MSV℠ MEDICAL SOCIETY OF VIRGINIA

General Guide to the Improvement Plan-
Progress Report Process
Demonstrating Improvements and Compliance

Overview of the Progress Report Process

CME providers with one or more noncompliance finding in Criteria 1-3 or Criteria 5-13 or with relevant 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. Noncompliance findings in Criteria 16-22 are not addressed in an improvement plan or progress report.

Part 1 - Contents of an Improvement Plan

Part 1-Improvement Plan (DUE WITHIN 3 MONTHS OF ACCREDITATION DECISION)
For the first part, the CME provider must submit an **Improvement Plan** that describes changes the CME provider plans to make to ensure compliance in the areas found in noncompliance in accordance with the most recent accreditation decision.

For each Criterion (1-3, 5-13) or relevant 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 a sample template for the Improvement Plan.

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

Use of the above sample template is not required. CME providers may use a different format for submission of their CME Program Improvement Plan.

Part 2 - Contents of a Progress Report

Part 2 – Progress Report (DUE WITHIN ONE YEAR OF LAST ACCREDITATION DECISION DATE)[1]
For the second part, addressing the noncompliance findings in the accreditation report, the accredited CME provider must:

1. Describe improvements and their implementation; and

2. Provide evidence of performance-in-practice to demonstrate compliance.

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

Typical Timeline for Submission of a Progress Report

Progress Report	Within 12 months following the most recent accreditation decision
Additional Progress Report or clarification, if requested	Within 18 months following the most recent accreditation decision
Additional Progress Report or clarification, if requested	Within 24 months following the most recent accreditation decision

Decisions and Decision Making for Progress Reports

1. **All Criteria in Compliance:** The Progress Report is accepted by MSV, when there is evidence of compliance with accreditation requirements in which the CME provider was found non-compliant, according to the most recently completed survey.

   If the CME provider is found in compliance with Criteria 1-3 and 5-13 and non-compliant in all but one accreditation policy or in all but one of Criteria 16-22, during the accreditation process, the CME provider is eligible to submit a report to be considered for a change in status to accreditation with commendation. The report should describe improvements and their implementation; and evidence of performance-in-practice to demonstrate compliance with the relevant policy or relevant Criteria 16-22. The CME provider must demonstrate compliance with the policy or criterion that was previously in non-compliance within the first two years of the current accreditation term to be considered for a change in status to accreditation with commendation.[2]

2. **All Criteria Not in Compliance:** If the CME provider does not present evidence that the accreditation criteria or accreditation policies 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 CME provider on probation or designate non-accreditation status as the result of findings from a Progress Report.

3. **Clarification Required:** If a Progress Report requires clarification, or the CME provider has corrected some of the findings that were in non-compliance, clarification or an additional Progress Report may be required.

4. **Failure to submit:** If the MSV does not receive a Progress Report on or before the due date the MSV may take immediate action to change the CME provider's accreditation status to probation or non-accreditation.

Expectation Regarding Materials Submitted

Materials submitted to the MSV must not contain untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the CME provider, and must be the property of the CME provider organization. Materials must not include individually identifiable health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Progress Report Fees

Improvement Plan/Progress Report fees for surveys conducted after January 1, 2010:	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

[2] The ACCME Markers of Equivalency for the Recognition of Intrastate Accreditors state: "If a provider is found in compliance with (a) Criteria 1-3 and 5-13, and (b) all but one of Criteria 16-22 and relevant policies measured during the accreditation process, then that provider is eligible to submit a progress report to be considered for a change in status to Accreditation with Commendation." (Refer to 4.1, footnote 10 in the Markers of Equivalency.)

General Reporting Requirements for MSV Accreditation Criteria/Policies	
The information below provides a guide for determining the structure and content of the Progress Report in addressing noncompliance findings in Criteria 1-3 and 5-13 or relevant accreditation policies. Responses should be limited to the specific performance issue(s) identified in the accreditation report received from the MSV. If a noncompliance finding is based on a specific type of activity, evidence must be presented that demonstrates improvements in that activity type (e.g., enduring materials, RSS, internet CME, etc.)	
C1	**Attach** your CME mission statement. **Highlight** the expected results of the program articulated in terms of changes in competence, performance, or patient outcomes.
C2	Provide a **description** and **evidence** from each of the selected activities to demonstrate: 1. That you identified the professional practice gap(s) that the activity seeks to close 2. That you identified the educational needs (of learners) underlying the identified professional practice gaps.
C3	Provide a **description** and **evidence** from each of the selected activities to demonstrate that you generate activities designed to change physician competence, performance or patient outcomes.
C4	*This criterion has been eliminated effective February 2014.*
C5	Provide a **description** and **evidence** from each of the selected activities to demonstrate that you choose educational format(s) that are appropriate for the setting, objectives and desired results of the activity.
C6	Provide a **description** and **evidence** from each of the selected activities to demonstrate that you develop activities in the context of desirable physician attributes (e.g., IOM Competencies, ACGME Competencies).
C7 **SCS 1**	Provide a **description** of your planning process to demonstrate it is independent of the control of any ACCME defined commercial interest and a description of the mechanisms implemented to ensure that you, as the CME provider, retain complete control of the CME content. Relate your description to each element of SCS 1: a) identification of needs, b) determination of educational objectives, c) the selection and presentation of content, d) the selection of all persons and organizations in a position to control the content, e) the selection of educational methods, and f) the evaluation of the activity. If your organization chooses to develop activities that include the presentation of discovery, research or new knowledge by employees of ACCME defined commercial interests, you must demonstrate that there are rigorous mechanisms in place that provide appropriate safeguards to the independence of the activity from commercial interests. See http://accme.org/ask-accme/can-provider-allow-oral-or-written-reporting-scientific-research-employee-commercial for more information on this topic. If your organization has included employees of ACCME defined commercial interests in the planning, development or presentation of CME activities, please: 1. Provide a **description** and **evidence** from one or more of those activities of the factors you consider in determining an appropriate role for an ACCME/MSV defined commercial interest employee in planning and/or presenting accredited CME, and 2. Provide a **description** and **evidence**, **from your selected activities** of the mechanism(s) implemented to ensure that you, as the CME provider, retain complete control of the CME content.

C7 SCS 2	Provide a **description** and **evidence** from each of the selected activities to demonstrate: 1. That everyone in a position to control educational content (e.g., faculty, planners, reviewers, and other who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. (C7 SCS 2.1) 2. That your organization identified all conflicts of interest prior to an activity (C7 SCS 2.3) 3. That your organization implements mechanism(s) to resolve all conflicts of interest prior to an activity. (C7 SCS 2.3) For up to four activities in which a conflict of interest with an ACCME defined commercial interest is identified, **attach** a list of all individuals in control of content, specifying their roles, for example, planner, faculty, reviewer, etc. **If there are less than four activities since your last accreditation survey in which a conflict of interest was identified, submit examples of how conflicts of interests were resolved for all activities in which a conflict was identified since your last accreditation survey.**
C7 SCS 6	Provide a **description** and **evidence** from each of the selected activities to demonstrate: 1. That disclosure of all relevant financial relationships or that none exist was made to learners prior to the beginning of the activity.(C7 SCS 6.1, 6.2, 6.5) 2. That disclosure of all sources of commercial support, including "in-kind" support, was made to learners prior to the activity. If applicable, attach a list of all commercial supporters. (C7 SCS 6.3-6.5) 3. For each activity, **attach** a list of all individuals in control of content specifying their role(s), for example, planner, faculty, reviewer, etc. (NOTE: if you are addressing noncompliance findings for both C7 (SCS 2 and 6), attach one list of individuals in control of content for each activity.)
C8 SCS 3	**Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). For an activity receiving commercial support, **attach**: 1) a list of all commercial supporters and evidence to demonstrate that the terms, conditions, and purposes of all commercial support are documented in a signed written agreement with the commercial supporter that includes the CME provider and its educational partner(s) and 2) an income and expenses statement, including the receipt and expenditure of commercial support. If no commercial support has been received, since your last surveys indicate, "We have not received commercial support for any activities since our last survey." (SCS 3.13)
C8 SCS 3.7, 3.8	**Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors.
C9 SCS 4	**Describe** how your organization ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with the educational presentations, and 2) are not a condition of the provision of commercial support for CME activities. (SS 4.1) **Describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities provided by your organization: 1) print materials, 2) computer-based materials, 3) audio and video recordings, and 4) face-to-face CME. (SCS 4.2, 4.4).
C10 SCS 5	**Describe** the planning and monitoring your organization uses to ensure that: 1. The content of CME activities does not promote the proprietary interests of any commercial interests (C10, SCS 5.1) 2. CME activities give a balanced view of therapeutic options. (C10, SCS 5.2) 3. The content of CME activities is in compliance with the ACCME's content validity value statements.*

	*__Policy on Content Validation:__ 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. 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. CME providers are not eligible for ACCME 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.
C11	1. Provide the **data or information generated about changes in learners'** competence or performance or patient outcomes as a result of educational activities/interventions provided during the progress report period. 2. Provide **your analysis of changes in learners'** competence, performance, or patient outcomes achieved as a result of activities/educational interventions provided during the current progress report period.
C12	Based on your organization's analysis of information and data gathered (C 11 number 1 and 2 above) explain the degree to which the expected result of your CME mission has been met through the conduct of your CME activities/interventions. Identify the information or evidence that supports your conclusion(s).
C13	**Describe** the needed or desired changes you: 1) identified, 2) planned, and 3) implemented, as a result of your analysis (C 11 and 12), that are required to improve on the ability to meet the expected results of your mission.
C14	*This criterion has been eliminated effective February 2014.*
C15	*This criterion has been eliminated effective February 2014.*
Accreditation Statement	For each activity selected, **attach** evidence from the selected activities to demonstrate that the appropriate accreditation statement was used.
Enduring Materials	*This policy has been eliminated effective February 2014.* However, to be compliant with the **Policy on Content Validation,** 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. That review date must be included on the enduring material, along with the original release date and a termination date. If you provide enduring materials, provide information showing that the materials are reviewed at least once every three years or more frequently if indicted by new scientific developments.
Journal CME	*This policy has been eliminated effective February 2014*.
Internet CME	*This policy has been eliminated effective February 2014.*
Physician Participation	**Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities. Include one example that demonstrates your practice to record and verify physician participation.
Activity Documen-tation	**Describe** the mechanism(s) your organization uses to ensure the retention of activity records/files for the current accreditation term or for the last twelve months, whichever is longer.
Admin. and Resources	*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.

Format Requirements and Submission Instructions

Make all required submissions according to the MSV's specifications and by established deadlines. Failure to do so may result in delayed consideration of your progress report and/or a change in accreditation status. **Your submission must include:**

a) a narrative cover document describing improvements made in specific areas of noncompliance; and,

b) evidence of performance-in-practice for each activity selected, if applicable.

- Address only those criteria or policies found to be in noncompliance at the time of your last review and only the specific performance issues cited for those criteria or policies in your last decision report. [***NOTE**: Do NOT address noncompliance findings in Criteria 16-22*]
- Do NOT use original documents; the materials will not be returned.

Instructions for submitting in hard copy

a) Include a narrative cover document and evidence of performance-in-practice. Evidence of performance in practice for each activity selected should be submitted in an 8 ½" x 11" file folder. (Do not submit evidence in binders.) The information submitted in each activity file folder should be divided by the criterion or policy addressed. This may be achieved, for example, with inserted sheets or tab dividers that state the criterion of policy addressed under each section of each activity file folder.

b) Affix a label to the front of each activity file folder that specifies:

• Full name of your organization	• Activity type, as submitted in PARS
• Activity title, as submitted in PARS	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

c) Submit three sets of all materials, including a narrative cover document describing improvement made in specific areas of noncompliance and the performance-in-practice file folders by the specified deadline to: **MSV, c/o P. Mazmanian, 2924 Emerywood Parkway, Ste. 300, Richmond, VA 23294.**

Instructions for submitting in electronic format (requires Adobe Acrobat version 8.0 or more recent)

a) Save the narrative cover document and evidence of performance-in-practice as a single, paginated, and bookmarked PDF file. The file you create should appear as a single document when opened. Do not use the Acrobat option to make a PDF "portfolio" style file.

b) Include, in your PDF file, a cover page for each activity selected that specifies:

• Full name of your organization	• Activity type, as submitted in PARS
• Activity title, as submitted in PARS	• Directly or jointly provided
• Activity date and location, as submitted in PARS	• Commercial support was/was not accepted

c) Create a bookmark for the narrative cover document for each activity selected for performance-in-practice review, if applicable, and create bookmarks to separate the evidence within each activity and identify it by the criterion or policy to which it pertains.

d) Email the PDF file as an attachment to: pmazmanian@msv.org

Please contact Pam Mazmanian by phone at 804 377-1040 or by email if you have any questions about the progress report review process.