



MEDICAL SOCIETY OF VIRGINIA

MSV PROCEDURES FOR CME ACCREDITATION

The following are the procedures for CME accreditation by the Medical Society of Virginia. MSV policies supplementing the Essential Areas and Elements are included in the document, *MSV Accreditation Policies Including Information for Provider Implementation*. MSV Administrative Policies on accreditation may be found in the document *Procedures on the Administrative Policies of the Medical Society of Virginia*.

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PROCEDURES FOR CME ACCREDITATION

The Medical Society of Virginia's (MSV) Intrastate Accreditation Committee has established the procedures outlined in this Section II to process requests for accreditation or reaccreditation of Continuing Medical Education Programs and to monitor the status of entities that have been granted some form of accreditation status (the 'Procedures'). The Procedures, including but not limited to any deadlines or due dates for action, are to be considered guidelines to be adhered to as closely as possible rather than absolute requirements.

- I. **DEFINITIONS.** For purposes of the Procedures for CME Accreditation, the following terms shall be given the following definitions:
 - A. **Accreditation Decision.** Accreditation Decision means a decision by the MSV Intrastate Accreditation Committee to grant, revoke, deny or modify accreditation status to an entity that has requested accreditation or reaccreditation, or that has been reevaluated by the MSV Intrastate Accreditation Committee as authorized in these Procedures. The standard used shall be whether the Applicant has demonstrated that it is in compliance with accreditation policies and criteria, and in the case of a provider on probation, identified deficiencies have been corrected.
 - B. **Adverse Accreditation Decision.** Adverse Accreditation Decision means a decision by the MSV Intrastate Accreditation Committee to deny any form of accreditation or to put an entity on probationary accreditation.
 - D. **Annual Reports.** Annual reports mean those reports required to be filed with the MSV annually by entities that are then currently accredited by the MSV.
 - E. **Applicant.** Applicant means an entity that has an application for accreditation or reaccreditation pending final action.
 - F. **Committee.** The Committee shall refer to the Medical Society of Virginia's Intrastate Accreditation Committee.
 - G. **CME or Continuing Medical Education.** Continuing Medical Education consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.
 - H. **Accreditation requirements:** Accreditation requirements mean accreditation criteria and accreditation policies.
 - I. **Focused Accreditation Survey:** A survey of a provider that may be arranged to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.
 - J. **Progress Report:** Progress report means those reports required to address accreditation requirements found to be in non compliance.
 - K. **CME Provider.** CME Provider means an Applicant that has been granted and continues to hold some form of accreditation status.
 - L. **Self Study:** The Self Study is the application to be completed by the provider as part of its application for accreditation.

II. **GENERAL ELIGIBILITY REQUIREMENTS.**

- A. **General Eligibility.** In order to be eligible, Applicants must meet the following requirements:
1. **Separate Entity.** The Applicant must be organized as an entity with a governing body that formally has adopted bylaws or comparable governing rules or procedures which, at a minimum, explain by whom and how decisions are made in general, and specifically what the lines of authority are regarding CME decision making. The governing body also shall have adopted a mission statement.
 2. **Experience.** The Applicant currently must offer a planned program of Continuing Medical Education (CME) and in the 12-month period immediately preceding the submission of its application, must have offered one or more planned CME activities with documentation of planning that can be reviewed and evaluated.
 3. **Documentation of Capacity.** The Applicant must have documentation of its capacity to facilitate and to conduct the education of physicians in a medical or medically related field.
 4. **Documentation of Commitment.** The Applicant must have a mission statement documenting its commitment to CME.
 5. **Population Served.** An initial Applicant must have documentation that, for the 12 month period immediately preceding the submission of its application, a minimum of two-thirds of its CME registrants were licensed to practice medicine in Virginia and/or adjoining states. An Applicant for reaccreditation must have documentation that, for the current accreditation period, a minimum of two-thirds of its CME registrants was licensed to practice medicine in Virginia and/or adjoining states.
 6. **Location of Headquarters and Activities.** The Applicant's headquarters for CME must be within the Commonwealth of Virginia, except in those cases where an Applicant is located in a contiguous state that does not have a program to accredit intrastate providers of CME.
- B. **CME Accreditation from Other Sources.** Applicants not meeting the requirements of Sections II. 5 or 6. of these Procedures should consider seeking accreditation directly from the Accreditation Council for Continuing Medical Education (ACCME), or from the state medical society representing the state in which the Applicant's headquarters are located.

III. **APPLICATION PROCEDURE - INITIAL ACCREDITATION.**

- A. **Request for Application.** The Applicant should request a set of application materials from the MSV Education consultant. In response, the Applicant will be sent a Preapplication Questionnaire for Organizations Considering Application for Accreditation (the "Preapplication Questionnaire"), the Procedures for CME Accreditation by the Medical Society of Virginia, accreditation criteria and policies, the Standards for Commercial Support, information regarding fees and expenses and any other pertinent information regarding CME accreditation
- B. **Pre-application Questionnaire.** The purpose of the Pre-application for Accreditation of Intrastate Provider of Continuing Medical Education (pre-application questionnaire) is to determine whether the Applicant meets the general eligibility requirements for accreditation by the MSV. The Education Consultant will review the pre-application and prepare a report to the Intrastate Accreditation Committee Chairman as to the status of the Applicant's application in meeting these requirements. This report may include recommendations that could improve

the Applicant's CME program and application. Upon review and approval of the pre-application questionnaire by the Intrastate Accreditation Committee Chairman, the MSV Education Consultant shall send the Applicant a copy of the Self Study for Initial Accreditation of Providers of Continuing Medical Education (Self Study). The Applicant may not be allowed to continue the application process unless or until the MSV is satisfied that it meets these threshold requirements in Sections II. A.

- C. Application. If the Applicant meets the requirements of subsection B. above, and wishes to continue the application process, it must complete and file with the MSV a Self Study for Initial Accreditation, in triplicate, together with any necessary supporting documents and full payment of any applicable fees. The Self Study for Initial Accreditation must be received by the MSV within twelve months from the date that the Applicant receives the Self Study form from the Medical Society of Virginia or the Applicant must begin the application process by submitting a new Pre-application for Accreditation.
- D. Application materials should be limited to what can be contained in one 2 inch binder.
 - 1. Evidence of a Planned Program. Evidence of a planned program may consist of minutes from planning committee meetings, program schedules or course brochures, which identify the content of the formal educational offerings.
 - 2. Date for On-Site Visit. The Applicant should indicate three dates for a CME activity, scheduled a minimum of three months away that can be observed by an MSV site survey team. The Survey Team shall have the authority to defer a site visit until satisfactory documentation has been provided to demonstrate there are not obvious deficiencies in the Applicant's program such that it would be unlikely to be in compliance with accreditation criteria and policies.

IV. **PROCEDURES FOR ON-SITE SURVEYS FOR INITIAL ACCREDITATION AND REACCREDITATION.**

- A. Composition of On-Site Survey Team. The on-site Survey Team shall be comprised of active members of the Intrastate Accreditation Committee or previous members of the Intrastate Accreditation Committee who are active members of the MSV. One member of the Survey Team shall serve as Chairman of the team. The MSV Education Consultant shall participate in the onsite survey as an advisor to the Survey Team.
- B. The Survey Technique.
 - 1. Role of Survey Team. The role of the Survey Team during the site visit is that of fact-finder and observer. Members of the Survey Team should not discuss with the Applicant their thoughts or conclusions regarding the potential outcome of the accreditation process.
 - 2. Length of Survey. Generally, the on-site visit survey will take approximately 4 hours.
 - 3. Responsibilities of the Chairman.
 - a. Scheduling. The Chairman of the Survey Team, with the assistance of the MSV Education Consultant, shall develop a schedule for the on-site visit. The MSV Education Consultant shall make all scheduling arrangements.
 - b. Survey Team Report. The Chairman, with the assistance of the MSV Education Consultant, shall be responsible for the preparation and submission of the Survey Team report to the Committee.
 - 4. Pre-survey Responsibilities of the Team.

- a. Pre-survey Responsibilities. The Self Study (application) together with any supporting documents shall be reviewed by the Survey Team prior to the on-site visit to determine areas in need of clarification and to decide upon the general conduct of the site visit. Member(s) of the Survey Team may request additional clarifying information, or may point out deficiencies in the application prior to the scheduled site visit.
 - b. Confirmation of Date of Visit. The Applicant will be notified by the MSV of confirmation of the date of the site visit, or of the need to defer or reschedule the site visit.
5. On-Site Visit.
- a. Goal of On-Site Visit. The goal of the onsite visit is to obtain and to document evidence of the extent to which the Applicant complies with each of accreditation criteria and policy. Notes kept by survey team members shall not become part of the MSV's file on the Applicant.
 - b. Elements of the On-Site Visit.
 - (1) Interviews.
 - (a) The Applicant shall have present and available for interviews throughout the site visit its director of the overall medical education program, its chief administrative officer, key members of its CME committee, and members of its staff who are involved in CME planning.
 - (b) The interview is to be conducted as an informal process. Representatives of the Applicant are permitted and encouraged to ask questions throughout the interview process.
 - (2) Activity Document review. The Applicant should have prepared a file for each CME activity selected by the MSV for review as part of the survey process and be prepared at the time of the site visit to furnish any additional documentation requested by the Survey Team.
 - (3) Observation of CME Activity. In the case of initial accreditation, at least one member of the Survey Team must attend some portion of a scheduled CME activity. The Applicant shall make available the announcement describing the activity, any instructional material, and its program planning records.
 - c. Post-Observation Meeting of Team.
 - (1) Following the review of activity files, the interview sessions, and the observation of a CME activity (for initial Applicants), the Survey Team shall meet privately to review their observations regarding the degree to which the Applicant is in compliance with accreditation policies and criteria.
 - (2) These observations should be based upon the Applicant's performance, as reflected in the following, as applicable:
 - (a) The Preapplication Questionnaire;
 - (b) Any MSV survey team reports, MSV letters of review regarding annual reports, and/or progress reports since its most recent Accreditation Decision;

- (c) The Self Study (Application) and any supporting documentation provided by the Applicant;
 - (d) Program planning records;
 - (e) The information obtained during the interview, and
 - (f) Any other relevant information available to, and considered by the Survey Team.
- (2) During this meeting, the team shall identify any item(s), which require further clarification from the Applicant during the exit interview.

d. Exit Interview.

- (1) The purpose of the exit interview is to give the Applicant a final opportunity to clarify any items in need of further clarification.
- (2) The exit interview should not be used as an opportunity to provide the Applicant with feedback as to the operation of its program. The Survey Team should not provide any information to the Applicant during the exit interview which states or implies whether the Applicant will be granted any accreditation status.
- (3) The Survey Team may discuss with the Applicant the accreditation process.
- (4) The Survey Team should meet briefly following the exit interview if necessary to achieve consensus upon any new or additional items discussed during the exit interview.
- (5) The MSV Education Consultant shall maintain a copy of all written materials available to, and considered by, the Survey Team.

6. Preparation of Report.

- a. Format of Survey Team Report. The Survey Team Report shall be in the form of the MSV survey report. It shall be based upon the Applicant's performance, as reflected in the following:
 - (1) The completed Self Study (Application)
 - (2) The information obtained during the survey interview
 - (3) Information from review of activity documents and for an initial Applicant, review of a live activity
 - (4) Any other relevant information available to, and considered by the Survey Team
- b. Recommendation on Accreditation Decision. The Survey Team report may include its opinion on whether the Applicant is in compliance with each accreditation criterion and accreditation policy. If the reports include a conclusion that the Applicant is not in compliance with a policy or criterion, it also must include an explanation. The team may include a recommendation to the Committee as to what action should be taken on the application or reapplication. Survey team members

may not vote on the accreditation decision.

- c. **Submission of Report.** Once the Chairman of the Survey Team approves the final report, the MSV Education Consultant shall forward it to each member of the Committee prior to the next scheduled Committee meeting.

V. **APPLICATION PROCEDURE - REACCREDITATION.**

- A. **Notice of Impending Expiration.** The MSV will notify each Provider approximately 12 months prior to the time its accreditation is due to expire. The MSV will include with the notice a copy of the Self Study form, the Procedures, information regarding fees and expenses, and other pertinent information and will indicate the date by which the completed Self Study (Application) must be returned to the MSV.
- B. **Self Study for Continued Accreditation.** The Self Study and any supporting documentation must be provided in triplicate on or before the due date to the MSV. These materials should be limited to what can be contained in one two inch three-ring binder, and one sample syllabus, if applicable. Four to six months before the date the accreditation period expires, the Applicant should indicate at least 2 dates for a site survey. The potential dates for the site survey should be no later than 45 days away from the date the accreditation period expires.
- C. **Scheduling of Site Visit.** Upon receipt of potential dates for a site survey, the MSV will schedule an on-site visit, or upon consultation with the Chairman, if applicable, a reverse site visit. Onsite visits shall be conducted in accordance with section IV. of these Procedures.
 1. **Reverse Site Visits.** Reverse site visits may be conducted only if the Provider consistently demonstrated compliance with accreditation policies and criteria and no significant administrative and/or programmatic changes are documented in the Provider's Annual Reports over the most recent accreditation term or in its Self Study for Continued Accreditation.
 2. **Request for On-site Visit/Costs.** An on-site survey instead of, or in addition to, the reverse site visit may be requested by either the Provider or by the MSV; in either case the costs of such site visit to be borne by the Provider.

VI. **PROCEDURES FOR REVERSE-SITE SURVEYS.**

- A. **Composition of Reverse-Site Survey Team.** The reverse site Survey Team shall be comprised of members of the Committee, one of who shall serve as Chairman of the team (the "Survey Team"). The MSV Education Consultant shall participate in the reverse-site survey as an advisor to the Survey Team.
- B. **The Survey Technique.** The Survey Technique for a reserve-site visit is the same as for an on-site visit, as set forth in Section IV.B. above, except that generally the reverse-site visit will take approximately 2 hours.
- C. **Reverse-Site Visit.** The Procedures set forth in Section IV.B.5. and 6. above for on-site visits are applicable to reverse-site visits, except that the elements of a reverse-site visit include only interviews and a requirement to bring to the visit any additional documentation that had been previously requested. The elements of Observation of CME Activity are not included in reverse-site visits.

VII. **ACTION ON ACCREDITATION**

- A. **Authorization to Make Accreditation Decision.** The Committee is the entity that is

authorized to make an Accreditation Decision. The decision of the Committee can be overturned or modified only as authorized in these Procedures. For purposes of this Section VII, one third of the members of the Committee, including its Chairman, shall constitute a quorum.

- B. Standard for Accreditation Decision. The standard for the Accreditation Decision shall be whether the Applicant has demonstrated that it is in compliance with accreditation criteria and accreditation policies, and in the case of a Provider on probation that identified deficiencies have been corrected.
- C. Basis for Decision.
1. Minimum Requirement for Information Supplied to Committee. In reaching its determination, at a minimum, the Committee shall have before it the Survey Team report and shall have the opportunity to question one or more members of the Survey Team.
 2. In addition, at the time of the meeting, the MSV Education Consultant shall have available for the use of the Committee at least one set of all other written materials available to, and considered by the Survey Team. The MSV CME records shall include a checklist and complete set of such materials in the Applicant's file. Such records shall be maintained by the MSV for at least four (4) years following an Accreditation Decision by the Committee.
- D. Accreditation Decisions or Actions that May be Made or Taken by the Committee.
1. Provisional Accreditation.¹ All first-time Applicants and all Applicants submitting a new application following a prior decision not to accredit are eligible initially only for provisional accreditation. A Provider granted provisional accreditation by the MSV may not act as a Joint Sponsor of CME activities. The MSV may grant "extended provisional" accreditation to an already provisionally accredited provider one time, for up to two years.
 2. Full Accreditation.² Accreditation is the standard status for reaccreditation Applicants, and is associated with a four year term. For accredited providers seeking Accreditation, 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.³ Accreditation with Commendation is associated with a six year term, and is available only to reaccreditation Applicants. A reaccreditation Applicant is considered for Accreditation with Commendation if the Applicant demonstrates compliance with Criteria 1 – 22.
 4. Probationary Accreditation.
 - a. Probationary accreditation may be granted when a previously accredited Provider develops deviations or deficiencies of sufficient degree that it is no longer in compliance with several accreditation criteria.

¹ To receive provisional accreditation, providers must comply with Criteria 1 through 3 and Criteria 7 through 12.

² Beginning with accreditation decision made in or after November 1, 2008, compliance with accreditation criteria 1 through 15 will be considered for four year accreditation.

³ Beginning with accreditation decision made on or after November 1, 2008, providers will be considered for accreditation with commendation if the provider complies with all 22 accreditation criteria.

- b. Probationary accreditation must be granted prior to withdrawal of accreditation except in cases where there are compelling reasons to revoke or withdraw accreditation without such a delay.
 - c. Probationary accreditation shall not be awarded following provisional accreditation. A Provider must be fully accredited upon the expiration of its Provisional Accreditation or lose accreditation. A provider may not retain a status of probation for more than two years. At the conclusion of a two year probationary period, the only accreditation status options available to the provider are accreditation or non accreditation. If during its probationary period the provider has not demonstrated the improvements expected by the MSV, the MSV must take action to change the provider's status to non accreditation.
 - d. Restriction on Joint Sponsorship. A Provider granted probationary accreditation may not act as a Joint Sponsor of CME activities. This restriction does not apply to the extent that a Provider can demonstrate to the MSV that it had made a substantial commitment to sponsor jointly a CME activity or activities prior to the effective date of probationary status.
5. Non-Accreditation. Applicants that have not demonstrated compliance with accreditation criteria will not be accredited except as otherwise expressly authorized in these Procedures. 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 submit fees 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.
- a. Non accreditation may result after:
 - (1) The Initial Survey. To achieve Provisional Accreditation, first-time Applicants must be found in compliance with C 1-3 and C 7-12 and applicable accreditation policies. Initial Applicants who receive Non-Accreditation may not be reviewed again by the MSV until one year from the date of the MSV IAC meeting at which the accreditation decision was made.
 - (2) Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
 - (3) A Progress Report. For accredited providers on Probation, Non-Compliance with any one of the Criteria will be cause for Non-Accreditation.
6. Deferred Action. The Committee may defer action on an application if, in its judgment additional information is needed. The Applicant will be notified of this action, and a reasonable time will be provided for it to supply the requested information.
- E. Notice. The Chairman of the Committee shall prepare a written notice to the Applicant informing it of the Committee's decision. Accreditation decision will be made no more than six months from the date the accreditation survey occurred. Within four weeks of the accreditation decision, providers and the will be notified in writing of the action taken by the Committee. The Accreditation Council for Continuing Medical Education (ACCME) will be informed of the accreditation decision through the ACCME electronic reporting system. The Chairman shall seek the assistance of the MSV General Counsel in preparing notices

intended to communicate an Adverse Accreditation Decision to the Applicant. Notices of Adverse Accreditation Decisions shall communicate the basis for the decision, and shall include a copy of the Applicant's reconsideration and appeal rights as set forth in these procedures.

F. Effective Date of Accreditation Decision.

1. Initial Accreditation. The effective date of initial accreditation will be the date upon which the Committee grants such accreditation.
2. Reaccreditation. The effective date of reaccreditation shall be the date upon which the Committee grants such reaccreditation, or if necessary to prevent a gap in accreditation, the date upon which accreditation otherwise would have expired.
3. Adverse Accreditation Decision. In the case of an Adverse Accreditation Decision, the effective date shall be the later of the date upon which the Committee renders the decision, or the date upon which the Applicant's rights to reconsideration and appellate review, as set forth in these procedures, have expired or been exhausted.

VIII. **PROGRESS REPORTS**

- A. Purpose of Progress Reports. The purpose of a Progress Report is to assist providers in appraising improvements to their continuing medical education program. Progress Reports also offer the Medical Society of Virginia an opportunity to monitor progress of the CME program during the accreditation term.
- B. Basis for Progress Reports. Noncompliance with any accreditation criteria 1-15 or applicable accreditation policy⁴ will result in a required Progress Report. Progress Reports are due at the end of year 1 of the accreditation term.
- C. Notification of Report Due. Approximately six months in advance of the Progress Report due date, Providers will receive specific instructions and important information regarding exact dates and deadlines.
- D. Preparing and Submitting a Progress Report. As soon as a provider is notified that it is required to submit a Progress Report, it should begin a self-assessment of its performance in relation to the MSV's finding(s) of Non-Compliance. This self-assessment should yield a plan for taking the necessary corrective steps to describe and provide evidence of improvement.
 1. Information to be included in Progress Report.
 - a. The result of the organizational self-assessment in accreditation criteria or policies found to be in non-compliance from the previous accreditation survey.
 - b. The process the provider followed to make improvements to rectify those findings of partial or non-compliance.
 - c. Current practices, now that improvements have been made. Providers will be required to furnish proof of performance in practice via written evidence.
 - d. Providers will be required to submit an electronic copy or three hard copies of the completed progress report and supporting documentation to the MSV. The MSV Education Consultant will review the Progress Report for completeness and may contact the provider for more information.
- E. Action on Progress Report. The Medical Society of Virginia IAC may take one of four

⁴Accreditation Policies include, for example, additional requirements for internet CME, enduring material CME, and journal based CME. (Refer to accreditation policies, under heading, Requirements for Accreditation.

decisions:

1. *Accept:* If the provider has furnished evidence of compliance with the requirements that were in non-compliance then the MSV accepts the Progress Report and no further information or report is required.
2. *Clarification Required:* If the Progress Report requires clarification, or the Provider has corrected some of the findings that were in non-compliance, an additional Progress Report may be required.
3. *Reject:* If the Provider does not present evidence that the accreditation criteria or accreditation policies found in non-compliance have been corrected, either a second Progress Report will be required within two years from the date of the last accreditation decision or a focused accreditation survey may be required. The MSV may immediately place a Provider on probation or designate Non-Accreditation status, as the result of findings from a Progress Report.
4. *Failure to submit.* If the Provider does not submit a Progress Report or required clarification on or before the due date, the MSV may take immediate action to change the accredited Provider's accreditation status to probation or non-accreditation.

IX. **PROCEDURES FOR RECONSIDERATION AND APPELLATE REVIEW OF ADVERSE ACCREDITATION DECISIONS**

- A. **Right to Request Reconsideration and Appellate Review of Adverse Accreditation Decision.** Any Applicant receiving an Adverse Accreditation Decision, i.e. a decision by the MSV Intrastate Accreditation Committee to deny any form of accreditation or to put an entity on probationary accreditation, may request reconsideration of such decision by the MSV Intrastate Accreditation Committee in accordance with the procedures set forth in Section IX.C. Any Applicant receiving an Adverse Reconsideration Decision may request appellate review of such decision in accordance with the procedures set forth in Section IX.D.
- B. **Strict Adherence to Deadlines Required.** Notwithstanding any other provision in these Procedures, strict adherence to the deadlines established by this Section IX. shall be required of all Applicants requesting reconsideration of an Adverse Accreditation Decision or appellate review of an Adverse Reconsideration Decision. If an Applicant fails to observe the applicable deadlines, such Applicant shall be deemed to have waived its rights to request reconsideration or appellate review.
- C. **Reconsideration.**
 1. Requests for Reconsideration.
 - a. Notice of the Adverse Accreditation Decision shall be transmitted to the Applicant by certified U.S. Mail, return receipt requested, and shall include a statement of the basis for the Adverse Accreditation Decision and a copy of these Procedures for Reconsideration and Appellate Review of Adverse Accreditation Decisions.
 - b. The Applicant shall have thirty (30) days following the date of delivery of the Notice of Adverse Accreditation Decision to request reconsideration by the MSV Intrastate Accreditation Committee. The Request for Reconsideration shall be made in writing and shall be sent by certified U.S. Mail, return receipt requested, to the Chairman of the Intrastate Accreditation Committee, The Medical Society of Virginia Intrastate Accreditation Committee, 2924 Emerywood Parkway, Suite 300, Richmond, Virginia 23294, with a copy to The Medical Society of Virginia Education Consultant, 2924 Emerywood Parkway, Suite 300, Richmond, Virginia 23294. The Request for Reconsideration shall include a statement of the specific reasons the Applicant believes the Adverse Accreditation Decision was in error.

- c. If the Applicant does not request reconsideration within the time and in the manner required in this Section IX.C.1.b, the Applicant shall be deemed to have accepted the Adverse Accreditation Decision and to have waived its right to reconsideration and appellate review. The Adverse Accreditation Decision shall thereupon become final.
 - d. If the Applicant does request reconsideration within the time and in the manner required in this Section IX. Such request shall automatically stay the Adverse Accreditation Decision until the reconsideration, and any appellate review, is completed. The accreditation status of the organization during the process of reconsideration shall remain as it was immediately prior to the Adverse Accreditation Decision.
2. Reconsideration Procedure.
 - a. The Applicant shall be afforded a reconsideration hearing before the members of the MSV Intrastate Accreditation Committee; such hearing shall be held as soon as practicable following the receipt of an effective Request for Reconsideration. At least thirty (30) days prior to the hearing, the Applicant shall be notified of the time and place of the hearing.
 - b. The Applicant may obtain copies of any documents relevant to the MSV Intrastate Accreditation Committee's Adverse Accreditation Decision by submitting a written request for such documents to the Chairman of the MSV Intrastate Accreditation Committee.
 3. The Applicant may be accompanied to the hearing by counsel; provided, however, that this right shall be conditioned upon the Applicant providing written notice to the Chairman of the MSV Intrastate Accreditation Committee, with a copy to The Medical Society of Virginia Education Consultant of its intent to be accompanied by counsel, and of the full name, street address and telephone number of counsel. Such notice must be provided at least twenty-one (21) days prior to the hearing. Regardless of whether the Applicant is represented by counsel, the MSV shall have the right to be represented by counsel.
 - a. The Applicant may make a written submission prior to or at the time of the reconsideration hearing, and may call, examine and cross-examine witnesses at the reconsideration hearing. At least fourteen (14) days before the reconsideration hearing, the Applicant shall provide the Chairman of the MSV Intrastate Accreditation Committee with a list of the witnesses that will appear on behalf of the Applicant at the hearing.
 - b. The MSV Intrastate Accreditation Committee shall engage a court reporter to record and transcribe the evidentiary portion of the reconsideration hearing. Copies of the transcription may be obtained by the Applicant upon payment of any fees associated with preparation thereof.
 - c. All information provided to the MSV Intrastate Accreditation Committee during the reconsideration process must be information that pertained to the Applicant at the time of the survey and the initial consideration of the most recent application by the MSV Intrastate Accreditation Committee. New information based on data subsequent to or regarding changes made following the survey and initial consideration shall not be considered. Organizations in which substantial changes have occurred subsequent to the survey and initial consideration should submit these changes as part of a new application for evaluation and accreditation of the organization, rather than as part of a request for reconsideration.
 - d. The MSV Intrastate Accreditation Committee shall issue its Reconsideration Decision

within thirty (30) days of the final adjournment of the reconsideration hearing. The Reconsideration Decision shall be sent to the Appellant by certified U.S. Mail, return receipt requested.

- e Expenses of the members of the MSV Intrastate Accreditation Committee during the reconsideration process shall be borne by the Medical Society of Virginia. The expenses of the Applicant during the reconsideration process, including expenses of the Applicant's witnesses, shall be the responsibility of the Applicant.

D. Appellate Review.

1. Requests for Appellate Review.

- a. The Applicant shall have thirty (30) days following the date of delivery of an Adverse Reconsideration Decision to request appellate review by a special committee (the "Appellate Review Committee") appointed by the President of The Medical Society of Virginia. The Request for Appellate Review shall be made in writing and shall be sent by certified U.S. Mail, return receipt requested, to the President of The Medical Society of Virginia, 2924 Emerywood Parkway, Suite 300, Richmond, VA 23294 with a copy to the Medical Society of Virginia Education Consultant, 2924 Emerywood Parkway, Suite 300, Richmond, VA 23294. The Request for Appellate Review shall include a clear statement of the grounds for the appeal.
- b. If the Applicant does not request appellate review within the time and in the manner required in Section IX.D.1.a, the Applicant shall be deemed to have accepted the Adverse Reconsideration Decision and to have waived its right to appellate review. The Adverse Reconsideration Decision shall thereupon become final.

2. Appellate Review Committee. The President of the Medical Society of Virginia shall appoint an Appellate Review Committee to conduct the appellate review requested by the Applicant and shall designate one of its members to serve as Chairman. The Appellate Review Committee shall consist of not less than three nor more than seven members, all of whom shall be members of The Medical Society of Virginia. Fifty percent (50%) of the members of the Appellate Review Committee shall constitute a quorum.

3. Reasons for Appeal. The following are the sole bases for appeal from an Adverse Reconsideration Decision of the MSV Intrastate Accreditation Committee:

- a. The Adverse Reconsideration Decision was arbitrary, capricious or otherwise not in accordance with the accreditation standards of the Medical Society of Virginia; or
- b. The Adverse Reconsideration Decision was not supported by substantial evidence.

4. Appellate Review Procedure.

- a. Appellate review shall be held as soon as practicable at the time and location designated by the President of The Medical Society of Virginia. At least thirty (30) days prior to the appellate review procedure, the Applicant shall be notified of the time and place of the appellate review proceeding.
- b. The Applicant may obtain copies of any documents relevant to the MSV Intrastate Accreditation Committee's Reconsideration Decision by submitting a written request for such documents to the President of The Medical Society of Virginia.
- c. Appellate review proceedings shall be in the nature of an appellate hearing based upon the record of the reconsideration hearing before the MSV Intrastate Accreditation Committee. Additional evidence shall not be considered.
- d. The Applicant and the MSV Intrastate Accreditation Committee shall have the right to present a written statement in support of their respective positions on appeal, and, in

its sole discretion, the Appellate Review Committee may allow their designated representatives to appear personally and make oral argument.

- e. If oral argument is permitted, the Applicant may be represented by counsel at the oral argument; provided, however, that this right shall be conditioned upon the Applicant providing written notice, at least twenty-one (21) days prior to the oral argument, to the President of the MSV, with a copy to The Medical Society of Virginia Education Consultant, of its intent to be accompanied by counsel, and of the full name, street address and telephone number of counsel. The requirement of such notice shall be waived if, but only if, the Applicant submitted notice in compliance with Section IX.C.3 above, of its intent to be represented by counsel at the reconsideration hearing, and the information in such notice remains valid. Regardless of whether the Applicant is represented by counsel, the MSV shall have the right to be represented by counsel.
- f. The record of the survey and of the initial consideration, the evidence presented at the reconsideration hearing, and the transcript of proceedings of the reconsideration hearing shall be the basis for the decision of the Appellate Review Committee. Within thirty (30) days after the conclusion of the appellate review proceedings, the Chairman of the Appellate Review Committee shall notify the President of The Medical Society of Virginia of the Appellate Review Committee's decision, and the President of The Medical Society of Virginia shall notify the Applicant. The decision of the Appellate Review Committee as to the accreditation status of the program shall be final.
- g. The expenses of any witnesses or representatives who appear on behalf of the Medical Society of Virginia in connection with the appellate review proceedings shall be borne by the Medical Society of Virginia. The expenses of any witnesses or representatives who appear on behalf of the Applicant in connection with the appellate review proceedings shall be the responsibility of the Applicant.
- h. Right to Only One Reconsideration and Appellate Review. Notwithstanding any other provision of the MSV Accreditation policies and procedures, no Applicant shall have the right to more than one (1) reconsideration of an Adverse Accreditation Decision or to more than one (1) appellate review of an Adverse Reconsideration Decision.

X. DURATION OF ACCREDITATION

A. Length of Accreditation. The duration of accreditation action is customarily as follows:

- 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 with Criteria 1-3 and Criteria 7-12. The MSV may grant "Extended Provisional" accreditation 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.
- 3. Accreditation with Commendation: Accreditation with Commendation is associated with a six year term, and is available only to reaccreditation Applicants. A reaccreditation Applicant is considered for accreditation with commendation if the Applicant complies with Criteria 1 – 22, and applicable accreditation policies.
- 4. Probation: A provider may not retain a status of probation for more than two years. Providers who receive probation at reaccreditation receive the standard four-year term of accreditation, with probationary status for two years. Failure to demonstrate compliance in all criteria within two years (the probationary period) will result in non-accreditation.

Probation may not be extended. Therefore, providers on Probation that fail to demonstrate compliance with all MSV requirements within two years will receive Non-Accreditation.

5. Extension. Requests for extensions must be made in writing to the MSV and indicate the reasons the extension is being requested. If an extension is granted, the MSV will inform the provider in writing of its new accreditation term expiration date. Extensions terms are generally granted for a four month term. Extension may not exceed eight months.

B. Interim Reevaluation for Cause. Notwithstanding anything to the contrary in these Procedures, the Committee retains the right to reevaluate any Provider at any time if it receives information from any reliable source which suggests that the Provider may no longer be in compliance with accreditation requirements.

1. The Provider shall comply in a timely manner with any reasonable requests for information by the Committee Chairman, which the Chairman decides is necessary to determine whether reevaluation is necessary.
2. If the Provider refuses to cooperate with MSV's requests for information or if the information supplied suggests that the Provider may no longer be in compliance with the Updated Criteria, the Committee Chairman may require the Provider to submit to reconsideration of its accreditation status. In such a situation, the Provider shall be treated, as a Provider whose accreditation is due to expire as set forth in Section V. of these Procedures.

XI. ANNUAL REPORTING REQUIREMENTS FOR PROVIDERS

A. Annual Reports.

1. Filing Requirements. All Providers are required to file an on-line Annual Report with the ACCME and a supplemental Annual Report with the MSV. The MSV Education Consultant will prepare a summary report which will be distributed to members of the Intrastate Accreditation Committee and to MSV accredited providers.

XII. RESPONSIBILITY OF APPLICANT

The Applicant shall be responsible for familiarizing itself with these Procedures, and upon being provided a copy of these Procedures, shall be deemed by the MSV to have knowledge of all requirements, conditions, and provisions contained therein.

XIII. FINAL AUTHORITY

Notwithstanding anything to the contrary in the Procedures, the full Committee, or in the period between meetings, the Committee Chairman on behalf of the Committee, shall have the authority to make any decisions relating to the operations of the Committee, which rightly fall within the Committee's purview. Such decisions shall be reported to the full Committee at the next regularly scheduled meeting. However, this shall not be construed to authorize the Chairman of the Committee to make an Accreditation Decision on behalf of the full Committee. This Section is not intended, and shall not be interpreted, to divest the Medical Society, its President, Council or Executive Director of their individual and collective authority regarding the operations of the Committee.

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Revised: 2011