

Medical Society of Virginia SURVEYOR REPORT FORM - Updated Accreditation Criteria:
 (For accreditation surveys beginning in 2011)

Directions for Surveyors

The survey report form is the primary document for recording compliance findings. Information is obtained from the following three sources:

- 1. The submitted Self Study Report:** Before the survey team meets, each surveyor is expected to review the provider’s submitted Self Study Report. Surveyors are also expected to complete Section A. “According to the Self Study Report” and to list their comments and potential questions to ask the provider during the interview sessions.
- 2. Activity Documents:** During the survey, surveyors will review program planning documents for compliance with *Criterion 2-11* and record findings on an “**Activity Documentation Review Form**” for each activity reviewed. The survey team will summarize and record its findings on this Survey Report Form, under Section B. “According to Review of Documents.”

Activity documents are one of three data sources for determining compliance with accreditation criteria 2-11. To achieve a finding of compliance from this data source, for any criterion 2-11, 75% of the activities reviewed must demonstrate compliance as shown in the table below:

# ACTIVITIES REVIEWED:	RATING OF NON COMPLIANCE RATING	RATING OF COMPLIANCE
8 activities	5 or less do not comply	6 to 8 comply
7 activities	5 or less do not comply	6 to 7 comply
6 activities	4 or less do not comply	5 to 6 comply

Planning documents for the following activities will be reviewed on-site by the survey team:

1.	5.
2.	6.
3.	7.
4.	8.

- 3. Interview Questions and Answers.** During interviews, the applicant should be provided an opportunity to answer questions regarding practices suggesting non compliance or when clarification is needed and to provide additional documentation, if available. In preparation for the interview, questions for the provider should be listed on this **Survey Report Form**.

Summary of Compliance Findings: Table of Compliance Findings

During the post survey meeting, the survey team records whether findings from the three data sources combined, i.e., 1) Self Study Report, 2) Activity Documents, and 3) Interviews, suggest the provider is in compliance or not in compliance with each Criterion and MSV accreditation policies. A summary of findings are recorded on the compliance table.

(Partial compliance is not an option. If a provider receives a “non-compliance” finding in any criterion, it will be expected to submit a progress report with documentation to demonstrate compliance. The first progress report is due one year from the date of reaccreditation and, if necessary, an additional progress report will be due before the end of the second year of the accreditation term.)

Accreditation Decisions

The completed surveyor report form is distributed to the members of the Intrastate Accreditation Committee (IAC), except to those with a conflict of interest regarding the outcome of an accreditation decision. Surveyors present their findings to the IAC. The IAC, except those members serving as a surveyor for the applicant in question, vote on accreditation decisions. Members with a conflict of interests may not be present for the discussion or for the vote on the accreditation decision.

Background Information

Name of organization	
Date of Survey	
Survey Team Members:	
Name and title of program representatives interviewed:	
# of staff:	# of courtesy staff:
# of physicians in target population:	# of physician participants in CME activities:
Affiliate organization in CME program, e.g., the CME program is composed of more than one hospital:	

Present accreditation status			
<input type="checkbox"/> 2 years - provisional	<input type="checkbox"/> 4 years	<input type="checkbox"/> 6 years - commendation	<input type="checkbox"/> probation

For initial applicants, include data for at least two activities. For re-accreditation, include data for all CME activities offered during the current accreditation term.

DIRECTLY SPONSORED ACTIVITIES

Classification of Activity	# of activities	Hours of instruction	# Phys Participants	# non physician participants
Courses				
Regularly scheduled series (count each series as 1)				
Internet				
Test Item Writing				
Committee Learning				
Performance Improvement				
Internet Searching and Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet				
Others				
Journal based CME				
Subtotal, Directly Sponsored:				

JOINTLY SPONSORED ACTIVITIES

Classification of Activity	# of activities	Hours of instruction	# Phys Participants	# non physician participants
Courses				
Regularly scheduled series (count each series as 1)				
Internet				
Test Item Writing				
Committee Learning				
Performance Improvement				
Internet Searching and Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet				
Others				
Journal based CME				
Subtotal, Jointly Sponsored:				
Total for all activities:				

Section 1: Introduction - MSV Policies on Administration of the CME Program

A. ACCORDING TO THE SELF STUDY REPORT:

Does the provider:		
Pol.	Demonstrate that there is an organizational structure for the CME program that maintains responsibility for CME, delineates its authority, and oversees compliance with accreditation criteria and policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pol.	Have the resources to support the scope of its mission (See CME mission)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pol.	Have written policies/procedures for the CME program, including position descriptions? (Doc 1A)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(MSV Policy on Administration) Surveyor's notes:

Potential question(s) for provider (from individual review and/or from survey):

Section 2: Mission Statement (Criterion 1)

C1: The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance or patient outcomes that will be the result of the CME program.

A. ACCORDING TO THE SELF STUDY REPORT:

Does the mission statement:		
C1	Include the following components?	<input type="checkbox"/> CME purpose <input type="checkbox"/> Content areas <input type="checkbox"/> Target audience <input type="checkbox"/> Type of activities <input type="checkbox"/> Expected results
C1	Identify the expected results of the CME program? (Check all that apply)	<input type="checkbox"/> Changes in competence <input type="checkbox"/> Changes in performance <input type="checkbox"/> Changes in patient outcomes <input type="checkbox"/> None of the above

Surveyor's notes/comments:

(C1) Potential question(s) for Provider (from individual review and/or from survey):

Section 3: Educational Planning (Criteria 2-6)

- C2:** The provider incorporates into CME activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners.
- C3:** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
- C4:** The provider generates activities/educational interventions around content that matches the learners' current or potential scope* of professional activities.
- C5:** The provider chooses educational formats for activities/educational interventions that are appropriate for the setting, objectives and desired results of the activity.
- C6:** The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies)

A. ACCORDING TO THE SELF STUDY REPORT:

Did the provider describe:		
C2	That it determines problems/gaps in professional practice that its activity/interventions address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C2	That it determines whether knowledge, skills, attitudes or other factors influencing performance (gap in practice) will be addressed by its activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C3	What activity/educational interventions are designed to change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C4	That the content of activities/educational interventions relates to the learner's practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C5	The educational formats (methods) it uses and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C6	That general competency, e.g., ACGME/ABMS, IOM, are considered in the planning of activities/educational interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE TWO EXAMPLES INCLUDED IN THE SELF STUDY:

Did the examples identify:		If 1 yes & 1 no, check both:
C2	The problem(s) or gap(s) in practice that the activity was intended to address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C2	How the problem/gap in practice is relevant to the intended learners' practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C4		
C3	Intention to change knowledge, skills, attitudes, competence, or other factors influencing performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C5	Why specific learning formats (methods) were used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C6	The general competencies that the activities were intended to address?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. ACCORDING TO REVIEW OF DOCUMENTS:

		# Yes	# No	# no evidence	NA/act. date precedes updated criteria	Explanation/Comments
C2	Label 1: Problems/gaps in practice activity intended to address are identified.					
C2	Label 2: CME activities designed to change knowledge, skills, attitudes or other factors influencing performance.					
C3						
C4	Label 3: Activity content relates to learner's practice					
C5	Label 4: Learning formats/methods are appropriate for the desired results.					
C6	Label 5: Activities developed to address one or more core competency, e.g., ACGME/ABMS, IOM					

C2-6: Surveyor's notes/comments:

C2-6: Potential question(s) for Provider (from individual review and/or from survey):

* Defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.

Section 4: Educational Planning (Criterion 7-10: Standards for Commercial Support)

- C7:** The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6)
- C8:** The provider appropriately manages commercial support (if applicable, SCS 3)
- C9:** The provider maintains separation of promotion from education (SCS 4)
- C10:** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5)

(C7) The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, 6)

A. ACCORDING TO THE SELF STUDY REPORT:

SCS	Did the provider describe:	
1.1	(C7) How it assures its learning activities (need, objective, content, selection of speakers, etc) are not influenced by commercial interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	(C7) That it does not jointly sponsor CME with commercial interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	(C7) How everyone with control over content (e.g., speakers and planners) disclose financial relationships to the provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	(C7) That it disqualifies individuals who refuse to disclose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	(C7) How it resolves conflicts of interests (planners, speakers) prior to an activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	(C8) That it makes all decisions regarding the disposition and disbursement of commercial support (or that it resolved a situation to comply with the SCS when a decision was not made by the provider)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	(C8) That it does not allow commercial supporters to suggest speakers, participants or content as a condition for commercial support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the provider's letter of agreement:		
3.4	(C8) include the terms, conditions and purposes of commercial support signed by the commercial supporter and the provider? (If no, add comment below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	If the provider does not accept CS, check here: <input type="checkbox"/>	
Did the provider describe:		
3.11	(C8) How it assures social events or meals do not compete with or take precedent over the educational activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	(C9) How it ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with presentations and 2) are not a condition of the provision of commercial support for CME? If the provider does not have exhibitors (incl. in jointly sponsored activities) check here: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	(C9) How it assures advertisements in associate with CME activities are kept separate from the education. If the provider does not have advertising in CME activities check here: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	(C9) How it assures slides, abstracts, or handouts do not contain advertising, trade names or product group messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	(C10) That it plans and monitors CME activities to assure the content does not promote proprietary interests (5.1) and that CME gives a balanced view of therapeutic options (5.2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	(C7) That it discloses relevant financial relationships to learners, including the name of the individual, the commercial interest, and the nature of the relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	(C7) That it discloses to learners when a person (speaker, planner) has no relevant financial interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	(C7) That it discloses to learners the source of all support from commercial interests.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	(C7) That disclosure never includes trade names or product group messages (no evidence to suggest otherwise)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	(C7) That disclosure takes place prior to the beginning of the educational activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	(C7) That it discloses to learners the source of all support from commercial interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	If the provider does not accept CS, check here: <input type="checkbox"/>	
6.4	(C7) Its processes and mechanisms for disclosure to learners of (1) relevant financial relationships of <u>all</u> persons in a position to control content (e.g., speakers and planners) and (2) if applicable, the source of support from commercial interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	(C7) If the provider uses only non commercial interests as joint sponsors of CME activities, check yes. If a commercial interest is listed as a joint sponsor, check no.	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE EXAMPLES INCLUDED IN THE SELF STUDY:

If the provider uses form(s) or other mechanism(s) for disclosure (Doc 4C):		
2.1	(C7) Does the form(s) or other mechanism include information to allow <u>all those</u> in a position to control content to disclose all relevant financial relationships with any commercial interest to the provider? If no, include comment below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the provider uses form(s) or other mechanism(s) to resolve (mitigate a relevant conflict of interest from influencing content) (Doc 4E):		
2.3	(C7) Does the form(s) or other mechanisms mitigate relevant conflicts of interest from influencing content for <u>all those</u> with control over content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the letter of agreement include (Doc 4H):		

3.4	(C8) The terms, conditions and purposes of commercial support and is it signed by the CS and the provider? (If no, add comment below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5		
3.6	If the provider does not accept CS, check here: <input type="checkbox"/>	
	Do the provider's policies (Doc 4I):	
3.7	(C8) Address the governing of honoraria and out of pocket expenses for planners, teachers and authors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	(C8) State that honorarium and expenses must be made in compliance with the provider's written policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9.	(C8) Indicate no other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor or any others involved with the supported activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	(C8) State teachers and authors may only be reimbursed for their expenses and honorarium for their teacher or author role only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12	(C8) Indicate commercial support may not be used to pay for travel, lodging, honoraria or personal expenses for non teachers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the income and expense statement itemize (Doc 4K):	
3.13	(C8) Receipt and expenditure of commercial support? If the provider does not accept CS, check here: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the example of disclosure to the audience verify (Doc 4P):	
6.1	(C7) The name of the individuals with control over content, the name of the commercial interest(s), and the nature of the relationship each person has with the commercial interests, or that no relevant financial relationship exist. (If no, explain below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2		
6.3	(C7) That all sources of commercial support, including the nature of 'in-kind' support (if applicable) were disclosed and that no trade name or product-group message was conveyed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	If the provider does not accept CS, check here: <input type="checkbox"/>	
6.5	(C7) That disclosure was made prior to the beginning of the educational activity? If the provider does not accept CS, check here: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence		Explanation/Comments
C7 Label 8-9: All in position content (e.g., speakers/planners) disclose relevant financial relationships to provider. If no, specify who did not disclose. (SCS 2.1)					
C7 Label 10: Provider disqualifies anyone who refused to disclose (SCS 2.2)				No refusals:	
C7 Label 11: Provider implements mechanisms to identify conflicts of interest prior to activities. (SCS 2.3)					
C7 Label 12: Provider implements mechanism to resolve conflicts of interest prior to activities. (SCS 2.3)				No COI:	
C7 Label 13 and 8: Provider discloses to learners prior to activity nature of relevant (or no) financial relationships of all persons with control of content. (SCS 6.1, 6.2, 6.4, 6.5)					
C8 Label 17: Honoraria and reimbursement for teachers/authors are paid in compliance with provider's policies. (SCS 3.8)				No honorarium:	
COMMERCIAL SUPPORT If no CS rec. check box <input type="checkbox"/> Skip to section 5.					
C7 Label 14 & 15: Prior to activity all sources of commercial support disclosed (6.3, 6.5)					
C8 Label 15 & 16: Signed written agreements are executed prior to activity appropriately documenting terms and conditions of the CS for each commercial interest. (SCS 3.4-6)					
C8 Label 18: Has accurate documentation detailing receipt and expenditure of CS. (SCS 3.13)					
					Explanation/Comments
C8 Is there evidence suggesting the provider allows commercial interest to influence activities, promote products or services during activities, or be the agent providing CME activities to learners? (SCS 3.2)					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
C8 Is there evidence suggesting the provider was influenced by a commercial interest. (SCS 3.1)					<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

Surveyor's notes/comments:

(C9-10, SCS 4, 5) Potential question(s) for Provider (from individual review and/or from survey):

Section 5: Policies

Monitoring RSS: Providers that produce regularly scheduled series (RSS) are responsible for assuring RSSs are planned and implemented in compliance with accreditation policies and criteria 2-11. Generally referred to as a monitoring system, the methods used: a) must allow the provider to assess the extent to which its RSSs meet accreditation policies and criteria, and b) must also produce evidence (e.g., reports, checklists, documents, etc.) used to monitor and assess RSSs' compliance.

Records Retention: The provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.

A. ACCORDING TO THE SELF STUDY REPORT:

Pol.	Did the provider describe:	
RSS	How it assures RSS are planned and implemented in compliance with accreditation criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
RSS	The information it collects to monitor the compliance of RSS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rec.	That is has a system to record and retain records of attendance for 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE EXAMPLES INCLUDED IN THE SELF STUDY:

Pol.	Do the examples documents used to monitor RSS (Doc 5A):	
RSS	Suggest that the provider monitors the compliance of RSS with accreditation policies and criteria? Or, if the provider does not use documents, such as a checklist to monitor its RSS, is there other evidence that RSSs are monitored for compliance with the updated criteria? (If no, explain below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Evaluation and Improvement (Criterion 11-15)

- C11:** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.
- 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.
- 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.
- C14:** The provider demonstrates that identified program changes or improvements that are required to improve on the provider's ability to meet the CME mission, are underway or completed.
- C15:** The provider demonstrates that identified program changes or improvement that are required to improve on the ability of the provider to meet its mission are measured.

A. ACCORDING TO THE SELF STUDY REPORT:

	Did the provider describe as part of its current self study:	
C11	The conclusions it drew from analyzing summary data (and any other relevant data) on changes in <i>competence, performance</i> or in <i>patient outcomes</i> that were achieved? (If no, explain below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C12	Whether it met each component of its CME mission?	
		CME Purpose <input type="checkbox"/> Yes <input type="checkbox"/> No
		Content Areas <input type="checkbox"/> Yes <input type="checkbox"/> No
		Type of Activities <input type="checkbox"/> Yes <input type="checkbox"/> No
		Target Audience <input type="checkbox"/> Yes <input type="checkbox"/> No
	Expected Results <input type="checkbox"/> Yes <input type="checkbox"/> No	
C13	Desired or needed changes required to improve its ability to meet its CME mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the provider describe, in addition to the analysis in the present self study, that:	
C11	It conducts an analysis of its CME program on an ongoing basis or at least annually (beginning in 2010	<input type="checkbox"/> Yes <input type="checkbox"/> No
C12	when the new MSV policy was approved)?	
C13	It identified needed or desired changes to improve the CME program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C14	Needed or desired changes required to improve the CME program were implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C15	The effect of implemented needed or desired changes required to improve the CME program were assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C13 C14 C15	It has or is planning to revise changes for improvements it made, discontinue changes made, or make additional changes to improve the CME program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE EXAMPLES INCLUDED IN THE SELF STUDY:

Do the document(s) on the outcomes of CME activities (Doc 6A):		
C11	Include summary evaluation data on changes in learner's competence, performance or patient outcomes influenced by educational activities/interventions? (Changes resulting from system wide efforts that the CME program participated in may be included.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	Knowledge Attitudes	Skills Competence	Performance	Patient Outcomes	Explanation/Comments
C 11 Label 19: The provider evaluates changes in competence, performance, or patient outcomes					

Surveyor's notes/comments:

(C11-15) Potential question(s) for Provider (from individual review and/or from survey):

Is the provider seeking accreditation with commendation? Yes No

NOTE: The following Section 7 addresses accreditation with commendation (C16-22). If the provider is not seeking accreditation with commendation and did not completed Section 9 of the Self Study report, skip this section.

Section 6: Engagement with the Environment (Criterion 16, 20, 21 and 22)

- C16:** The provider operates in a manner that integrates CME into the process for improving professional practice.
- C20:** The provider builds bridges with other stakeholders through collaboration and cooperation.
- C21:** The provider participates within an institutional or system framework for quality improvement
- C22:** The provider is positioned to influence the scope and content of activities/educational interventions.

A. ACCORDING TO THE SELF STUDY REPORT:

Did the provider describe:		
C16 C20 C21 C22	That it is engaged in the hospital or healthcare system initiatives for improving the quality of patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C20	How the CME program collaborates with other stakeholders in the hospital or healthcare system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C16 C20- C22	Activities/educational interventions that it has been involved in implementing cooperatively with other stakeholders e.g., related to patient safety and/or health care quality improvement initiatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No

C 16, 20, 21, 22 (Engagement with environment)

In the space below identify activities/educational interventions that the provider has implemented in collaboration with other stakeholders in healthcare improvement (within the hospital or health care system) to improve professional performance including patient safety and health care quality.

Name and date of activity:

Dept./entity that provider collaborated with:

What measures were used to assess gaps/problems:

How were or will the results be evaluated:

Did this activity meet C 16, 20-22?

Yes No

- Collaborated with other stakeholders in healthcare improvement (within the hospital or health care system) (C16, C 20, C 21, 22)
- Objective is to improve performance, including patient safety and/or healthcare quality (C21)
- Measures of performance or patient care were used to identify problems/gaps in practice (e.g., core measures)
- Evaluation was conducted on changes in performance or patient outcomes

Name and date of activity:

Dept./entity that provider collaborated with:

What measures were used to assess gaps/problems:

How were the results evaluated:

Did this activity meet C 16, 20-22?

Yes No

- Collaborated with other stakeholders in healthcare improvement (within the hospital or health care system) (C16, C 20, C 21, 22)
- Objective is to improve performance, including patient safety and/or healthcare quality (C21)
- Measures of performance or patient care were used to identify problems/gaps in practice (e.g., core measures)
- Evaluation was conducted on changes in performance or patient outcomes

Name and date of activity:

Dept./entity that provider collaborated with:

What measures used to assess gaps/problems:

How were the results evaluated:

Did this activity meet C 16, 20-22?

Yes No

- Collaborated with other stakeholders in healthcare improvement (within the hospital or health care system) (C16, C 20, C 21, 22)
- Objective is to improve performance, including patient safety and/or healthcare quality (C21)
- Measures of performance or patient care were used to identify problems/gaps in practice (e.g., core measures)
- Evaluation was conducted on changes in performance or patient outcomes

C17: The provider utilized non-educational strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

A. ACCORDING TO THE SELF STUDY REPORT:

Did the provider describe:		
C17	That it used non-educational strategies to enhance change as an adjunct to educational activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE EXAMPLES INCLUDED IN THE SELF STUDY:

Do the document(s) on non-educational strategies (Doc 7C):		
C17	Verify the use of non educational strategies connected to either an individual activity or a group of activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C 18: The provider identifies factors outside the provider's control that impact on patient outcomes.

A. ACCORDING TO THE SELF STUDY REPORT:

Did the provider describe:		
C18	Factors outside its control that have an impact on patient outcomes (which may include barriers to changes in professional practice)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C19: The provider implements educational strategies to remove, overcome or address barriers to physician change.

A. ACCORDING TO THE SELF STUDY REPORT:

Did the provider describe:		
C19	Its implementation of strategies used to remove, overcome or address barriers to physician change and/or patient outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO THE EXAMPLES INCLUDED IN THE SELF STUDY:

Do the document(s) on strategies to overcome barriers to change verify (Doc 7E):		
C17	Verify its use of non educational strategies to remove, overcome or address barriers to physician change and/or patient outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Surveyor's notes/comments:

(16-22) Potential question(s) for Provider:

MSV POLICIES

B. ACCORDING TO REVIEW OF DOCUMENTS:

Did the provider show:		Explanation/Comments
(MSV policy on administration) That it has an organizational structure that takes responsibility for CME, delineates its authority, and oversees compliance with accreditation criteria and policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> No evidence	
(Policy on accreditation statement) That it uses the correct accreditation statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
It records physician participation (6 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No evidence	
It keeps planning records for the current term?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No evidence	
(RSS monitoring) That it has a system to monitor/ oversee RSSs compliance with C2-11?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> No evidence	
(Internet) For internet CME, it complies with all accreditation requirements and additional requirements (see below).*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> No evidence	
(Enduring) For enduring materials, it complies with all accreditation requirements and additional requirements (see below).*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> No evidence	
(Journal) For journal CME, all policy requirements are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> No evidence	

* Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all accreditation requirements and additional requirements:

<p>The following information is included on the web site for internet CME activities:</p> <p>Accreditation statement: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Activity location is not on website owned by commercial interest: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Links to product websites with clear notification that learner is leaving educational website: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</p> <p>Transmission of required information to learner before activity (e.g., objectives, faculty, etc.): <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>No advertising in activity: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Hardware/software requirements required for learner to participate: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Provider contact information for learner to contact provider during activity for questions: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Policy on privacy/confidentiality statement: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Copyright date: <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p>The following information is included in enduring materials:</p> <p>Principle faculty and their credentials: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Medium or combination of media used: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Method physician participation in the learning process: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Estimated time to complete activity (same as designated credit): <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Dates of original release and most recent review or update: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Termination date (date after which enduring material no longer certified for credit): <input type="checkbox"/> Y <input type="checkbox"/> N</p>	

C. Interview questions and answers
TABLE: COMPLIANCE FINDINGS

CRITERION*	COMPLY	NON COMPLIANCE	NA	Comments
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 (SCS 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 (SCS 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 (SCS 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 (SCS 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 (SCS 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 (SCS 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL:				
ACCREDITATION WITH COMMENDATION				
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL:				

* Applicants seeking initial accreditation must demonstrate compliance with C 1-3 and C 7-12 and applicable policies. A provider must be compliant in 1 through 22, and relevant accreditation policies to achieve accreditation with commendation.

POLICY	COMP.	NON COMPLIANCE	NA	Comments
Meets MSV Administration Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses Correct Accreditation Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records phys participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retains records for accreditation term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitors RSSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Meets Internet CME requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Meets Enduring Materials requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meets Journal CME requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL				
	COMP	NON COMP	N.A.	
OVERALL TOTAL:				

SUMMARY OF IAC DECISION[†]

IAC Decision:	<input type="checkbox"/> Commendation	<input type="checkbox"/> Full	<input type="checkbox"/> Initial	<input type="checkbox"/> Initial Extended	<input type="checkbox"/> Probationary	<input type="checkbox"/> Non Accreditation
Number of Years:	<input type="checkbox"/> 6	<input type="checkbox"/> 4	<input type="checkbox"/> 2	<input type="checkbox"/> 1		
Is a progress report required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, When? _____			
Chairman's Signature: _____		Date: _____				

[†] Types of accreditation decisions:

1. **Provisional Accreditation:** Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a two year term. To achieve Provisional Accreditation, the applicant must be found in Compliance in C 1-3 and 7-12. "Extended Provisional" accreditation may be granted to an already provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. **Accreditation:** Accreditation is the standard status for reaccreditation applicants, and is associated with a four year term. Non-Compliance with any Accreditation Requirement will necessitate a Progress Report and/or focused or full survey. Failure to demonstrate compliance in the Progress Report and/or focused or full survey may result in Probation.

3. **Accreditation with Commendation:** Accreditation with Commendation is associated with a six year term, and is available only to reaccreditation applicants. To receive accreditation with commendation, a provider must be compliant in all 22 Criteria. Providers that are Non-Compliant in one criterion and compliant in all the remaining criteria (1 through 22) may be eligible to receive Accreditation with Commendation and a term extension of two years. They must demonstrate compliance with the Criteria that they were previously in Non-Compliance with. The MSV IAC will consider a provider eligible for a change in accreditation status if the provider is able to demonstrate that the issue in question was brought into Compliance within the first two years of the current accreditation term.

4. **Probation:** An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report. (Providers who receive Probation at reaccreditation receive the standard four-year term of accreditation for two years, maximum. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, validated, and accepted by the MSV IAC.) Probation may not be extended. Therefore, providers on Probation that fail to demonstrate Compliance with all ACCME Requirements within two years will receive Non-Accreditation. Note that provisionally accredited providers cannot be put on Probation. Rather, provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation.

5. **Non-Accreditation:** Although decisions of Non-Accreditation are rare, MSV reserves the right to deliver such decisions under any of the following circumstances:

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in Compliance in all Level 1 Accreditation Requirements. Initial applicants who receive Non-Accreditation may not be reviewed again by the MSV until one year from the date of the MSV meeting at which the decision was made.
- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a Progress Report. For accredited providers on Probation, Non-Compliance with any one of the Criteria will be cause for Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the MSV decision. MSV will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. The MSV waives the requirement of a Pre-application for the provider that chooses to submit an Initial Self Study Report during the one-year time period prior to the effective date of Non-Accreditation. The process and standards for review of newly Non-Accredited applicants are the same as for all other applicants.