



MEDICAL SOCIETY OF VIRGINIA

**Accreditation Policies Including Information for
Provider Implementation**

The following policies supplement the Updated Criteria and Standards for Commercial Support of CME. Policies are organized according to topic, and presented in a format intended to assist providers in understanding the policies themselves, as well as MSV’s expectations for their implementation. If you have questions regarding MSV’s accreditation policies, please contact Pam Mazmanian at pmazmanian@msv.org.

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Accreditation Statement

The accreditation statement identifies which MSV accredited organization is responsible for demonstrating the CME activity's compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

The MSV accreditation statement is as follows:

For directly sponsored activities: "The (name of accredited provider) is accredited by the Medical Society of Virginia to provide continuing medical education for physicians."

For jointly sponsored activities: "This activity has been planned and implemented in accordance with the Essential Areas and policies of Medical Society of Virginia through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the MSV to provide continuing medical education for physicians."

There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. MSV has no policy regarding specific ways in which providers may acknowledge the involvement of other MSV accredited providers in their CME activities.

The Virginia Board of Medicine granted permission for accredited providers of CME to use the following statement on educational activity announcements and materials:

"Physicians may claim up to (# of hours) in Type 1 or Type 2 CME on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license."

This statement may be used only for activities that are planned and designated for Type 1 CME and should be displayed in the same area as other designation of credit statements.

Administration *(Applicable to MSV accredited providers)*

With introduction of the Updated Criteria for Accreditation, Essential Element 3.1 and 3.2 are no longer included in the Essential Elements. The Medical Society of Virginia will review the organizational structure of applicants seeking initial accreditation and continued accreditation.

The provider must:

- Have an organizational framework for the CME unit that provides the necessary resources to support the CME mission
- Have an organizational structure for the CME program and its administration, designating an entity responsible for CME and delineating its authority.
- Define individuals involved in the CME program and their function in the planning process.
- Have written policies and procedures for the CME program, including position descriptions.
- Define a budget for the overall CME program and its major components.
- Provide information resources conducive to learning.

- Utilize competent faculty. *(From the 2002 MSV Essential Areas for Intrastate Providers of CME)*

CME Content

MSV's definition of CME describes what content is acceptable for activities that are certified for credit:

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.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME. CME that discusses issues related to coding and reimbursement in a medical practice falls within MSV's definition of CME.

All CME educational activities developed and presented by a provider accredited by the ACCME or MSV intrastate accreditation system and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all ACCME/MSV accreditation requirements – in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME/MSV accreditation process as verification of fulfillment of the ACCME/MSV accreditation requirements. (Effective Immediately.)

Providers are not eligible for MSV accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for MSV accreditation.

Content Validation

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Commercial Support and Disclosure

These policies supplement the 2004 Updated Standards for Commercial Support: Standards to Ensure the Independence of CME Activities (“SCS”).

Relevant to SCS1 (Ensuring independence in Planning CME Activities):

Definition of Commercial Interest: A ‘commercial interest’ is any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on patients.

A **commercial interest** is not eligible for accreditation. The MSV does not consider providers of clinical services directly to patients, including for-profit hospitals, to be commercial interests.

Within the context of compliance with eligibility requirements listed in the MSV Procedure for CME accreditation, the following type of organizations may be eligible for accreditation through the Medical Society of Virginia:

- Providers of clinical services directly to patients
- Institutions whose primary mission is the education and training of medical students, osteopathic students and physicians-in-training. (MSV Added: June 2007)

To avoid potential conflict of interests the Medical Society of Virginia does not accredit organizations which are part of Medical Society of Virginia, Inc. (MSV Added: June 2006)

For additional information on *eligibility* for CME accreditation, refer to the MSV Procedures for CME Accreditation.

Definition of a Commercial Interest as It Relates to Joint Sponsorship

In August 2007, the ACCME modified its definition of a “commercial interest.” (As required by the Updated Standards for Commercial Support, commercial interests cannot be accredited providers and cannot be “joint sponsors.”)

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organization that will be in a position to control the content of CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest. Accredited providers may not work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by or used on patients.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest,

excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remunerations is received, or expected. MSV considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. (ACCME Added: March 2005)

With respect to personal **financial relationships**, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant. (ACCME Added: March 2005).

Conflict of Interest: Circumstances create actual conflicts of interest in CME when individuals has an opportunity to affect CME content about products or services of a commercial interest with which he or she has a financial relationship.

The MSV considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The MSV considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are being used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to learners for 12 months (ACCME Added: November 2004)
Relevant to SCS3 (Appropriate Use of Commercial Support)

Definition of Commercial Support: Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

An accredited provider can fulfill the expectations of the SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they receive. (Explanation-If two accredited providers are collaborating on a CME activity, the provider taking responsibility for the activity can be added on to an already existing agreement between the other accredited provided and commercial supporter by adding an addendum indicating their acceptance of the terms and conditions and the amount of commercial support they receive.) (*Effective immediately.*)

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirement of the MSV/ACCME’s Elements, Policies and Standards, including the receipt of advice or guidance on the content of the activity or on who should deliver the content, e.g., the selection of speakers from a company speakers' list. (A commercial supporter may specify that the provider must be in compliance with the Standards for Commercial Support and for the provider to agree to that provision.) (*Effective Immediately-11/09.*)

Element 3.12 of the Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States.

Relevant to SCS4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be 'commercial support'. However, accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply MSV with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a) that verbal disclosure did occur; and
 - b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider's acknowledgment of commercial support as required by SCS6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

Communication/Faculty *(Applicable to MSV accredited providers)*

For effective teaching, prior to the activity, faculty must be provided with information about the characteristics of the learner(s), e.g., specialties or the whole medical staff, and the objective(s) of the activity. *(From the 2002 MSV Essential Areas for Intrastate Providers of CME)*

Communication/Prospective Learners *(Applicable to MSV accredited providers)*

Stated objectives ensure that the learner understands the intended results as they relate to his or her own practice. To ensure that an activity will be effective, prior to the program, planners must inform potential learners of the objectives, the target audience for whom the activity is primarily intended, topics to be presented, the schedule of events and the faculty with their affiliation. *(From the 2002 MSV Essential Areas for Intrastate Providers of CME.)*



Continuous Quality Improvement *(Effective January 31, 2011)*

The intent of accreditation criteria 12-15 includes implementation of an ongoing, continuous process in which providers: a) assess their CME program using data from their activities (Criterion 11) and from other relevant sources, b) identify deficiencies, c) plan needed change, d) implement planned changes, and e) assess the results. To assure providers are involved in continuous quality improvement, as intended by criteria 12-15, effective January 31, 2011, the Medical Society of Virginia requires CME providers to show evidence that overall review of the

CME program was conducted at least once per year. Organizations due for reaccreditation before January 31, 2011, will not be penalized if they complete all components of an overall review consistent with criteria 12-15. The intent of this change is to help CME providers improve by facilitating continuous quality improvement within their CME programs.

Enduring Materials

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all MSV Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required ACCME/MSV information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME/MSV's policies regarding disclosure in the Standards for Commercial Support.) All new CME activities released on or after January 2008 must conform to this policy. Existing CME activities that are re-released after January 1, 2008 must conform to this policy.

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

MSV policy does not require 'post-tests' for enduring materials. MSV records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, MSV considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all MSV requirements, and the enduring material activity must comply additionally with all MSV policies that relate specifically to enduring materials.

Internet CME

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all MSV Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

- *Activity Location:* MSV accredited providers may not place their CME activities on a website owned or controlled by a ‘commercial interest.’
- *Links to Product Websites:* With clear notification that the learner is leaving the educational website, links from the website of an MSV accredited provider to pharmaceutical and device manufacturers’ product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.
- *Transmission of information.* For CME activities in which the learner participates electronically (e.g., via Internet, CD-Rom, satellite broadcasts) all required ACCME/MSV information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.
- *Advertising:* Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.
- *Hardware/Software Requirements:* The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
- *Provider Contact Information:* The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
- *Policy on Privacy and Confidentiality:* The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
- *Copyright:* The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

Joint Sponsorship

MSV accredited providers that plan and present one or more activities with non-ACCME or non-MSV accredited providers are engaging in “joint sponsorship”.

A commercial interest, defined as any entity producing, marketing, re-selling, or distributing

health care goods or services consumed by, or used on, patients, with the exception of non-profit or government organizations and non-health care related companies, cannot take the role of a non-accredited partner in a joint sponsorship relationship. (The MSV does not consider providers of clinical services directly to patients to be commercial interests.)

MSV expects all CME activities to be in compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and the Accreditation Policies. In the case of joint sponsorship, *the accredited provider* is responsible for being able to demonstrate compliance to the MSV with written documentation. Materials submitted that demonstrate compliance may be from either the MSV accredited provider's files, or those of the non-accredited provider.

The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate accreditation statement. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

If a provider is placed on probation, it may not jointly sponsor CME activities with non-accredited provider, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform MSV of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

Initial applicants, during their period of provisional accreditation, may not act as joint sponsors of continuing medical education activities with non-accredited providers.

MSV maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

Journal-based CME

A journal-based CME activity is a learning activity in which an accredited provider identifies article(s) in peer-reviewed journal(s). The activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Journal-based CME activities must comply with all MSV Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies.

Journal based CME must meet the following requirements:

- The educational content of journal CME must be within the MSV's Definition of CME.
- Prior to the activity, information communicated to the learner must include disclosure information, disclosure of commercial support and the objectives of the activity.
- None of the elements of journal-based CME can contain any advertising or product group messages of 'commercial interests'. Disclosure information cannot contain trade names. The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.
- The ACCME/MSV does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.

Logo/Press Releases

The MSV accredited continuing medical education logo may be used only by MSV. Providers, therefore, may not use the MSV accredited continuing medical education logo in their promotional or educational materials.

For providers that would like to distribute a press release announcing their success in obtaining either initial or continued MSV accreditation, the following language may be used for that purpose only:

“FOR IMMEDIATE RELEASE The . . . has been (re)surveyed by the Medical Society of Virginia (MSV) and awarded accreditation for . . . years as a provider of continuing medical education for physicians.

MSV accreditation seeks to assure both physicians and the public that continuing medical education activities provided by . . . meet the high standards of the Essential Areas, Elements and Policies for Accreditation as specified by the MSV.

Regularly Scheduled Series (RSSs) *(Updated 12/11)*

MSV defines a course as a “regularly scheduled series” when it is planned 1) to have a series with multiple sessions, that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly), and 3) are primarily planned by and presented to the accredited organization’s professional staff. Examples of activities that are planned and presented as regularly scheduled sessions are Grand Rounds, Tumor Boards and M & M Conferences. Providers that furnish these types of activities **must describe and verify that their RSSs comply with the Updated Criteria (including the Standards for Commercial Support) and Accreditation Policies.**

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The MSV limits the provider’s responsibility in this regard to “access, availability and retrieval.”

Progress Report Process *(Updated 5/11)*

Organizations with one or more noncompliance finding resulting from an accreditation survey will be required to submit an Improvement Plan within three months of the last accreditation decision and a follow-up Progress Report within 12 months of the last accreditation decision.

Part 1-Improvement Plan (DUE WITHIN 3 MONTHS OF ACCREDITATION DECISION)

For the first part, the organization must submit an **Improvement Plan** that provides a description of the changes the CME provider will make to ensure compliance in the areas found in noncompliance in accordance with the most recent accreditation decision.

For each Criterion or accreditation policy found in noncompliance, the **improvement plan** must include:

- a. A description of changes that will be made to ensure compliance in each area of noncompliance as it relates to the specific decision findings; and
- b. A timeline for the implementation of these changes.

[The following table is offered as a sample template for submission of the Improvement Plan. Use of the table is not required. Providers may use a different format for submission of their CME Program Improvement Plan.]

Criteria/Policy with non compliance finding:	Planned Improvement:	Status:	Expected Implementation Date:

Part 2 – Progress Report (DUE WITHIN ONE YEAR OF LAST ACCREDITATION DECISION DATE)¹

For the second part, the organization must submit **evidence**:

- a. That the improvements described in the Improvement Plan have been implemented.
- b. That the improvements implemented have resulted in compliance with the Criteria and/or accreditation policies found noncompliant in accordance with the most recent accreditation decision.
- c. That identified program changes or improvements, required to improve the ability of the CME program to meet the CME mission, are underway or completed (Criterion 14).
- d. From **four different activities** presented since the most recent accreditation decision to address findings of noncompliance in any of the program planning Criterion (2-11) and accreditation policies related to program planning, e.g., internet CME, enduring materials, accreditation statement, monitoring RSSs.

Improvement Plan-Progress Report Processing Fees

Progress Report processing fees are as follows:

Improvement Plan/Progress Report Processing Fees:		
Improvement Plan/Progress Report fees for surveys conducted after <u>January 1, 2010</u> :	Non compliant in 1-3 criteria/policies:	\$500
	Non compliant on 4-6 criteria/policies:	\$1,000
	Non compliant in more than 6 criteria/policies:	\$1,500

Progress Report Decisions

Decisions regarding a provider’s progress report may be one of four options.

1. *Accept.* MSV accepts a progress report when there is evidence of compliance with accreditation requirements that were in non-compliance according to the most recent survey resulting in a four-year term with a status of accreditation. Providers that were found non-compliant in one criterion and/or accreditation policy and compliant in all the remaining criteria (1 through 22), according to the most recent accreditation survey, are eligible to receive accreditation with commendation and a term extension of two years.
2. *Clarification Required:* If a Progress Report requires clarification, or the Provider has corrected some of the findings that were in non-compliance, clarification or 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 an additional Progress Report will be required within two years from the date of the most recent 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.

¹ Please Note: Providers may submit Progress Reports for review earlier than the prescribed date.

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.

Typical Timeline for Submission of Improvement Plan and Progress Reports

Improvement Plan	Within 3 months following the most recent accreditation decision
Progress Report	Within 12 months following the most recent accreditation decision
Additional Progress Report or clarification requested	Within 18 months following the most recent accreditation decision
Additional Progress Report or clarification requested	Within 24 months following the most recent accreditation decision

Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: Attendance Records and Activity Documentation.

1. **Attendance Records:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The MSV does not require sign-in sheets.
2. **Activity Documentation:** An accredited provider is required to retain activity files/ records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. Maintenance of this documentation enables the provider, at the time of re-accreditation, to show MSV how the activities it provided during its current term of accreditation were compliant with the MSV Updated Criteria for Accreditation (including the Standards for Commercial Support) and Accreditation Policies. For guidance on the nature of documentation that MSV will expect to review at the time of reaccreditation, please refer to the MSV Surveyor’s [Activity Document Review Form](#) as well as the [Documentation Review Form Labels](#). Both are available at MSV.org, under “Advance My Professional Development and under “CME Intrastate Accreditation.”

Additionally, if MSV receives a complaint about an accredited provider, and the complaint relates to the provider’s implementation of the Accreditation Criteria or Accreditation Policies, MSV may ask the provider to respond to the complaint according to the MSV Procedures for Handling Complaints/Inquiries. The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the MSV is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.