



MEDICAL SOCIETY OF VIRGINIA

**Accreditation Policies Including Information for
Provider Implementation**

The following policies are organized according to topic, and presented in a format intended to assist providers in their understanding and expectations for their implementation. A glossary of accreditation terms begins on page 7.

If you have questions regarding MSV’s accreditation policies, please contact Pam Mazmanian at pmazmanian@msv.org.

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CME Program and Activity Administration

Accreditation Statement

The accreditation statement informs the learner of the organization responsible for the CME activity. It must appear on all CME activity materials and brochures distributed by the accredited organization, except that the accreditation statement is not included on initial, save-the-date activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location and title. If more specific information is included, such as 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 provided activities: "This activity has been planned and implemented in accordance with accreditation requirements and policies of the Medical Society of Virginia through the joint providership 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-providership" 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-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. MSV and ACCME have no policy regarding specific ways in which providers may acknowledge the involvement of other 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 (e.g., *AMA PRA Category 1TM*; American Osteopathic Association Category 1; American College of Obstetricians and Gynecologists Cognates; American Academy of Family Physicians Prescribed Credit; American Academy of Pediatrics credit hours toward the PREP educational award) and should be displayed in the same area as other designation of credit statements.

Activity and Records Retention

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to 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. For information on the type of documentation the MSV will expect to review at the time of reaccreditation, please refer to the [Performance in Practice Structured Abstract](#) and to the [Performance in Practice Labels](#). A provider may use either the structured Abstract Form or Performance in Practice Labels to document all MSV selected activity files for review as part of an accreditation survey.

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 series session which is in question.

Administration and Oversight of the CME Program

This policy has been eliminated effective February 2014. Elimination of this policy does not preclude the expectation that an accredited organization puts forward the administrative structure and resources necessary to sustain a successful CME program.

CME Content: Definition and Examples

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 provider of health care to the public.

CME Clinical Content Validation

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

1. All 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.
3. Providers are not eligible for 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 accreditation.

Content Validity of Enduring Materials

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 offered as an accredited activity 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 termination date.

CME Activity Formats

Some of the special requirements for Internet CME, enduring materials, regularly scheduled series and journal based CME were eliminated as part of the ACCME "simplification process" effective February 2014. Please refer to the Glossary of Terms section of this document for CME format descriptions.

Communication/Faculty

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 and information regarding disclosure of commercial support.

Communication/Prospective Learners (MSV requirements from previous accreditation requirements)

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 activity, planners must inform potential learners of the objectives, purpose or expected results of the activity, the target audience for

whom the activity is primarily intended, topics to be presented, the schedule of events, faculty with their affiliation, the accreditation statement and designation of credit, faculty disclosure information and, if received disclosure of commercial support.

Continuous Quality Improvement

The intent of accreditation criteria 11-13 includes implementation of an ongoing, continuous process in which providers: a) assess their CME program using data from their activities 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 11-13, 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 12-13. The intent of this change is to help CME providers improve by facilitating continuous quality improvement within their CME programs.

Joint Providership

Definition of Joint Providership

The MSV defines joint sponsorship as the providership of a CME activity by one accredited and one non-accredited organization. Accredited providers that plan and present one or more activities with non-accredited providers are engaging in "joint providership." The ACCME and MSV do not intend to imply that a joint providership relationship is an actual legal partnership, thus, the words partnership and partners are not included in the definition of joint providership or descriptions of joint providership.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement.

Informing Learners

The accredited provider must inform learners of the joint providership relationship through the use of the appropriate accreditation statement. All printed materials for jointly provided activities must carry the appropriate accreditation statement:

"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of Virginia (MSV) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the MSV to provider continuing medical education for physicians."

Fees

The MSV and ACCME maintain no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

Compliance and Noncompliance Issues

The MSV expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the MSV accredited provider's responsibility to be able to demonstrate through written documentation this compliance to the MSV. Materials submitted that demonstrate compliance may be from either the MSV accredited provider's files or those of the non-accredited provider.

Providers on Probation

If a provider is placed on Probation, it may not jointly provide CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is place on Probation must inform the MSV of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.

Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. If the provider is found to be working in joint providership while under this probation, the MSV will immediately change the provider's status to Nonaccreditation. (ACCME update 6-2016)

Policies Supplementing the Standards for Commercial Support

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.

The ACCME and MSV do not consider providers of clinical service [i.e., organizations that provide clinical services] directly to patients to be commercial interests.

A **commercial interest** is not eligible for accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. 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:

- Organizations that provide 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 conflicts 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*.

Financial Relationships and Conflicts of Interest

In joint providership, either the accredited provider or its non-accredited joint sponsor may have control over 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. The accredited provider is responsible for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement.

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.

Financial Relationships and Conflicts of Interest

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

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)

The ACCME and MSV have not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

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 have 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)

Disclosure of Financial Relationships to the Accredited Provider

Individuals need to disclose relationships with a commercial if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

Commercial Support: Definition and Guidance Regarding Written Agreements

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.

When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

An accredited provider can fulfill the expectations of 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 to an already existing agreement between the other accredited provider and commercial supporter by including an addendum indicating its acceptance of the terms and conditions and the amount of commercial support they receive.)

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.)

Element 3.12, “*The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity*” applies only to physicians whose official residence is in the United States.

Verbal Disclosure to Learners

Disclosure information about relevant financial 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.

Commercial Support Acknowledgements

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission and areas of clinical involvement of the company or institution.

Commercial Exhibits and Advertising

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.

Press Release

The MSV encourages CME providers to celebrate their success in achieving accreditation and communicate the value of their accreditation and accreditation-related accomplishments by informing their community, stakeholders, and the public through press releases, announcements, advertisements, brochures, and other online and print materials.

MSV accredited providers may use the following language in a news release or other public announcement of their success in obtaining either initial or continued MSV accreditation. The following language may be used for that purpose only.

"The [provider name] has been (re)surveyed by the Medical Society of Virginia (MSV) and awarded [accreditation status] for [number] years as a provider of continuing medical education for physicians.

MSV accreditation seeks to assure the medical community and the public that [Provider name] provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvement."

Progress Report

Organizations with one or more noncompliance finding in Criteria 1-3 or Criteria 5-13, or in accreditation policies 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. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the MSV may require a focused accreditation interview to address the areas of noncompliance. The MSV can also place an accredited provider on Probation or issue a decision of non-accreditation after reviewing a progress report.

Information on the Progress Report Process is available at the MSV Intrastate Accreditation website, under "[General Guide to the Progress Report Process.](#)"

Accreditation Glossary of Terms

The purpose of this glossary is to explain how the ACCME and MSV use terms, definitions and references within the CME accreditation system. These terms may have other meanings outside the CME accreditation system. The terms and descriptions below only refer to organizations, programs, and activities within the ACCME and

MSV accreditation system.

ACCME-recognized accreditors: State and territory medical societies recognized by the ACCME as accreditors of intrastate providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the [Markers of Equivalency](#).

Accreditation: The decision by the Medical Society of Virginia, another recognized state medical society, or the ACCME that an organization has met the requirements to be granted accreditation as a provider of continuing medical education (CME). The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): A nonprofit corporation based in Chicago, responsible for accrediting institutions that offer continuing medical education (CME) to physicians and other healthcare professionals. The ACCME also has a system for recognizing state medical societies as accreditors for local organizations offering CME. The ACCME's mission is to identify, develop, and promote rigorous national standards for quality CME that improves physician performance and medical care for patients and their communities. ACCME accreditation is a voluntary, self-regulatory system.

The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Criteria: The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation. To achieve provisional accreditation, accompanied by a two-year term, providers must comply with Criteria 1-3 and 7-12. Providers seeking full accreditation or reaccreditation with a four-year term must comply with Criteria 1-13. To achieve Accreditation with Commendation, along with a six-year term, providers must demonstrate compliance with all Criteria.

Accreditation with Commendation: The highest accreditation status, accompanied by a six year term of accreditation. Accreditation with commendation is available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all accreditation criteria and required policies to achieve accreditation with commendation.

Accreditation Decisions: 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. For national providers of CME, accreditation decisions are made by the ACCME.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. It must appear on all CME activity materials and brochures distributed by the accredited organization, except that the accreditation statement is not included on initial, save-the-date activity announcements.

Accreditation Survey: Data collection by the MSV that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of two ways: *on site*, which is in-person at the site of the accredited institution/organization; and *reverse site*, which is in-person at a site determined by the MSV.

Accredited CME: The term used to refer to those activities in CME that have been deemed to meet the requirements and standards of a CME accrediting body, for example, the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association, the American Academy of Family Physicians). When the ACCME used the term accredited CME in its documents and processes it is referring to activities and programs within the ACCME's accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies).

Accredited CME Provider: Accredited provider means an organization accredited by the ACCME or an ACCME recognized accreditor, such as the Medical Society of Virginia (MSV). MSV accredited providers offer CME primarily to state and regional audiences of physicians and other health care professionals.

Advertising and exhibits income: Advertising and exhibits 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](#).

Activity: A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria and accreditation policies.

Activity Review: One of the requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation. An MSV surveyor observes one of the organization's CME activities and submits an activity Review Form to the MSV, documenting the compliance that was observed.

Co-provided activity: A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting ACCME requirements and reporting activity data to the ACCME or MSV.

Commercial Bias: Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.

Commercial Interest: A commercial interest as defined by the ACCME and MSV, is any entity *producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*. The ACCME and MSV do not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME or MSV accreditation.

Commercial Support: Monetary or in-kind contributions given by an ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. [The Standards for Commercial Support: Standards to Ensure Independence in CME](#) Activities explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CM providers received from advertising and exhibits are not considered commercial support.

Committee Learning: A CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Committee for Review and Recognition (CRR): The volunteer committee that collects, reviews, and analyzes data about Recognized Accreditors' (state and territory medical societies) compliance with the ACCME's recognition requirements, the [Markers of Equivalency](#) through a process called [Maintenance of Recognition](#). The CRR makes recognition recommendation to the ACCME decision Committee. The CRR is comprised of nine members; all members are nominated by the Recognized Accreditors and elected by the ACCME Board of Directors.

Committee learning: A CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in a different format.

Compliance: The finding given when a CME provider has fulfilled the ACCME's requirements for the specific criterion in the Accreditation Criteria or policy.

Conflict of Interest: The ACCME and MSV consider financial relationships to create conflicts of interest in CME when individuals have both a financial interest with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of CME-an incentive to insert commercial bias. (*See relevant financial relationships.*)

Continuing Medical Education (CME): 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.

Core Competencies: (Related to C6)

- Examples of core competencies are the Institute of Medicine (IOM) Core Competencies, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) Competencies, and the core competencies of the 24 medical specialty boards

Maintenance of Certification MOC[®] Programs. Competencies are referred to under Criterion 6 of the Updated Decision Making Criteria as an example of “desirable physician attributes”.

Course: A live CME activity where the learner participates in person. A course is planned as an individual event, for example, annual meetings, conferences, seminars.

Credit: The “currency” assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for the designation of credit are determined by the organization responsible for the credit system. Organizations that administer credit systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American college of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for details about the specific requirements for assigning credit.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. NOTE: The designation of credit for CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

Directly provided activity: A CME activity that is planned, implemented, and evaluated by an accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported in PARS by the accredited provider that takes responsibility for the activity. See also co-provided activity.

Enduring material: An [enduring material](#) is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples include online interactive educational modules, recorded presentation and podcasts.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME and MSV consider the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all accreditation requirements.

Faculty: The professional responsible for teaching, authoring or otherwise communication the activity content.

Financial Relationships: See relevant financial relationships.

Focused Accreditation Survey or interview: A specially arranged survey of a provider or interview to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

In-kind commercial support: [In-kind contributions](#) are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Interprofessional Collaborative Practice happens when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.

-Definition from Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3), World Health Organization 2010.

Interprofessional Education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

-Definition from Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3), World Health Organization 2010.

Internet (enduring materials): An [Internet enduring material activity](#) is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an Internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner.

ACCME and MSV would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.

Internet (live activity): An [Internet live activity](#) is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.

Internet searching and learning: [Internet searching and learning CME](#) is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning. Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed.

For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.

Joint Accreditation: Only offered by the ACCME and not recognized state accreditors, joint accreditation is a program that offers organizations the opportunity to be simultaneously accredited to provide medical, nursing and pharmacy continuing education through a single, unified application, fee structure, set of accreditation standards and review process. It is a collaborative program of the ACCME, Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credential Center (ANCC).

Joint Providership: (PARS) A [jointly provided activity](#) is planned, implemented, and evaluated by the accredited provider and a non-accredited entity. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

Journal-based CME: A journal-based CME activity is a certified CME activity in which an article, within a peer-reviewed, professional journal, is certified for CME credit prior to publication of the journal. A journal-based CME 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.

Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.

Journal Club CME: A journal club is an activity structured around the discussion of a journal article(s) that does not have to be certified as journal-based CME. Generally physicians will read the article(s) prior to the activity and discuss the article(s) during the journal-club meeting. If the journal club meets accreditation requirements, the activity may be certified for CME credit for the discussion and learning that occurs at the live activity, not for reading the article(s). Journal club CME is reported in PARS as a live activity.

Learning from teaching: [Learning from teaching activities](#) are personal learning projects designed and implemented by the learner with facilitation from the accredited provider.

Maintenance of Recognition: System to ensure that Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process. Recognized Accreditors submit documents and information on an ongoing basis. The ACCME provides detailed, formative feedback to Recognized Accreditors in real-time as the data is reviewed. Feedback is given in relations to the [Markers of Equivalency](#). The ACCME adopted Maintenance of Recognition in 2011 in order to improve quality, value and efficiency of the recognition process to enable the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis.

Manuscript review CME: [Manuscript review CME](#) is based on a learner's participation in a manuscript's pre-publication review process.

When calculating the number of **manuscript review CME activities**, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed. For example, an accredited provider publishes one journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as one manuscript review CME activity with 25 physician participants and 2 hours of instruction.

Medical Society of Virginia Intrastate Accreditation Committee: The Committee of the Medical Society of Virginia that is responsible for management of the intrastate accreditation program.

Multiple interventions: Multiple interventions might include, for example, selected pre readings in peer reviewed journals, a live educational activity, hands-on skills workshops, group discussions and follow-up reminders posted in the physician's lounge or sent electronically.

Non-accreditation: The accreditation decision by the MSV that an organization has not demonstrated the standards for a CME provider as outlined by the MSV.

Noncompliance: The accreditation decision by the ACCME or recognized intrastate accreditor that a CME provider has not demonstrated compliance with accreditation requirements.

Objectives: (Related to C3) Statements that clearly describe what the learner will know or be able to do after participating in the CME activity. The statements should result from the needs assessment data and identification of gap(s) in practice.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Parent Organization: A parent organization is an outside entity, separate from the accredited provider that has control over the accredited provider's funds, staff, facilities, and/or CME activities.

Participant: An attendee at a CME activity.

Performance: (Related to C1, C2, C3, C11) That which one actually does in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

Performance Improvement CME: Performance improvement activities are based on a learner's participation in a project established and/or guided by a provider in which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

Performance in Practice Review: During the initial accreditation, reaccreditation and progress report process, the MSV reviews activities selected from the CME provider's current accreditation term. This process enables the ACCME/Recognized Accreditor to ensure that accredited providers are consistently complying with requirements on an activity level.

Physician participant: Physician participants are MDs, DOs and residents. Non-physician attendees are activity

attendees, other than MDs, DOs, or residents, such as nurses, physician assistants, and other health professionals.

Planning Process(es): (Related to the activity planning process in C2, C3, C5-11) The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: 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. Probation may be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to achieve accreditation. While on probation, a provider may not jointly provide new activities.

Professional Practice Gap: (Related to C2)

- The difference between actual and ideal performance or actual and ideal patient outcomes or both.

- In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.” (Source: *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication no. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/epc/gapfact.htm>)*

Program of CME: The CME activities and functions of the provider taken as a whole.

Program Analysis, Program Summary and Improvement Plan (C1, C11, C12, C13): Part of the accreditation process that allows the provider to assess its CME program, identify strengths and areas where improvement may be necessary and to develop an improvement plan.

Progress Report: Accredited providers that receive noncompliance findings in the Accreditation Criteria or policies must submit a progress report demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the MSV may require a focused accreditation interview to address the areas of noncompliance. The ACCME can also place an accredited provider on Probation or issue a decision of non-accreditation after reviewing a progress report.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: A two year term given to an initial applicant that complies with Accreditation Criteria 1, 2, 3 and 7-12.

Recognition: The process used by the ACCME to approve state medical societies as accreditors of intrastate providers.

Regularly Scheduled Series: A course is identified as a *regularly scheduled series (RSS)* when it is:

:

- Planned to have a series with multiple sessions

- Planned to occur on an ongoing basis (offered weekly, monthly, or quarterly) and

- Primarily planned by and presented to the accredited organization’s professional staff.

Examples of activities that are planned and presented as a Regularly Scheduled Series are Grand Rounds, Tumor Boards, and M&M Conferences.

Relevant Financial Relationships: The accreditation system requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider, including relevant financial relationships of a spouse or partner.

Relevant financial relationships are financial relationships that create a conflict of interests and that occurred in the 12 month period preceding the time that the individual was asked to assume a role controlling content of the CME activity.

The ACCME and MSV have not set a minimal dollar amount-any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship.

Financial relationships are those relationships in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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 in which remuneration is received, or expected. (*See conflict of interest.*)

Self-study Report: A report applicants for CME accreditation prepare to explain their accomplishments and practices related to Accreditation Criteria and policies, assess areas for improvement, and outline plans for making those improvements.

Standards for Commercial Support: Standards to ensure independence in planning and implementing CME activities. The Standards are designed to ensure that CME activities are independent and free of commercial bias. They comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias and disclosure of relevant potential commercial bias.

Supporter: See commercial interest and commercial support.

Test-item writing: A CME activity based on a learner's participation in the pre-publication development and review of any type of test item, such as multiple choice questions and standardized patient cases.

Abbreviations

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| ACCME | Accreditation Council for Continuing Medical Education |
| ARC | Accreditation Review Committee |
| AAFP | American Academy of Family Physicians |
| ABMS | American Board of Medical Specialties |
| ACOG | American College of Obstetrics and Gynecology |
| AHA | American Hospital Association |
| AMA | American Medical Association |
| AOA | American Osteopathic Association |
| AHME | Association for Hospital Medical Education |
| AAMC | Association of American Medical Colleges |
| CRR | Committee for Review and Recognition |
| CME | Continuing Medical Education |
| CMSS | Council of Medical Specialty Societies |
| FSMB | Federation of State Medical Boards of the U.S., Inc. |
| IAC | Intrastate Accreditation Committee |
| IOM | Institute of Medicine |
| MSV | Medical Society of Virginia |