

A BRIEF GUIDE TO WHAT'S NEEDED OF AN ACCREDITED PROVIDER

1. A mission to improve the competence and skill of physician learners, to change their practice, and/or to improve patient outcomes.
2. A commitment from the organization's administration to support the program with the personnel, time, funding, and other resources (IT, etc.) that are necessary to succeed.
3. At least two people: a manager to run the program and a physician to guide it.
 - a. The manager must develop a thorough understanding of SSCC and ACCME accreditation criteria, standards, and policies. The manager must have the administrative skill and time to organize educational activities, to obtain and maintain all necessary records, to record learner attendance, and to comply with reporting requirements. The manager must have the computer skills to use word processing and spreadsheet software, and online databases.
 - b. The physician leader must also develop a solid understanding of the administration of accredited CME and of SSCC and ACCME accreditation criteria, provide guidance and support to the program manager, serve as peer reviewer of educational materials when necessary (or delegate the peer review function), advocate on behalf of the program with the organization's administration, and intervene on behalf of the program when the manager needs it. The physician leader is critical to the program's success.
 - c. There is no requirement to have a "CME Committee", but many programs benefit from having a small group to advise, help give an outside perspective, review and approve activities, and participate in a regular evaluation of the overall CME program.
4. The operational necessities include:
 - a. A process for developing, approving, and delivering (or overseeing) educational activities that is compliant with SSCC and ACCME criteria and standards.
 - There is no single best way to do this, but most programs have an application form that ensures compliance with SSCC/ACCME criteria, and which makes reaccreditation audits simpler. The form does not need to be lengthy or complicated. A fillable pdf or Word document can work well.
 - b. An efficient mechanism for registering learner attendance.
 - Specialty boards are moving toward requiring CME programs to log individual learner attendance data. Automating the task of learner identification and attendance should be considered at the outset, using something like an inexpensive barcode reader. The ACCME has a spreadsheet template that makes uploading the learner information



into the ACCME's PARS database simple, but getting the learner information into that spreadsheet is the responsibility of the accredited provider.

- c. A method to evaluate changes in learners' competence or performance or improvements in patient outcomes.
 - Some method of assessing change in learner competence or performance is needed to meet the Analyzes Change criterion. These data also feed into the overall program evaluation required by the Program Analysis criterion.
 - There are any number of ways to get information on learner change. Although printed evaluation sheets are acceptable for some activities, they can be cumbersome to analyze and summarize. Many smaller programs use software like Survey Monkey or Google to create and deliver a short survey to learners, while larger programs and those with IT support may have a learner management system or a membership management system to do this. Software like these can deliver the evaluations to learners and analyze the data that you collect.
- d. A system to catalog learner credits and to store activity data and learner data – in an easily retrievable form – for at least six years.
 - Again, there is no recommended best method for doing this, but most providers have an online filing system with backup on their organization's enterprise server that they use for their activity files and notes.
 - For the granting of individual learner credits, the ACCME's CME Passport database can serve as a repository of physician learner attendance data and will provide certificates on demand by the physicians, lightening the administrative burden on the CME program. It is free for use by accredited providers and physician learners, but it will not accommodate non-physician learners.
- e. The ability to meet administrative requirements and deadlines, including the reporting of all activities in the ACCME's PARS database in a timely fashion.
 - There is a fair amount of material that has to be kept organized and reported on a regular basis. It is easy to get behind or to get disorganized and later fail to be able to document compliance with standards or learner participation or the expenditure of grant funds. The CME manager needs to have sufficient time and support allocated to manage the program.

