



KANSAS MEDICAL SOCIETY

Application/Self Study for Accreditation as a CME Provider

ACCREDITATION PROGRAM

Preparing to Conduct Your Application/Self Study

The Application/Self Study process provides an opportunity for the accredited provider to:

- Assess its commitment to and role in providing continuing medical education,
- Analyze its current practices,
- Identify areas for improvement,
- Determine its future direction, and
- Effectively present the results to the KMS in the written Application/Self Study Report

Conducting your Application/Self Study requires time and effort from many constituents involved in your CME program. Appropriate leadership of the Application/Self Study effort and broad involvement of administration, faculty, attendees and other stakeholders are important.

Conducting Your Application/Self Study

An outline of the content of the *Application/Self Study Report* is specified by the KMS, but the process of conducting a *Self Study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, however, the *Application/Self Study* is intended to address two major components of accreditation:

- **A record of your CME program's compliance** with the KMS's Essential Areas and Elements, including the Standards for Commercial Support and Accreditation Policies. Your organization needs to describe its past and current performance and provide evidence to demonstrate the compliance with each of the Accreditation Requirements.
- **An outline of your program's plans for improvement.** Your organization's plans for improvement may relate to problems that were identified relating to compliance or factors in the CME environment. Improvement plans reflect the vision and values of your CME program and frame your program's process for identifying the need for and implementing change.

Reporting on the Application/Self Study Findings

Reporting on the application/self study is the basis of the KMS's accreditation process. All providers seeking KMS accreditation are required to submit an Application/Self Study Report for Accreditation. The KMS uses the Application/Self Study Report in addition to other data, including Annual Reports and other interval monitoring data submitted by the provider throughout its current term of accreditation, to evaluate the provider's ability to fulfill its educational mission effectively and comply with the KMS's Essential Areas and Elements, including the Standards for Commercial Support and Accreditation Policies.

In this report the provider describes and provides evidence to support current levels of compliance. The report provides an opportunity for the provider to articulate and demonstrate improvements made to and planned for the CME Program. KMS provides specific instructions about the content and format of an Application/Self Study Report.

Reaccreditation Timeline

<i>Prior to Accreditation Expiration (Months)</i>	<i>Function</i>	<i>Reaccreditation Timeline</i>
6 months		KMS sends out Official Reaccreditation Notification to Provider - reaccreditation materials - interview format - intent to reapply
4 months	reaccreditation	Provider confirms participation in the reaccreditation process via the Application for Scheduling of Accreditation Survey or Resurvey form and remits the fee.
3 months		KMS schedules interview and notifies provider as soon as the interview date is scheduled.
2 months		Self Study Report and List of Activities due to KMS
1 month		Onsite Interview and Attendance at CME Program by Survey Team
0 months		KMS CME Committee Meeting

Initial Accreditation Timeline

The timeline for an initial application to complete the accreditation process is dependent upon the dates that materials are submitted to the KMS. Once a pre-application is approved by the KMS, an organization has four months to submit a Self Study Report for initial accreditation. The KMS's accreditation process requires a one-month window between the submission of a Self Study Report for initial accreditation and the date of the interview. The KMS's CME Committee meets two times each year (June and November), or via telephone conference call, as needed. Within two weeks of the Committee meeting at which the applicant would receive a decision, the KMS will notify the provider of its findings.

Outline for the Application/Self Study Report

An Application/Self Study Report should be organized in the sections listed below. Each section should be included behind a **tab** labeled with the title of the section. This outline should be used as the basis for the required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below:

- I. **Introduction**
 - a. **Demographic/Organization Information**
 - b. **Summary of CME Activities**
 - c. **CME Activity List**
 - d. **Program Information**
- II. **Essential Area 1: Purpose and Mission (Criteria 1)**
- III. **Essential Area 2: Educational Planning (Criteria 2-3)**
- IV. **Essential Area 2: Educational Planning (Criteria 4-6) and KMS Policies**
- V. **Essential Area 2: Educational Planning (Criteria 7: KMS' Standards for Commercial Support – Independence)**
- VI. **Essential Area 2: Educational Planning (Criteria 8: KMS' Standards for Commercial Support - Management of Funds)**
- VII. **Essential Area 2: Educational Planning (Criteria 9-10: KMS' Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)**
- VIII. **Essential Area 3: Evaluation and Improvement (Criteria 11-15)**
- IX. **OPTIONAL SECTION: Essential Area 3: Engagement with the Environment (Accreditation with Commendation) (Criteria 16-22)**
- X. **Regularly Scheduled Series (RSSs)**
- XI. **Program Summary (Self Assessment and Improvement Plans)**
- XII. **Structure & Format Requirements for the Application/Self Study Report**

EXAMPLE OF TABLE OF CONTENTS		<u>PAGE</u>
IV.	Element 2.1 – Planning Process	
	A. Description of XYZ’s Planning Process for Courses	30
	B. Description of XYZ’s Planning Process for RSCs	33
	C. Evidence of Planning Process for one CME Activity	35
V.	Element 2.2 – Use of Needs Data	
	A. Description of Use of Needs Data	45
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Review of Provider’s Performance-in-Practice

Performance-in-practice review allows providers to demonstrate compliance with KMS’s expectations and offers providers an opportunity to reflect on their CME practices. This reflective process can support providers’ practices to determine the extent to which it has met its mission, as required in Criterion 12. Providers should take advantage of their preparations for the performance-in-practice review to identify, plan, and potentially implement any needed changes to CME activities or the overall CME program. These changes can be tangible examples that a provider uses to demonstrate compliance with Criteria 13-15.

Materials that demonstrate compliance with KMS’s expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets KMS’s expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Structure and Format Requirements for Performance-in-Practice Review

In order to facilitate KMS’s review of providers’ performance-in-practice as seen in activity files, providers must follow these three steps:

STEP 1: Submitting Your CME Activity List. In your Self-Study, you will submit a complete list of activities to the KMS that includes the following information:

- Activity title
- Date
- Location
- Sponsorship (direct or joint)
- Type of activity (single, RSS, enduring and format, journal CME)
- Number of hours
- Number of MDs
- Number of non-MDs
- Amount of commercial support received
- Number of commercial supporters
- Designed to change competence?***
- Competence measured?***
- Designed to change performance?***
- Performance measured?***
- Designed to change patient outcomes?***
- Change in patient outcomes measured?***

Providers should remember that:

- Any activity that your organization offered, or plans to offer, under the umbrella of your KMS accreditation during its current term must be included on the list;
- Activities should be entered chronologically; first live courses, then enduring materials;

- For organizations that produce **regularly scheduled services** (RSS): List RSSs by year and series. Do not list each daily, weekly, or monthly session. RSS is defined as daily, weekly, or monthly CME activities that are primarily planned by and presented to the provider's own professional staff and are planned as one activity for the year. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/non-physicians attending each individual session.
- New Updated Accreditation Criteria components of the list (those in bold and italics above) apply to activities held after July 1, 2008.

STEP 2: KMS's Selection of Activities for Review

Based on the completed CME Activity List you include in your self study, KMS will review all files across the years of your accreditation term, including enduring materials, journal CME, or internet CME activities, if any. These files will be reviewed for compliance with KMS policies specific to their activity type.

For initial accreditation, KMS will review, at a minimum, the required two activities completed within the 24 month period prior to the initial accreditation interview.

STEP 3: Submitting evidence of performance-in-practice for activity documentation review.

KMS expects that your organization has been transitioning to the Updated Accreditation Criteria. The accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

- (A) the date of the activity precedes your organization's implementation of the Criterion listed; or
- (B) the Criterion is not applicable to the activity.

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, include a sheet of paper which explains why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the Updated Criteria" or "No commercial support accepted for this activity".

Assemble an Activity File

For each activity, clip all documentation together and place a cover sheet on it listing the name and date of the activity.

Tips for Labeling Evidence

- You should utilize materials developed for the activity to help your organization demonstrate compliance a review of your organization's performance-in-practice is not intended to generate new or additional documentation.
- If multiple Criteria and/or Policies are addressed on one document (such as a course brochure or syllabus page), you may make note of such duplication.
- If you opt to include strings of email communications or meeting minutes as evidence of your performance-in-practice, **highlight** the items relevant
- Use discretion in selecting evidence that relates specifically to compliance criteria. KMS does not need to see every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets, or other handouts in their entirety in order to verify compliance. However, all signed written agreements must accompany a list of commercial supports, if commercial support was received. Also, evidence of disclosing to learners the presence or absence of relevant financial relationships for all persons in control of content must be provided.
- Blank forms and checklists alone do not verify performance in practice.

I. Introduction

A. Demographic/Organizational Information

Please complete the following:

	Name of organization	
	ACCME ID Number	
	Contact Person for KMS Communications	
	Submitted by	
	Signature	
	Date	

Director of Medical Education

	Name	
	Title	
	Address	
	Telephone number	
	Fax number	
	e-mail address	

CME Staff Coordinator (Individual responsible for CME unit & for the material contained within this application/self study report)

	Name	
	Title	
	Address	
	Telephone number	
	Fax number	
	e-mail address	

Chief Executive Officer

	Name	
	Title	
	Address	
	Telephone number	
	Fax number	
	e-mail address	

(Please check one)

1. ___ Initial Application

2. ___ Reaccreditation Application

Is your organization a commercial interest as defined by the KMS.*

Yes No If yes, please describe the products and/or services produced by your organization:

*The KMS defines a "commercial interest" as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The KMS does not consider providers that deliver clinical services directly to patients to be commercial interests.

Type of organization			
Please indicate what classification most accurately describes your organization by placing an X to the left of the most appropriate item.			
	<input type="checkbox"/>	Clinic (single or multispecialty)	<input type="checkbox"/>
	<input type="checkbox"/>	Consortium/ Alliance	<input type="checkbox"/>
	<input type="checkbox"/>	Hospital/Health Care Delivery System	<input type="checkbox"/>
	<input type="checkbox"/>	Government or Military	<input type="checkbox"/>
	<input type="checkbox"/>	School of Medicine	<input type="checkbox"/>
	<input type="checkbox"/>	Publishing/Education Company	<input type="checkbox"/>
			Insurance Company/Managed Care
			Not For Profit Foundation (501c3)
			Physician Member Organization (Specialty Based)
			Physician Member Organization (Non-specialty)
			Voluntary Health Association
			Other (please specify)

The CME program of the organization (One X per line)								
	<u>does</u>	receive commercial support		<u>does not</u>	receive commercial support			
	<u>does</u>	participate in Joint Sponsorship		<u>does not</u>	participate in Joint Sponsorship			
	<u>does</u>	produce Enduring Material		<u>does not</u>	produce Enduring Material			
	<u>does</u>	produce Journal-based CME		<u>does not</u>	produce Journal-based CME			
	<u>does</u>	produce Internet CME		<u>does not</u>	produce Internet CME			
	<u>does</u>	produce regularly scheduled conferences		<u>does not</u>	produce regularly scheduled conferences			
	<u>does</u>	offer learning from teaching as a CME activity		<u>does not</u>	offer learning from teaching as a CME activity			
	<u>does</u>	offer manuscript review as a CME activity		<u>does not</u>	offer manuscript review as a CME activity			
	<u>does</u>	offer committee learning as a CME activity		<u>does not</u>	offer committee learning as a CME activity			
	<u>does</u>	offer test writing as a CME activity		<u>does not</u>	offer test writing as a CME activity			
The organization								
		Is <u>not</u> accredited						
		Is accredited by the KMS <u>until</u>	Month	Year	Accreditation status? (check one)	Full	Provisional	Probation
		Is accredited by the ACCME <u>until</u>	Month	Year	Accreditation status? (check one)	Full	Provisional	Probation

B. Summary of Continuing Medical Education Activities

The summarized data in this table should reflect the activities your program has presented, as defined below. A copy of this **Summary and List of CME Activities** must be included in the Application/Self Study Report behind the tab "CME Activities."

For **Initial** applicants this summary should include at least two CME activities which have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. If your organization has completed more than two activities in this time period, and you wish to use the evidence from those activities to demonstrate your compliance with the KMS's accreditation requirements, include them as well. Any activities that you include may be reviewed as evidence of your performance in practice and will be considered as part of your accreditation decision. It is KMS's expectation that **all** of the activities you list have been planned and presented **in compliance** with KMS Essential Areas, Elements, and Policies.

For **Reaccreditation** applicants this summary should include all activities presented during your current accreditation term.

Please provide the following information about your category 1 CME activities, indicating N/A if information is not applicable to your organization.

	Activity Reporting Period: __/__/__ through __/__/__			
	Number of			
Type of activity	<i>Activities</i>	<i>Hours of instruction</i>	<i>Physician Participants</i>	<i>Non-Physician Participants</i>

Directly sponsored

	Live			
	Courses			
	Regularly scheduled series (count each series as 1)			
	Internet			
	Test Item Writing			
	Committee Learning			
	Performance Improvement			
	Internet Searching and Learning			
	Manuscript Review			
	Learning from Teaching			
	Enduring Materials			
	Internet			
	Others			
	Journal-based CME			
	Subtotal, Directly sponsored			

Jointly sponsored

	Live			
	Courses			
	Regularly scheduled series (count each series as 1)			
	Internet			
	Test Item Writing			
	Committee Learning			
	Performance Improvement			
	Internet Searching and Learning			
	Manuscript Review			
	Learning from Teaching			

	Enduring Materials				
	Internet				
	Others				
	Journal-based CME				
	Subtotal, Jointly sponsored				
	Total for all activities				

Income and Expenses. Summarize for the CME unit for the last complete fiscal year. Please enter values rounded to nearest dollar. If you do not have available data write N/A in the space.

	Total amount of commercial support (financial or in-kind contributions given by a commercial interest)	\$
	Total advertising and exhibit income received.	\$
	Total income received from other sources (internal allocations, registration fees, government, grants, etc.)	\$
	Total expenses of your CME unit.	\$

Terms, Definitions and Descriptors (in alphabetical order)

CME Activity	Educational offering that is planned, implemented and evaluated in accordance with the KMS Essential Areas and their Elements, and Accreditation Policies.
Types of Activities	These are not intended as restrictive definitions nor are they compliance criteria. They are descriptors for data collection purposes. In the KMS accreditation process, regardless of what an activity is called, KMS will simply look for verification that it was planned, implemented and evaluated in accordance with the KMS Essential Areas and their Elements, and Accreditation Policies.
Committee Learning	A CME activity that involves a physician learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.
Course	A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity. (Examples: annual meeting, conference, seminar)
Enduring Material	Printed, recorded, or computer-presented CME activity that may be used over time at various locations and which, in itself, constitutes a planned activity. In an enduring material the provider creates the content.
Internet Activity, Live	A <u>live</u> Internet activity is an online course available 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. (Example: webinar)
Internet Activity, Enduring Material	An <u>enduring material</u> Internet activity is available when the physician participant chooses to complete it. It is "enduring," meaning that there is not just one time on one day to participate in it. Rather, the participant determines when he/she participates. (Examples: online interactive educational module, recorded presentation, podcast)
Internet Searching and Learning	A CME activity in which a learner accesses the content of the activity directly from the Internet. This is differentiated from a 'course' and an 'enduring material' because the provider does not create the content but rather the learner chooses content based on what (s)he feels meets their needs or answers their questions.
Journal-based CME	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.
Learning from Teaching	A CME activity based on the physician learner's preparation to teach a live CME activity.
Manuscript Review	A CME activity based on a learner's participation in the pre-publication review process of a journal article.
Performance Improvement	It is a CME activity in which a provider has established a process by 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.
Regularly Scheduled Series	Formally referred to as Regularly Scheduled Conferences. A course is identified as a RSS when it is planned to have 1) 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 a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M conferences.

	<i>When reporting on RSS activities, each series equals one activity. The cumulative number of hours for all sessions within a series equals the number of hours for that activity. Each physician is counted as a learner for each session he/she attends in the series. (Example: Internal Medicine Grand Rounds is one activity that meets for one hour each week. That series is counted as one activity with 52 hours of instruction; if 20 physicians participated in each session, total physician participants would be 1,040 for that activity).</i>
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 (Example: multiple choice questions).
Commercial Interest	Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The KMS does not consider providers of clinical service directly to patients to be commercial interests.
Commercial Support	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. <u>Advertising and exhibit income is not considered commercial support.</u>
Directly-sponsored	An activity that is planned, implemented and evaluated by the accredited provider. Include co-sponsored activities (provided by two accredited providers) in this category if you are the accredited provider awarding the credit.
Expenses	Total cost of goods, services and facilities purchased to support your program of CME (examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space).
Hours of Instruction	The total hours of educational instruction provided. For example, if a one-day course lasts 8 hours, then total hours of instruction for that course is 8. See Regularly Scheduled Series for additional example. "Hours of instruction" and <i>AMA PRA Category 1 Credit™</i> awarded may be the same or may be different. KMS is looking for "Hours of Instruction" as part of our data that will describe the scope of the CME program.
Income	Income received from any source, other than commercial support or advertising and exhibitor income, including government grants, registration fees, and internal allocations.
Jointly-sponsored	An activity that is planned, implemented and evaluated by the accredited provider and a non-accredited entity.
Non-Physician Participants	Attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. Include residents in this category.
Physician Participants	MD and DO activity participants.

C. CME Activities

Include the following in your application/self study	
	For initial accreditation:
	A. Attach a list of at least two completed CME activities presented prior to applying for accreditation. These activities will be reviewed for evidence of compliance.
	For reaccreditation:
	A. Attach a list of all the CME activities that the CME Program has presented during its current period of accreditation.

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The following questions about the Program and each of the Elements in the KMS Essential Areas request data to help the KMS assess the program's compliance with the Essential Area Elements and improvements planned for the overall program. Please answer each question completely and include supporting material when requested in order to demonstrate the program's compliance and improvement.

D. Self Study Report Prologue

	CME Program Summary
<p>Please provide a brief narrative summary of your program, addressing the issues identified below. The responses to these issues will be a frame of reference for your organization's values and vision, which will provide the basis for an accurate understanding of your CME program over the years of its operation. Your summary must not exceed this page plus three (3) additional pages. Insert answers immediately following each question. Please use a different font (11 pt. or larger) or highlight your answers.</p> <ol style="list-style-type: none"> a. Please provide an overview of your program. If currently accredited, include a brief history of the program since initial accreditation and a description of significant events that have impacted the program. b. Describe the leadership and structure of your CME program. Attach a organizational chart for staff. Attach a CME Committee roster, including specialty or area represented. c. Describe the structure and process that your organization used to complete the Application/Self Study. d. Describe any major changes in your CME program in the last year? For example, have there been changes in leadership, staff, funding, size, or direction? e. List the strengths of your CME program? f. List the challenges facing your CME program? g. If you are currently accredited, please explain what actions you have taken to address any concerns or deficiencies pointed out in your last accreditation decision or annual report review. h. Explain and illustrate with an organizational chart the organizational structure and internal relationships of the CME Program. i. Attest (in a written statement) to your organization's compliance with its business/management policies. j. Include a description of any changes or improvements and/or plans to change or improve. k. Describe the operation of the CME program by answering the following questions: <ul style="list-style-type: none"> Who is responsible for approving activities? Who is responsible for collection of required documentation? Who is empowered with the authority to approve CME expenditures? How and by whom is the annual CME budget approved? What resources can the CME Committee call upon when legal concerns or CME content questions 	

arise?

What happens if the CME program overspends its budget and requires additional funds to cover expenses?

l. If your organization plans RSS activities describe your system to monitor RSS for compliance with the KMS requirements. In the description you must (1) include a sampling and monitoring methods that your organization used and (2) identify the accreditation requirements monitored (e.g. KMS Updated Accreditation Criteria).

m. Describe your organization's change process for incorporating the KMS Updated Accreditation Criteria.

Note: Throughout the self study report, you will be required to attach summaries of your actual monitoring data related to specific criteria.

II. ESSENTIAL AREA 1: PURPOSE AND MISSION (CRITERIA 1)

Element	Criteria for Compliance
E 1 The provider must have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.	C 1 The provider has a CME mission statement that includes all the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

A. Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.

Note: It is important that KMS can identify in the expected results section of your mission statement the changes that are the expected results of your CME program (i.e., changes in competence, or performance, or patient outcomes). (C1)

III. ESSENTIAL AREA 2: EDUCATIONAL PLANNING (CRITERIA 2-3)

Element	Criteria for Compliance
<p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communication the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the KMS policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME/ABMS competencies)</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>

A. Describe how you incorporate into your CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of your own learners. Use the following as an outline of your descriptions:

- (1) how you identify the professional gaps (for professional practice gaps that are identified in methods other than direct measurement of your own learners – e.g. national trend data, state level data – explain how you connect these gaps to your own learners),
- (2) how the need(s) that you identify are based on those gaps,
- (3) how the need(s) are articulated in terms of knowledge, competence, or performance,
- (4) how you incorporate these needs into activities or a set of activities. (C2)

For providers that produce Regularly Scheduled Series (RSS), include in your description how gaps are translated into needs in RSS and attach here a summary of your monitoring data related to Criterion 2.

B. Include **two examples** that demonstrate your practice(s) as described in A above. In your examples make explicit the **professional practice gaps** and the **educational needs** that you identified for the activities. (C2)

C. Describe your process of designing activities to change competence, performance, or patient outcomes, as described in your CME mission statement. (C3)

D. Include **two examples** that demonstrate your practice(s) as described above, of designing activities to change competence, performance, or patient outcomes. (C3)

IV. ESSENTIAL AREA 2: EDUCATIONAL PLANNING (CRITERIA 4-6) AND KMS POLICIES

A. Show how your organization, at the CME program or activity planning level, matches the content of your activities to your learners' current or potential scope of practice. Include two examples in your verification. (C4)

B. Show the different educational formats (i.e., activity type and methodology) you have utilized for your activities. Explain the rationale or criteria you used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity. Include two examples in

your verification. (C5)

For providers that produce RSS, include in your description what educational formats you use for RSS. Also describe how you ensure in your planning process for RSS that the format is appropriate for the setting, objectives, and desired results of the RSS. Attach here a summary of your monitoring data related to Criterion 5.

C. Show that you have developed CME activities in the context of desirable physician attributes (e.g., IOM competencies, ABMS/ACGME competencies, specialty specific competencies), including RSS, if applicable. Include two examples in your verification. (C6)

D. Show the mechanism your organization uses to **verify physician participation** for six years in your CME activities, including RSS, if applicable.

V. ESSENTIAL AREA 2: EDUCATIONAL PLANNING (CRITERIA 7: KMS STANDARDS FOR COMMERCIAL SUPPORT -

A. Describe how your organization makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the 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. (SCS 1.1)

B. If your organization enters into joint sponsorship relationships with non-accredited providers, **show** that these organizations are not commercial interests. Provide a list of joint sponsors and a brief descriptor of their organization type. (SCS 1.2)

- C. Show the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization’s mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2)
- D. Describe the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. (SCS 2.3)
- E. Describe the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. (SCS 2.3)
- F. Show your organization’s process(es) and mechanism(s) for disclosure to the learners of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. In your verification, provide two examples of disclosure to the learners of relevant financial relationships and two examples of disclosure to the learners of the source of support from commercial interests, if applicable. (SCS 6.1-6.5)
- G. **Attach** an example of the mechanism(s) your organization uses to collect relevant financial relationship information of everyone in a position to control educational content. (SCS 2.1)
- H. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 1, 2, and 6.

**VI. ESSENTIAL
AREA 2:
EDUCATIONAL
PLANNING
(CRITERIA 8: KMS
STANDARDS FOR
COMMERCIAL
SUPPORT –**

All providers must respond to items A-C, regardless of your organization’s acceptance of commercial support.

- A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (SCS 3.7-3.8)
- B. Describe what you do to ensure that teachers or authors are reimbursed and paid honoraria only for their teacher or author role. (SCS 3.7, 3.8, 3.10)
- C. For providers and produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.7, 3.8, and 3.10.

If your organization accepts commercial support, respond to D-H, if not go to Section VII.

- D. Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). Include in your description how you ensure that advice or services related to teachers, authors, participants, or other educational matters, including content, are not conditions of the commercial support (funds or in-kind commercial support). (SCS 3.1-3.3)
- E. Show that all commercial support is given with your organization’s full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. Include two examples in your verification. (SCS 3.3, 3.9)
- F. Show that commercial support is not used to pay for expenses for non-teacher or non-author participants. Include two examples in your verification. (SCS 3.12)
- G. Show that social events do not compete with or take precedence over educational activities. (SCS 3.11)
- H. Attach a specimen (completed or blank) of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS Standard 3. (SCS 3.4-3.6)

I. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.1-3.4, 3.6, 3.9, 3.11, and 3.12.

**VII. ESSENTIAL
AREA 2:
EDUCATIONAL
PLANNING
(CRITERIA 9-10:
KMS STANDARDS
FOR COMMERCIAL
SUPPORT –**

ALL PROVIDERS must respond to this section

A. Do you organize any **commercial exhibits** in association with any of your CME activities? If yes, describe how your organization ensures that arrangement for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (SCS 4.1)

B. Do you arrange for **advertisements** in association with any of your CME activities? If yes, 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: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.4)

C. Describe the process or procedure your organization uses to ensure that educational material which are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. (SCS 4.3)

D. Besides the provision of commercial support, what role do commercial interests play in providing access to CME activities for learners? (SCS 4.5)

For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 4.

E. 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; (SCS 5.1)
2. CME activities gave a balanced view of therapeutic options. (SCS 5.2)
3. the content of CME activities is in compliance with KMS content validity value statements¹.

F. Using **one example**, show how the planning and monitoring processes your organization uses detected commercial bias and/or invalid content and what your organization did to correct this situation.

¹Policy 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 is support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for KMS 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.

**VIII. ESSENTIAL
AREA 3:
EVALUATION AND
IMPROVEMENT
(CRITERIA 11-15)**

Element	Criteria for Compliance
<p>E 2.4 The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs. E 2.5 The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11 The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. C 12 The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. C 13 The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. C 14 The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed. C 15 The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured.</p>

NOTE: ALL PROVIDERS must respond to items A-B and F-I in this section.

- A. Show a summary report of the evaluation data and information that your organization has collected about the changes in physician learners’ competence, performance and/or patient outcomes. (C11)
- B. What were the conclusions you drew from your analysis of these data? (C11)

NOTE: The KMS expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this Self Study Report, you attached your organization’s CME mission statement. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Your learner change data and the conclusions you reached about those data will help you determine the degree to which the expected results of your CME mission have been met. The following items are designed to elicit information on *what other information* you reviewed to help you determine if your CME mission was met and *your conclusions* regarding your success at meeting your mission.

- C. *In addition to learner change data*, show the KMS the data and information you gathered as a part of your overall program evaluation.

For providers that produce RSS, be sure to include RSS in this discussion. (C12)

D. Based on your review of the data and information as described in your responses to questions A-C, what were your conclusions regarding **your organization's success at meeting its CME mission**? Be sure to include your description the degree to which your organization:

1. reached its target audience;
2. provided CME on the content areas outlined in the mission;
3. produced the types of activities stated in your mission;
4. fulfilled its purpose; and
5. achieved its expected results. (C12)

E. NOTE: This item is optional, based on your organization's responses to section IX (Engagement with the Environment). If your organization did not respond to items in that section, items in this section do not require responses.

In section IX (Engagement with the Environment), you may have described various initiatives your organization has implemented in support of Criteria 16-22. How have you evaluated these and other related initiatives related to Criteria 16-22 to assess the degree to which they helped your organization meet its CME mission?(C12)

If your organization has not engaged in a practice as described in one of Criteria 16-22, you may have evaluated the extent to which not engaging in a practice impacted your organization's ability to meet its mission. You can respond from that perspective, if applicable.

Based on what you described in Section VIII

1. Did the manner and degree to which your organization integrated CME into the process for improving professional practice (C16) help your organization meets its CME mission? If so, how? If not, why?
2. Did the manner and degree to which your organization utilized non-educational strategies to enhance change as an adjunct to your activities/educational interventions (e.g., reminders, patient feedback) (C17) help your organization meet its CME mission? If so, how? If not, why?
3. Did the manner and degree to which your organization identified factors outside of your control that impact on patient outcomes (C18) help your organization meets its CME mission,? If so, how? If not, why?
4. Did the manner and degree to which your organization implemented educational strategies to remove, overcome, or address barriers to physician change (C19) help your organization meets its CME mission? If so, how? If not, why?
5. Did the manner and degree to which your organization built bridges with other stakeholders through collaboration and cooperation (C20) help your organization meet its CME mission? If so, how? If not, why?
6. Did the manner and degree to which your organization participated within an institution or system framework for quality improvement (C21) help your organization meet its CME mission? If so, how? If not, why?
7. Did the manner and degree to which your organization has been positioned to influence the scope and content of activities/educational interventions (C22) help your organization meet its CME mission? If so, how? If not, why?

F. As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission? In your response, explain how each change, if implemented, could impact a component of your CME mission (purpose, content areas, target audience, type of activities, or expected results).

G. Based on the changes you identified that could be made, describe the changes to your program that you **implemented**. For any potential changes (as described in question F above) that you did not implement, please explain why they were not implemented and plans to address them in the future. (C14)

H. Describe how your organization measured, or will measure, the impact of the improvements that you have described in G.

I. If the data are available, include information on whether or not the changes made to your program have fulfilled the intended purpose. Include evidence (e.g. data) to support those conclusions. (C15)

**IX. ESSENTIAL
AREA 3:
ENGAGEMENT
WITH THE
ENVIRONMENT
(CRITERIA 16-22)**

NOTE: The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation.

A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)

B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how

the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)

E. If your organization is engaged in collaborative or cooperative relations with other stakeholders, **describe** instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. In your description, indicate the *nature* (e.g., held meetings, planned activities, shared information) and *rationale* (e.g., to reach shared goals, to meet our missions, to reach larger physician audiences, to share resources) of the collaboration and cooperation. Include **examples** of collaboration and cooperation with other stakeholders. (C20)

F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. For example, your organization's framework may link the CME committee with a quality or performance improvement committee. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of your organization positioned to influence the scope and content of activities/educational interventions. (C22)

X. Regularly Scheduled Series (RSSs)¹ (If applicable)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider’s mission, fulfills KMS requirements, and demonstrates the provider’s engagement with the system in which it operates – just like any other activity type.

The KMS is aligning its expectations about RSSs with the 2006 Updated Accreditation Criteria. A provider’s monitoring system will produce information about compliance with C2-C10. This information will be integrated into the provider’s self-assessment (C11 and C12). As with any activity type, the provider must have information on the compliance of its program of RSSs with Criteria 2 through 10 in order to draw conclusions in C11 and C12. The provider’s conclusions about its compliance, and its improvement plans, will be reported as part of Criteria 13, 14, and 15.

If your organization produces Regularly Scheduled Series, complete this section.

Include the following in your application/self study	
	A description (narrative) and verification (evidence) of the system to monitor RSSs compliance with the KMS’s Elements and Policies, including the Standards for Commercial Support. In the description you must (1) identify the accreditation requirements monitored (e.g. KMS Elements); 2) show the sampling and monitoring methods used; 3) provide a description and analysis of data collected; and 4) present conclusions regarding compliance.
	Verification that the system to monitor for compliance is based on <u>actual performance data and information</u> derived from RSSs that describe compliance (in support of KMS Elements 2.1-2.5 and 3.1- 3.3).
	Verification that the system to monitor for compliance <u>results in improvements</u> when called for by these compliance data (in support of KMS Elements 2.4, 2.5 and 3.1) by describing an action plan for, or actual improvements made.
	Verification that the system to monitor for compliance ensures that appropriate KMS Letters of Agreement are in place whenever funds are contributed in support of CME.
	A description of the information management system through which data and information on a learner’s participation can be recorded and retrieved. Include in the description how your organization makes the system available and accessible to the learners.

¹Regularly Scheduled Series (RSSs) are defined as daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the accredited organization’s professional staff.

XI. Program Summary (Self Assessment and Improvement Plans)

Include the following in your application/self study	
	Describe your CME Program's Areas for Improvements and Specific Plans for Addressing Improvements.
	Describe your CME Program's Future Direction.

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XII. Structure & Format for the Application/Self Study Report

1. Use divider tabs for each section of the outline to assist with the organization of the report.
2. Provide required narrative and attachments for each item of the outline, as indicated by the tabs.
3. Put attachments in the appropriate section of the report, and not all at the end of the report.
4. Type with at least 1" margins (top, bottom, and sides), using **11 point type of larger**. The topics from the Outline should be in bold clearly separated from the type style (font) of your answers. It is acceptable to use double-sided printing.
5. **Consecutively number** each page in the binder including attachments. The name (or abbreviation) of your organization must appear with the page number on each page. *If the report is not numbered, it will not be accepted and will be returned at your organization's expense.*
6. Include a **Table of Contents** listing the page numbers of each narrative and attachment of the Application/Self Study Report.
7. Include in its appropriate place in the Self Study Report the following completed forms:
 - a) Demographic Information Form (include behind the tab "Introduction")
 - b) Summary of Activities (include behind the tab "CME Activities")
 - c) CME Activity List (include behind the tab "CME Activities")
8. Place the Application/Self Study Report and all attachments in a **two-inch maximum** (ring diameter), three-ring binder. *If the report is larger than two inches it will **not be accepted** and will be returned at your organization's expense.*
9. Submit **three (3) copies** to KMS. Be sure to keep a separate copy for your use during the interview.
10. Return the Application for Scheduling of Accreditation Survey with the accreditation application fee of \$2,850 for new programs, \$2,500 for re-accreditation programs in an envelope marked "**FEE**". Checks should be made out to the Kansas Medical Society.
11. **Do not leave questions blank.** If you have questions or concerns about any part of the application, please call the Kansas Medical Society at (785) 235-2383.

The Kansas Medical Society CME Committee appreciates your cooperation with these instructions.

The Site Survey Process: This survey is a face-to-face meeting of the leadership of the CME Program and the survey team of the KMS at the administrative offices or activity of the CME program. On-site surveys may be conducted at other times with the approval of KMS. **All** records and documentation for the current accreditation period must be made available for review.

Failure to adhere to the submission requirements will result in the return of your Self Study Report and delay in the accreditation process.

NOTE TO ORGANIZATIONS SEEKING REACCREDITATION: *If your organization is unable to meet the Self Study Report submission deadline due to failure to adhere to submission requirements, the KMS has the right to:*

- *Require an administrative extension and payment of a \$500 extension fee.*
- *Change your organization's accreditation status.*

The Self Study Reports should be shipped via a method that has a reliable delivery tracking system to:
Nancy Sullivan, Director of Professional & Special Services

Kansas Medical Society, 623 SW 10th Avenue, Topeka, KS 66612