

Medical Society of Virginia



The Essential Areas, Elements and Updated Criteria for Accreditation

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MSV INTRODUCTION TO THE ESSENTIALS AND UPDATED CRITERIA FOR ACCREDITATION

The Medical Society of Virginia (MSV) recognizes throughout each physician's career, successful execution of professional responsibility requires continuous learning appropriate to the needs of the individual physician. The Updated Criteria for Accreditation supports the Essential Areas in evolving an accreditation system that enables physicians to enhance their professional strategies and performance-in-practice. Through implementation of the Updated Criteria, CME is intended as a strategic asset to the quality improvement and patient safety imperatives of the US healthcare system.

The Updated Criteria requires providers to:

- Establish a CME mission that focuses their CME program on improving physician competence, physician performance and/or the physician's patient outcomes,
- Strive to meet the mission through CME interventions which are based on practice-based needs,
- Evaluate their success at meeting the CME mission, and
- Enhance the role of the CME program and educational interventions in promoting quality and safety.

The new model represents a movement away from CME activities as single episodic events to the integration of the CME program in a system wide process designed to support physician learning and change. Providers are called upon to develop strategic plans to close gaps identified in current practice and the best evidence available.

There are three levels of accreditation, with level one for initially accredited providers of CME and level three, the highest level, for providers who collaborate with other stakeholders (within or outside the organization or both) to improve the quality of healthcare. Such a commitment to improvement in healthcare requires CME programs to become a strategic asset to quality and patient safety initiatives.

ESSENTIALS AREAS AND UPDATED CRITERIA

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must:

Element 1: Have a written statement of the CME mission, which includes the purpose content areas, target audience, type of activities provided and expected results of the program.

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, and/or patient outcomes that will be the result of the program.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING

The provider must:

Element 2.1 Use planning processes that link identified educational needs with a desired result in its provision of all CME activities.

Element 2.2 Use needs assessment data to plan CME activities.

Element 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.

Element 3.3 Present CME activities in compliance with MSV/ACCME policies for disclosure and commercial support
[NOTE: The MSV/ACCME policies for disclosure and commercial support are included in (1) *The Standards for Commercial Support: Standards to Ensure Independence in CME Activities*, and (2) policies applicable to commercial support and disclosure included in *MSV Accreditation Policies, Including Implementation for Provider Implementation*. All materials can be found at www.MSV.org, under CME Intrastate Accreditation.

C 2 - The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

C 3 - The provider generates activities/educational interventions that are designed to change competence, performance, and/or patient outcomes as described in its mission statement.

C 4 -The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

C 5 -The provider chooses educational formats for activities/interventions around content that are appropriate for the setting, objectives and desired results of the activity.

C 6 -The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

C 7 -The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6)

C 8 - The provider appropriately manages commercial Support (if Applicable SCS 3).

C 9 - The provider maintains a separation of promotion from education (SCS 4).

C 10 -The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest

ESSENTIAL AREA 3: EVALUATION AND IMPROVEMENT

The provider must:

Element 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.

Element 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.

C11 - The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

C12 – The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

C13 – The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

C14 – The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the mission, are underway or completed.

C15 - The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

ACCREDITATION WITH COMMENDATION

To receive accreditation with commendation, the provider must comply with Criteria 1-15, and the following seven criteria.

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

C17 – The provider utilizes non-educational strategies to enhance change as an adjunct to its activities/educational interventions (e.g., non-traditionally planned educational activities such as reminders, patient feedback)

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

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

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

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

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