accreditation Review Committee
AAFP	American Academy of Family Physicians
ABMS	American Board of Medical Specialties
ACOG	American College of Obstetrics and Gynecology
AHA	American Hospital Association
AMA	American Medical Association
AOA	American Osteopathic Association
AHME	Association for Hospital Medical Education
AAMC	Association of American Medical Colleges
CRR	Committee for Review and Recognition
CME	Continuing Medical Education
CMSS	Council of Medical Specialty Societies
FSMB	Federation of State Medical Boards of the U.S., Inc.
IAC	Intrastate Accreditation Committee
IOM	Institute of Medicine
MSV	Medical Society of Virginia