

Medical Society of Virginia SURVEYOR REPORT FORM - Updated Accreditation Criteria

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 and: a) complete Sections "A. According to the Self Study Report," and b) write your comments and the questions you wish to ask the provider during interviews.
- 2. Activity Documents:** During the survey, surveyors will review program planning documents for compliance with *Criterion 2-10* and record findings on an "**Activity Documentation Review Form**" for each activity. The survey team will summarize and record its findings on the **Survey Report Form, section B. "According to Review of Documents."**

Activity documents are one of three data sources for determining compliance with accreditation criteria 2-10. To achieve a finding of compliance from this data source, for any criterion 2-10, 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 and to provide additional documentation, if available. In preparation for the interview, questions for the provider related to findings that suggest non compliance will be listed on the **Survey Report Form** under "Section C: Interview Questions and Answers."

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. A summary of findings are recorded on the table, pages 14 and 15.

[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, additional progress report(s) will be due before the end of the second year of the accreditation term.]

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:				

***Indicates location of the related question and answer in the provider's submitted Self Study Report.**

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

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Does the provider describe initiatives of its change process to incorporate the Updated Accreditation Criteria? (Q1H)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the provider verify with documentation, its efforts to incorporate the Updated Criteria? (Q1I, DOC 1B)	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. ACCORDING TO THE SELF STUDY REPORT:

Does the provider:		
1.	Have an organizational structure for the CME program and its administration, designating an entity responsible for CME and delineating its authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have the resources to support the scope of its mission (See mission)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have written policies/procedures for the CME program, including position descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(MSV Policy on Administration) Surveyor's notes:

Potential question(s) for provider:

Section 2: 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.

MSV and ACCME note about Criterion 1: The survey team is looking for explicit information on the five components of the CME mission, in order to understand how the organization intends to change their learners' (competence and/or performance and/or patient outcomes) through an overall CME program oriented to a stated purpose. The manner in which the provider intends to achieve these expected results is described in terms of the content areas the CME will address, who the target audience of their educational efforts will be, and what types of activities they will pursue. Compliance is determined when all the components are mentioned and the expected results are 'articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.'

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Does the provider have a CME mission statement? (Q2A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Indicate the components that are included in the mission statement:	<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
3.	The expected results of the CME program are articulated in what terms? (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:

Section 3: Criterion 2

(C2) The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

MSV and ACCME note about Criterion 2: Provider identifies gaps between current practice or outcomes and desirable or achievable practice or outcomes (i.e., professional practice gaps). The provider deduces needs as the 'knowledge causes,' 'strategy causes,' or 'performance causes' of the professional practice gap(s). The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified. (Lack of a description of any evidence that a professional practice gap was identified has been a common theme for a finding of non compliance.) Professional practice is not limited to clinical, patient care practice but can also include, for example, research practice and administrative practice.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe the identification of professional practice gaps (e.g., problems or gaps in healthcare or practice identified from national, local or hospital data)? (Q3-1, and if provided, Q1H & J and DOC 1B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider describe how professional practice gaps are articulated in terms of need for knowledge, competence or performance (e.g., objectives)? (Q3A-2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Did the example verify that educational needs are derived from professional practice gaps of its own learners? (DOC 3A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Did the example verify that needs are articulated in terms of knowledge, competence or performance (e.g., objectives)? (DOC 3A)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/act. date precedes updated criteria	Explanation/Comments
Label 1: Provider identifies gaps in healthcare or practice					
Label 2: From identified practice gap/problem provider identifies its own learner's needs for knowledge, competence or performance					
Label 3: Needs are incorporated into the learning activities					

Surveyor's notes/comments:

(C2) Potential question(s) for Provider:

Section 3 continued: Criterion 3

(C3) The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

MSV and ACCME note about Criterion 3: This criterion is the implementation of Criterion 2. In the planning of its CME activities, the provider must attempt to change physicians' competence, performance, or patient outcomes, based on what was identified as needs (that underlie a professional practice gap). The ACCME's expectation is that the education will be designed to change learners' strategies (competence), or what learners actually do in practice (performance), or the impact on the patient or on healthcare (patient outcomes.) Providers must understand that a 'knowledge' need must here be translated into a change in COMPETENCE or PERFORMANCE or PATIENT OUTCOMES in order to generate a finding of Compliance. If a provider's program is only planning activities to change knowledge then that will **not** result in a finding of compliance.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe the generation of activities/interventions designed to change competence, performance or patient outcomes, as described in its mission statement? (Q3C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the example document that the activity was designed to change (check all that apply): (DOC 3B)	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes <input type="checkbox"/> None above

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments
Label 4: Activities are designed to change physician competence, performance or patient outcomes, as described in Mission Statement					

Surveyor's notes/comments:

(C3) Potential question(s) for Provider:

Section 4: Criterion 4

(C4) The provider generates educational interventions around content that matches the learners' current or potential scope of professional practice. (Scope is defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.)

MSV and ACCME note about Criterion 4: The provider demonstrates that the content of its CME activities are related to what the learners actually do in their professional practice.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe the design of activities/interventions around content that matches the learners' current or potential scope of professional activities? (Q4A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the example verify that the provider generates activities/interventions around content that matches the learners' current or potential scope of professional activities? (DOC 4A)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments
Label 5: Content matches the learners' current or potential scope of professional activities.					

Surveyor's notes/comments:

(C4) Potential question(s) for Provider:

Section 4 continued: Criterion 5

(C5) The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the program.

MSV and ACCME note about Criterion 5: All activity formats (eg, didactic, small group, interactive, hands-on skills labs) are perfectly acceptable and must be chosen based on what the provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. The ACCME is looking for information to demonstrate that the choice of educational format was a thoughtful, reflective process that took into account the setting, objectives, and desired results of the activity.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe a process for choosing educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of activities? (Q4B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the example verify that the provider implements a process for choosing educational formats for activities/interventions that are appropriate for the setting, objectives and desired result of the activity? (DOC 4B)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments
Label 6: The provider chooses educational formats appropriate to the setting, objectives and desired results.					

Surveyor’s notes/comments:

(C5) Potential question(s) for Provider:

Section 4 continued: Criterion 6

(C6) The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACCME competencies).

MSV and ACCME note about Criterion 6: The simple juxtaposition of an activity alongside a ‘competency’ is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification™. The ACCME is looking for an active recognition of “desirable physician attributes” in the planning process.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe the development of activities/interventions in the context of desirable physician attributes (e.g., ABMS competencies)? (Q4C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the example verify that the provider develops activities/interventions in the context of desirable physician attributes? (DOC 4C)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments
Label 7: Activities are developed in the context of desirable physician attributes (e.g., IOM, ABMS physician competencies)					

Surveyor’s notes/comments:

(C6) Potential question(s) for Provider:

Section 5: Criterion 7: SCS – Independence (SCS 1, 2, 6)

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

MSV and ACCME note about Criterion 7-10: These criteria reflect the 2004 ACCME Standards for Commercial SupportSM. There are no changed expectations with respect to compliance by providers.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	(SCS 1.1) Did the provider describe how it makes the following decision free of the control of a commercial interest: (a) identification of needs; (b) the determination of educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control content; (e) the selection of educational methods; and (f) the evaluation of the activity? (Q5A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	(SCS 2.1) Did the provider describe use of a mechanism to ensure everyone in a position to control educational content <i>discloses relevant financial relationships to the CME unit?</i> (Q5D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	(SCS 2.2) Did the provider describe use of a mechanism for disqualifying individuals who refuse to disclose? (Q5D)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	(SCS 2.3) Did the provider describe use of a mechanism to identify conflicts of interests prior to an activity? (Q5E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	(SCS 2.3) Did the provider describe mechanism used to resolve conflicts of interest prior to an activity? (Q5F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	(SCS 6.1-6.5) Did the provider describe its processes and mechanisms for disclosure to learners of (1) relevant financial relationships of all persons in a position to control content, and (2) the source of support from commercial interests, if applicable? (Q5G)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	(SCS 1.2) 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. (Q5C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Did the example verify that the provider: <ul style="list-style-type: none"> ▪ (SCS 1.1) Makes decision free of the control of commercial interests (no evidence to suggest otherwise)? ▪ (SCS 6.1, 2.2) Everyone in a position to control educational content has disclosed to the provider relevant financial relationships with commercial interests, including (if applicable) verification that individuals who refuse to disclose are disqualified? ▪ (SCS 2.3) Identifies and resolves conflicts of interests prior to an activity)? ▪ (SCS 6.5, SCS 6.2) Discloses relevant financial relationships (or that none exist) and the source(s) of support from commercial interests to learners prior to the activity? (DOC 5A) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence		Explanation/Comments
Label 8-9: All in position to control content disclose relevant financial relationships to the provider. If no, specify who did not disclose. (SCS 2.1)					
Label 10: Provider disqualifies anyone who refused to disclose (SCS 2.2)				No refusals:	
Label 11: Provider implements mechanisms to identify conflicts of interest prior to activities. (SCS 2.3)					
Label 12: Provider implements mechanism to resolve conflicts of interest prior to activities. ((SCS 2.3)				No COI:	
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)					

Surveyor's notes/comments:

(C7, SCS 1, 2, 6) Potential question(s) for Provider:

Section 6: Criterion 8: SCS – Management of Funds (SCS 3)

(C8) The provider appropriately manages commercial support (SCS 3)

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Do the provider's policies on commercial support of CME: (DOC 6A) <ul style="list-style-type: none"> ▪ (SCS 3.7) Address the governing of honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors? ▪ (SCS 3.1, 3.3, 3.9) Indicate that all commercial support must be given with the organization's full knowledge and approval and that no other payment may be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any other involved in the activity? ▪ (SCS 3.11) Indicate that social events must not compete with nor take precedence over educational activities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	(SCS 3.4) Did the written agreement verify the terms, conditions and purposes of commercial support used to fulfill relevant elements of SCS 3.4? (DOC 6B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	(SCS 3.13) Did the income and expense statement verify the receipt and disbursement of funds received from all sources? (DOC 6C)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS: (include activity id # in correct column)

	# Yes	# No	# no evidence provided	NA or date precedes updated criteria	Explanation/Comments
Label 17: Honoraria and reimbursement for teachers/authors are paid in compliance with provider's policies. (SCS 3.8)				No honorarium:	
COMMERCIAL SUPPORT	CS	No CS			
Indicate number of activities that did and did not receive commercial support					
Label 14 & 15: Prior to activity all sources of commercial support disclosed					
Label 15 & 16: Signed written agreements are executed prior to activity appropriately documenting terms and conditions of the CS for each commercial interest.					
Label 18: Has accurate documentation detailing receipt and expenditure of CS					

Surveyor's notes/comments:

(C3, SCS 3) Potential question(s) for Provider:

Section 7: Criterion 9-10: SCS – Separation of Education from Promotion; Promotion of Improvements in Healthcare (SCS 4, 5)

(C9) The provider maintains a separation of promotion from education (SCS 4)

(C10) The provider actively promotes improvements in health care and NOT a proprietary interest of a commercial interest (SCS 5)

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Does the provider organize commercial exhibits in association with any CME activities? If no, skip to # 3. (Q7A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	(SCS 3.2) If yes, do the provider's policies state that arrangements for commercial exhibits must not (1) influence planning or interfere with the presentation, and (2) are not a condition of the provision of commercial support of CME activities? (4.1) (Q7A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the provider arrange for advertisements in association with any of its CME activities? If no, skip to number 5. (Q7B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	(SCS 4.2) If yes, do the provider's policies describe how the organization ensures that advertisements' and other product-promotion materials are kept separate from the education? (Q7C)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	(SCS 4.3) Do the provider's policies state that educational material, such as slides, abstracts and handouts may not contain any advertising, trade names or product group messages? (Q7E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	(SCS4.5) Does the provider prohibit commercial interest from playing a role in providing access to CME activities for learners? (Q7E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Did the provider describe that its planning and monitoring ensures: <ul style="list-style-type: none"> ▪ (SCS 5.1) The content of CME does not promote the proprietary interest of any commercial interest ▪ (SCS 5.2) CME activities give a balanced view of therapeutic options ▪ (Policy on Content Validation) The content of CME is in compliance with the MSV's content validity value statements? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If applicable, did the provider describe how it resolved a situation in which commercial bias was detected and what the organization did to resolve the situation to ensure compliance with SCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS: (include activity id # in correct column)

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments
Documents suggests the provider does not allow commercial interest to influence activities, promote products or services during activities, or be the agent providing CME activities to learners (no evidence to suggest otherwise)					
The provider made all decisions free of the control of commercial interests.					

Surveyor's notes/comments:

(C9-10, SCS 4, 5) Potential question(s) for Provider:

Section 8: 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.

MSV and ACCME note about Criterion 11: The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and information from each CME activity. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider include summary data related to changes in learners competence, performance or patient outcomes? (Q8A, DOC 8A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider include an analysis of those data to determine changes in learners' competence, performance or in patient outcomes? (Q8A, 8B & DOC 8A &, if provided, DOC 8B)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(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.

ACCME note about Criterion 12: The provider is asked to integrate C11 information with a broader view of the CME program and organization – to determine the program’s success at meeting all components of its own CME mission as described in C1 (i.e., purpose, content areas, target audience, type of activities, and expected results). Providers that review only activity measures of change (expected results) without looking at the other components of the mission will not be found in compliance. Providers should consider that there are five components to the defined mission statement and therefore there are at least five components to the defined “**program-based analysis** on the degree to which the CME mission of the provider has been met. Clear relationships between C11, C12, and C13-15 relate to improvement plans based on a program-based analysis.

1.	Did the provider gather data or information and conduct a program-based analysis on the degree to which its CME mission has been met through the conduct of CME activities/educational interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If yes, did the provider describe the degree to which it:	<input type="checkbox"/> Reached it intended target audience <input type="checkbox"/> Presented content area it intended to cover <input type="checkbox"/> Delivered the type of activities described in the MS <input type="checkbox"/> Met its intended CME purpose <input type="checkbox"/> Achieved its expected results <input type="checkbox"/> Other-Explain:

(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.

MSV and ACCME note about Criterion 13: The provider identifies its own ‘professional practice gap’ in terms of its performance as a CME provider and creates a strategic plan for organizational improvement, based on the insights from C11 and 12.

1.	Did the provider describe that it identifies program changes or improvements needed in the overall program required to improve on its ability to meet the CME mission? (Q8E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(C14) The provider demonstrates that identified program changes or improvements required to improve the provider’s ability to meet the CME mission are underway or completed.

ACCME note about Criterion 14: The provider demonstrates the implementation of the change plans described in Criterion 13.

1.	Did the provider describe that identified program changes or improvements that are required to improve on its ability to meet its mission are underway or completed? (Q8F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(C15) 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 measured.

MSV and ACCME note about Criterion 15: This criterion is analogous to C12 – and is focused on the results of the specific changes implemented in C14. What impact have the improvements that were implemented in C14 had on the ability of the provider to meet its mission?

1.	Did the provider describe that it measures the impact of program improvements required to improve on its ability to meet its mission? (Q8G, DOC 8C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If no, did the provider describe how it plans to measure the impact of program improvements required to improve on its ability to meet its mission (C15)? (Q8G)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	Competence	Performance	Patient Outcomes	Other: Explain	Explanation/Comments
Label 19: The provider evaluates changes in competence, performance, or patient outcomes (insert activity Id # in correct column)					

Surveyor’s notes/comments:

(C11-15) Potential question(s) for Provider:

Is the provider seeking accreditation with commendation? Yes No

NOTE: The following Section 9 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 to section 10.

Section 9: Criteria 16-22

(C16) The provider operates in a manner that integrates CME into the process for improving professional practice.

ACCME note about Criterion 16: The provider goes beyond activity planning to show that CME is used as one of the tools to improve professional practice. Criterion 16 is looking for providers to drill down to the level of professional practice and ensure that CME is part of the process for improving what their learners actually do in practice. C16 can also be about the use of CME in facilitating systems based quality improvement activities **if the quality improvement activity is about changing professional practice**. In C16, the onus is on the provider to show that they have inserted CME into the processes to improve professional practice. For example, providers need to show that in their efforts to improve practice the CME program has a presence or an influence or a role or is making a contribution.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it operates in a manner that integrates CME into the process for improving professional practice (C16)? (Q9A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there verification that the provider operates in a manner that integrates CME into the process for improving professional practice? (DOC 9A)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(C17) The provider utilizes non (traditional) educational strategies to enhance change as an adjunct to its activities/educational intervention (e.g., reminders, patient feedback)

ACCME note about Criterion 17: The surveyors are looking for evidence of the use of strategies such as, but not limited to, rewards, process redesign, peer review, audit feedback, monitoring, reminders as tools to enhance, or facilitate, change. Some providers are concerned that some of these may be considered 'educational' as they potentially change what people 'know' or because they inform learners (e.g., "It may be time for you to call back your patients with..."). In C17, the surveyor is looking for tactics that go beyond the educational activity or intervention. Essentially, surveyors are looking for providers to be broadening the range of tools they use to facilitate change.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it utilizes non educational strategies to enhance change as an adjunct to its activities/educational interventions? (Q9B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it utilizes non educational strategies to enhance change as an adjunct to its activities/educational/interventions? (DOC 9B)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(C18) The provider identifies factors outside the provider's control that impact on patient outcomes.

ACCME note about Criterion 18: The provider has data and information that explains patient outcomes, beyond the performance of their learners. Here the provider demonstrates knowledge of the factors contributing to the healthcare 'quality gap' about which they are concerned.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it identifies factors outside the provider's control that impact on patient outcomes? (Q9C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it identifies factors outside its control that impact on patient outcomes? (DOC 9C)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

MSV and ACCME note about Criterion 19: The provider has data and information on barriers to change applicable to its own learners, and incorporates these insights into its CME program through activities. In C19, the provider shows that activities are included in their educational program that are focused on 'overcoming barriers to physician change.'

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it implements educational strategies to remove, overcome or address barriers to physician change? (Q9D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it implements educational strategies to remove, overcome or address barriers to physician change? (DOC 9D)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(C20) The provider builds bridges with other stakeholders through collaboration and cooperation.

MSV and ACCME note about Criterion 20: The provider allies itself with other stakeholders (e.g., outside organizations or hospital departments) in a purposeful manner to achieve common interests. These collaborations may support any aspect of the provider's CME program in achieving its mission. The ACCME does not consider joint sponsorship, in itself, as a collaboration that will guarantee compliance with C20. However, joint sponsorship can be a byproduct of a larger collaboration and if this larger collaboration is described, then it could result in compliance with C20. In C20, the surveyors are looking for active engagement in collaborative and cooperative projects.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it builds bridges with other stakeholders through collaboration and cooperation? (Q9E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it builds bridges with other stakeholders through collaboration and cooperation? (DOC 9E)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(C21) The provider participates within an institutional or system framework for quality improvement.

MSV and ACCME note about Criterion 21: The provider is focused on integrating and contributing to healthcare quality improvement. In C21, the provider has evidence that CME has become an integral part of institutional or system quality improvement efforts. (Note: organizational self-assessment and improvement focused on improving the quality of the CME program are recognized and reward in C12-15, not in C21.)

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it works within an institutional or system framework for quality improvement? (Q9F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it works within an institutional or system framework for quality improvement? (DOC 9F)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(C22) The provider is positioned to influence the scope and content of activities/educational interventions.

MSV and ACCME note about Criterion 22: Evidence of provider's control of the development of CME activities from inception of the idea for the CME activities to their evaluation. In C22, the ACCME is looking for the provider's integral involvement in all CME activities, including those that are jointly sponsored.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Did the provider describe that it is positioned to influence the scope and content of activities/educational interventions? (Q9G)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did the provider provide verification that it is position to influence the content of activities/educational interventions? (DOC 9G)	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. ACCORDING TO REVIEW OF DOCUMENTS:

	# Yes	# No	# no evidence	NA/date precedes updated criteria	Explanation/Comments Note: To achieve compliance, each activity is not required to verify compliance with C16-22. (C 16-22 primarily concerns the overall CME program.)
Label 21: (optional) CME is integrated into a process for improving professional practice					
Label 22: non educational strategies are used to enhance change as adjuncts to CME activities.					
Label 23: Factors outside provider's control that impact on patient care are identified					
Label 24: Educational strategies to remove, overcome or address barriers to physician change are implemented					
Label 25: The provider builds bridges with other stakeholders through collaboration and cooperation					
Label 26: The provider participates within an institutional or system framework for quality improvement					
Label 27: The provider is positioned to influence the scope and content of activities interventions.					

Surveyor's notes/comments:

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

Section 10: Regularly Scheduled Series

Accreditation Policy: Providers that furnish regularly scheduled series must describe and verify that they have a system in place to monitor these activities' compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies.

A. ACCORDING TO THE SELF STUDY REPORT:

1.	Does the provider describe a monitoring system that produces information about C2-10? (Q10A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, does the provider describe: (MSV Policy) How information from its monitoring system produces information about compliance with C2-C10? (C13,14, 15) Conclusion about its RSS compliance and its plans for improvement? (C14) The policies and procedures it follows if a series is not in compliance with C2-10? (C 15) How it measured the impact of implemented improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Did the provider verify with documentation that it monitors its RSSs? (DOC RSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Surveyor's notes/comments:

(RSS) Question(s) for provider:

MSV POLICIES

B. ACCORDING TO REVIEW OF DOCUMENTS: (include activity id # in correct column)

	# Yes	# No	# no evidence	Not applicable	Explanation/Comments
The provided uses the correct accreditation statement					
Has a system to monitor RSSs					
For enduring materials , all required MSV information is communicated to learners prior to the activity and the activity is reviewed at least every three years					
For journal CME , all policy requirements are met.					

C. Interview questions and answers

For the interview session, list below questions for the provider regarding survey findings that suggest non compliance according to the Self Study Report, the review of documents, or from both.

Were additional materials received to support compliance with any of the criterion? If yes, please describe and attach the additional documents to the surveyor form.

TABLE: COMPLIANCE FINDINGS

Name of Provider:

Date of Survey:

CRITERION	COMPLIANCE	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"/>	
7 (SCS 6)	<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"/>	
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 each criterion and policy that is shaded. A provider must be compliance in 1 through 22, and relevant accreditation policies to achieve accreditation with commendation.

POLICY	COMP.	NON COMPLIANCE	NA	
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"/>	
Communicates info. required in Enduring Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meets Journal CME requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meets Internet CME requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL				

Additional Comments:

SUMMARY OF IAC DECISION¹

IAC Decision: Commendation Full Initial Initial Extended Probationary Non Accreditation
Number of Years: 6 4 2 1
Is a progress report required: Yes No If yes, When? _____

Chairman's Signature: _____ Date: _____

¹ 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.