



MEDICAL SOCIETY OF VIRGINIA

## **MSV Administrative Policies of the CME Accreditation Program**

The following compendium includes administrative policies of the Medical Society of Virginia CME accreditation Program. Policies that supplement the Essential Areas and Elements are included in the document, *MSV Accreditation Policies Including Information for Provider Implementation*. Procedures on the accreditation process may be found in the document, *Procedures for Continuing Medical Education Accreditation*.

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## Business Mergers/Forming a CME Consortium

6/95

### I. GENERAL RESPONSIBILITIES OF ACCREDITED PROVIDERS

#### A. Reporting Changes in Organizational Structure

1. Written Notice. In the event of a merger, it is the responsibility of the provider to inform the MSV Intrastate Accreditation Committee in writing three months prior to the official date of the merger. Such written notification shall describe the merger and how the organizational merger shall affect the operation of the CME program in terms of administration, funding, staffing and the target population to be served by the CME program.
  - a. Submitting a Report. If determined by the Intrastate Accreditation Committee that the merger is not likely to significantly change the CME program, at a minimum the accredited provider will be required to submit a report to address how the merger has affected the operation of the CME program, including any changes in mission, staff, population served and administrative structure. The report will be due within 12 months after the effective date of the official business merger.
  - b. New Entity. In the event significant changes in the operation, administration, funding, resources available, staffing or target population served are described in the written notice, submitted report or from other reliable sources, the organization shall be considered a new CME entity for the purposes of accreditation and required to submit an initial application for accreditation. The procedures as set forth in Section IV. of the Procedures for CME Accreditation by The Medical Society of Virginia shall apply to the applicant.
  - c. Application for Accreditation. The applicant shall be given a period of time in which to submit an Application for Accreditation, not less than 6 months and no more than 24 months from the date the Intrastate Accreditation Committee determines the organization should submit an application.
  - d. Accreditation Status during Application Process. Until a site survey is conducted and an accreditation decision made, the Committee will extend the accreditation status of the previously accredited organization. Accredited CME activities shall not be extended beyond the previously defined scope and target audience of the accredited provider during the period of extended accreditation
  - e. Withdrawal of Accreditation. New applicants, including previously MSV accredited organizations involved in the CME merger, which do not submit an Application for Accreditation by the submission deadline date will have its accreditation status withdrawn by the Medical Society.

- II. Accreditation Decisions. Accreditation decisions outlined in Procedures for CME Accreditation by the Medical Society of Virginia apply to new CME entities just as they apply to any other organization seeking initial accreditation.

## Business Mergers/Forming a CME Consortium

### I. FORMING A CME CONSORTIUM

- A. CME Consortium. A CME consortium is defined as any association, partnership or union of institutions or organizations with related organizational missions who agree to share resources to cooperatively conduct continuing medical education for physicians. The purpose of a CME consortium is to address the CME needs of physicians in a related group of institutions or organizations.
- B. Letter of Intent. Organizations seeking to form a consortium for the purpose of facilitating CME must submit a letter of intent to the MSV Intrastate Accreditation Committee. Representatives from each member organization who will be responsible for CME at that member organization and a representative of the governing body from each member organization shall sign the letter. The letter of intent shall announce the intent of the member organization to establish a CME consortium.

### II. GENERAL ELIGIBILITY REQUIREMENTS FOR CME CONSORTIUM (Updated 12/09)

- A. General Eligibility. To be eligible for accreditation, an applicant must meet the general eligibility requirements in Section II. of the Procedure for CME Accreditation by The Medical Society of Virginia and

meet the following requirements:

1. Designated Entity. Organizations forming a CME consortium must have a designated entity, comprised of representatives from each member organization, committed to facilitating CME. The entity must have the authority and responsibility for the administration and oversight of the full consortium CME program.
2. Sufficient Staff. The CME consortium must have sufficient staff to help carry out the mission of the CME program and to coordinate CME activities.
3. Formal Written Agreement or Contract. A formal written agreement or contract must be submitted to the MSV Education Committee 3 months prior to submission of the Application for Accreditation. The formal written agreement or contract should be signed by representatives committed to facilitating CME from each member organization and a member of the governing body of each member organization. The formal written agreement or contract must specify:
  - a. The educational purpose and goals of the CME consortium.
  - b. Criteria for consortium membership.
  - c. Resources to be provided by each member organization of the new CME entity, including staff, facilities, financial support and any other resources allocated for the CME program.
  - d. Policies and procedures for the operation of the CME program.
  - e. Intent to comply with the Standards for Accreditation of the Medical Society of Virginia
  - f. That generic patient care and quality assessment improvement information from each member organization shall be made available to the entity responsible for the consortium CME program.
4. Compliance with the Accreditation Standards: The entity responsible for the consortium CME program must demonstrate compliance with the Updated Criteria for Accreditation, including: 1) incorporating into CME activities the educational need (for knowledge, competence or patient outcomes) that cause the professional practice gaps of the learner population, 2) generating activities designed to change competence, performance or patient outcomes, 3) analyzing data from CME activity evaluations, and 4) conducting a program based analysis including: a) the degree to which the CME mission of the provider has been met through the conduct of CME activities, b) identifying changes required to improve on the ability of the consortium to meet its CME mission, c) implementing planned improvements, and d) assessing the effect planned changes have had on the ability of the consortium to meet its CME mission. (NOTE. The CME Consortium shall not act as a clearinghouse for the various members organizations' own program.)
5. Compliance with the Standards. The CME consortium, as opposed to single member organizations, is responsible for the receipt of educational grants and assuring compliance with the Standards for Commercial Support of CME.
6. Changes in Organizational Membership. Any changes in the membership of a consortium must be reported in writing to the MSV Intrastate Accreditation Committee.

### **Dual Accreditation**

#### *94-C-02*

A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.

Annually, the ACCME will notify state medical societies of CME providers in their states that have been awarded accreditation by the ACCME. (Amended 7/98)

Subsequent to each accreditation decision, the MSV will inform the ACCME of the accreditation status of MSV intrastate accredited providers of CME.

## **Educational Meetings on CME**

10/09

For potential CME providers and accredited providers the MSV will charge a fee of \$1,000 for an educational meeting on accreditation requirements with the Education Consultant and a member of the Intrastate Accreditation Committee who may serve as Director of Medical Education or Director of CME at an accredited organization. Participants from organizations requesting an educational session must include the Director of Medical Education and others from the requesting organization, which may include, for example, the CME Coordinator, members of the provider CME Committee, the chief medical officer, the quality improvement director or the hospital administrator. The IAC member will receive an honorarium of \$500. The meeting may be held at MSV headquarters or at another location agreed upon by the accredited provider, the IAC member and the MSV Education Consultant.

### **MSV POLICY for Handling Complaints Regarding Medical Society of Virginia Accredited Providers**

*Revised December 2011 [From ACCME Process for handling Complaints]*

#### **A. Complaint Status and Statute of Limitation**

1. Complaints are written notifications to the Medical Society of Virginia Intrastate Accreditation Committee (IAC) by a third party which claim that an MSV accredited Provider (a "Provider") is not in compliance with MSV accreditation standards (defined as MSV accreditation Policies, Standards for Commercial Support, and accreditation criteria required by the MSV) with regard to one or more of its activities ("Complaint").
2. To receive status as a Complaint, the written Complaint must identify the accredited Provider ("Provider"), identify the CME activity in question if applicable, and confirm the name, US Postal Service address and contact information of the person making the submission ("Complainant").
3. A Complaint may a) refer to single activities/series, or b) the Provider's entire program of CME.
4. The statute of limitation of the length of time during which an accredited Provider must be accountable for any Complaint received by the MSV is twelve (12) months from the date a live activity ended, or in the case of a series, twelve months from the date of the session which is in question. Providers are accountable for an Enduring Material during the period of time it is being offered for CME, and twelve (12) months thereafter.
5. MSV may initiate a Complaint against an accredited Provider.

#### **B. Procedure for Complaint Review and Provider Response**

1. The accreditation consultant and the Chairman of the Intrastate Accreditation Committee or the accreditation consultant and a member of the IAC will review the Complaint to determine whether it relates to the manner in which the Provider complies with the MSV accreditation rules.
2. If the Complaint does not relate to the Provider's compliance with MSV accreditation rules, the Complainant will be advised of the MSV position and the Complaint process will be closed.
3. If the MSV determines that the Complaint relates to the Provider's compliance with MSV rules, then MSV will send a letter identifying the alleged non-compliance to the Provider ("Notice of Complaint"). The Notice of Complaint from MSV may include a request for documents or data from the Provider. MSV will attach a redacted copy of the Complaint to the Notice of Complaint. The identity of the Complainant will be deleted from the Complaint. To the extent feasible, MSV will not disclose the identity of the Complainant during the Complaint process, but the identity of a Complainant may be evident due to the circumstances of the Complaint, and the Complainant's identity may be revealed in a legal proceeding.
4. The Provider shall either admit the allegations of the Complaint or provide a written rebuttal and any information requested by MSV within forty-five (45) days of receipt of the Notice of Complaint. The Provider's failure to provide

information requested by MSV within the forty-five (45) day time limit may contribute to a finding of non-compliance. The Provider will be informed in writing that a change of status to Non Accreditation may occur if the Provider has failed to respond to the request for information in the manner stipulated by MSV.

### C. MSV Findings and Decisions

1. The Provider will be found in Compliance or Not in Compliance for that activity. The completed process and the findings will be kept confidential by MSV, with the exception of MSV's response to a lawful subpoena or other legal process; provided, however, that MSV reserves the right to make public the non-compliance issue without naming the Provider which was in non-compliance.

2. The Provider will be notified of the finding. If the finding is Not in Compliance, the non-compliance will be described in a **Notice of Non-Compliance** to the Provider.

a. *If an activity is found to be in Noncompliance with the ACCME/MSV Standard for Commercial Support 1 (Independence), Standard for Commercial Support 5 (Content and Format without Commercial Bias), or the Content Validation Value Statements, the accredited provider is required to provide corrective information to the learners, faculty and planners. The provider will submit to the MSV a report describing the action that was taken and the information that was transmitted. Providers will determine how to communicate the corrective information and are under no obligation to communicate that the activity was found in Noncompliance with MSV requirements.*

b. If the Provider is found Not in Compliance, documents related to the Complaint review (such as Notice of Complaint, the Complaint, Provider's response, documentation of corrective action, or monitoring progress report) will be placed in Provider's file and made available to the survey team and IAC as part of the MSV re-accreditation process. In addition, MSV may also take the following actions in response to a finding of non-compliance:

i. MSV may require the Provider to submit documentation of corrective action within thirty (30) days of receipt of the Notice of Non-Compliance;

ii. MSV may require the Provider to submit a **Monitoring Progress Report** at a time determined by the MSV;

iii. MSV may change the Provider's accreditation status to **Probation** or **Non-Accreditation**; and

iv. If the Provider fails to convert **Non-Compliance** to **Compliance** via documentation of corrective action, monitoring progress report, or other remedial measures, MSV reserves the right to change the Provider's accreditation status to **Probation** or **Non-Accreditation**

3. At any point in the Complaint process the MSV reserves the right to require an immediate full or focused accreditation survey, including a full or focused self-study report and interview.

4. When asked for documentation of corrective action the Provider will be asked to provide documentation of corrective action to the MSV within thirty days of receipt of the Notice of Non-Compliance, and will be notified that failure to correct the deficiencies may result in an immediate resurvey which may affect the Provider's accreditation status.

5. If the Monitoring Report adequately describes and documents Compliance it will be accepted. If the Monitoring Report does not adequately describe and/or document Compliance it will NOT be accepted.

6. Regarding Request for Information or Response: Change of status to Probation may automatically occur at 45 days from the time the Provider receives a request for information/response from the MSV, if the Provider has failed to provide a response or provide the requested information.

7. Regarding Documentation of Corrective Action: Change of status to Probation may automatically occur at 15 days after the due date for the notice set by the MSV, if the Provider has failed to submit the required documentation of corrective action.
8. Regarding Monitoring Progress Report: Change of status to Probation may automatically occur at 30 days after the due date for the Monitoring Progress Report set by the MSV, if the Provider has failed to submit the required Monitoring Progress Report. Each instance of a failure by a Provider to respond described in this paragraph shall be a “failure to submit.”
9. Change of status to Non-Accreditation may occur at 30 days from the date a Provider was placed on Probation for failure to submit information or a response, documentation of corrective action or a Monitoring Progress Report if the Provider has still failed to submit the required information and/or documentation. Change of status to Probation or Non-Accreditation for “failure to submit” does not require MSV Board action.
10. MSV will send a notice to the Provider of a change of status in a manner that confirms receipt (e.g., email, USPS certified mail, FEDEX-type courier).
11. Except for an automatic change in status due to a Provider’s “failure to submit”, a Provider’s compliance must be reviewed by the MSV IAC in order to either a) change the Provider’s accreditation status to Probation or Non Accreditation or b) proceed with a full or focused accreditation survey, including a full or focused self-study report and interview.

### **Informing MSV of a Provider’s Personnel or Organizational Changes**

6/06

#### Contact Information:

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, MSV requires providers to inform MSV of any personnel or organizational changes that could impact our ability to contact them. Changes may be made by the provider at the ACCME on-line system. These types of changes include changes of address or phone number, and changes to the individual to whom providers would like MSV to send correspondence (“primary contact”).

#### Corporate Change:

If a MSV accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the MSV expects to be made aware of the change as soon as possible so that MSV can work through the transition with the organization.

Keep in mind that MSV accreditation was awarded to the organization that sought the accreditation and was able to demonstrate compliance with Accreditation Requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes **significant** organizational change, the MSV considers the provider to be significantly different than the organization which was accredited. Therefore, in these cases, the MSV will expect the provider to cease providing CME as an MSV accredited provider. MSV will set a date of non-accreditation for these providers.

MSV will also withdraw a provider’s accreditation if the provider is dissolved, or ceases to exist as a result of a merger, acquisition or dissolution.

When two or more MSV accredited providers merge, the MSV will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged

New providers created through corporate change must submit a pre-application questionnaire as a first step towards initial MSV accreditation.

### **Legal Counsel during Site Visits**

6/02

The MSV regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision made by the MSV regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process.

### **Notification of Voluntary Withdrawal of Accreditation**

6/02

The MSV Intrastate Accreditation Committee must be notified of voluntary withdrawals of accreditation. No rebates will be given for annual fees collected from providers requesting voluntary withdrawal.

### **Submission of Annual Fees**

6/02

On or before December 15 of each year, an invoice in the amount of the current MSV annual accreditation fees will be sent to each accredited provider for the next calendar year. Payment in the full amount of the fee must be received by the MSV by January 31 of the following year. A monthly late fee equal to 1% of the amount owed will be charged on the first of each month following January 31 until the balance is paid.

If payment of the annual accreditation fee is not received by the MSV by June of the year in which the fee is due, the provider will be warned that non-payment will lead to withdrawal of their accreditation status. Final action on withdrawal will be taken at the November meeting of the MSV Council. Reversal of these actions can only be accomplished by submission of an application for re-accreditation.

### **Submission of the Annual Report**

6/07 Revised: 12/08

Annually each accredited provider must complete and submit an annual report via the ACCME national reporting system in keeping with the ACCME designated expectations and deadlines and must also submit an MSV supplemental annual report. A monthly late fee equal to 1% of the annual accreditation fee will be charged on the first of each month following March 31 until the annual report and MSV supplemental annual report is filed.

If the Annual Report and/or supplemental MSV report is not received by the MSV by June 1 of the year in which the report is due, the MSV will take action to change the accredited provider's accreditation status to probation. Failure to meet the deadlines could result in a subsequent change of status from probation to non-accreditation. Reversal of non accreditation can only be accomplished by submission of a self study for continued accreditation

### **Survey Team Appointments/Conflicts of Interest**

6/02 Revised: 12/08

If the MSV is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, then the Education Consultant is at liberty to use discretion to resolve the situation. Such exception might include, but are not limited to, not having both surveyors on site, or the use of the Education Consultant as a substitute surveyor. Such exceptions to normal survey protocol will only be allowed with the permission of the provider. The provider reserves the right to request that the survey be rescheduled.

Surveyors cannot have been appointees or employees of, or consultants to, the applicant institution for at least two accreditation cycles. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender,

age, or provider's opinion about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.

Committee members with conflicts of interest must recuse themselves from discussion on the accreditation decision and in the decision making process of the provider organization with which they have an interest

8/10

Survey team members may not vote on accreditation decisions that are based on survey findings from their review of an applicant. (Rescinded 12/29/11)

### **Types and Duration of Accreditation**

*85-C-01 Revised: 12/08*

**PROVISIONAL ACCREDITATION** (standard status for initial applicants)

Two years is the period of Provisional Accreditation;

One extension of up to two years may be given;

Provisional Accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program;

An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.

**ACCREDITATION WITH COMMENDATION**

Maximum period for MSV Accreditation with Commendation is six years;

**ACCREDITATION**

Maximum period for MSV Accreditation is four years;

Standard period of Accreditation is four years;

Accreditation may be reinstated after a period of probation.

**PROBATIONARY ACCREDITATION**

May be given to an accredited program with serious deviation from the Updated Criteria and Accreditation Policies;

May be for one or two years;

May not be extended.

**NON-ACCREDITATION**

May be given after the initial survey;

May be given after Provisional Accreditation;

May be given after Probationary Accreditation of one or two years.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.

*Revised 12/08*

Four years is the "standard" period of accreditation for programs that comply with Accreditation Criteria 1 through 15. Six years accreditation is reserved for MSV accredited programs that are truly exceptional and comply with Accreditation Criteria 1 through 22.

*MSV Administrative Accreditation Policy Compendium*

*Revised 6/06*

*Revised 12/08*

*Revised 12/09*

*Revised 8/10*

*Revised 1/12*