



Accreditation of Continuing Medical Education Providers in New Mexico

Policies and Procedures

Published by the New Mexico Medical Society
Continuing Medical Education Accreditation Committee

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This manual supersedes all previous publications concerning the policies, procedures and requirements for accreditation by the New Mexico Medical Society.

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General Information

The New Mexico Medical Society adopts herein as its own *The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME) Updated June 2014.**

Definition of Terms

ACCME: Accreditation Council for Continuing Medical Education.

Accreditation requirements: The basic standards that must be met for an organization to be accredited to provide CME activities. The accreditation requirements include: 1) accreditation criteria established by the ACCME and adopted by the NMMS; 2) Standards for Commercial Support; 3) terminology; 4) policies established by the ACCME and adopted by the NMMS.

Accredited Provider:

ACCME accredited provider: An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other healthcare professionals.

State-accredited provider: accredited by a state/territory medical society that is recognized by the ACCME. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME directly accredited providers, which offer CME primarily to national or international audiences.

CME Accreditation: The recognition accorded eligible institutions and organizations, which meet the Accreditation Requirements and Descriptions of the ACCME updated June 2014*.

CME Activity: A coherent educational offering which is based upon defined needs, and explicit objectives, educational content, and methods. A CME activity that is planned, implemented and evaluated in accordance with ACCME/NMMS accreditation requirements updated June 2014*.

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

Commercial Support: Monetary or in-kind, contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the *ACCME Standards for Commercial Support*SM. Advertising and exhibit income is **not** considered commercial support.

CRR: The Committee for Review and Recognition is the branch of ACCME that oversees the accreditation process for state medical societies.

Directly provided: A directly provided activity is one that is planned, implemented, and evaluated by the accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Enduring Materials: 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. Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements. Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 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 required financial information related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an 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 would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.

Joint Providership: Joint providership is the process by which an unaccredited organization joins with an organization that is accredited in order to put on an individual CME program. The responsibility to assure the program meets the accreditation requirements is that of the accredited joint provider.

There is no “*co-sponsorship*” accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

NMMS: New Mexico Medical Society.

Participants: MDs or DOs. Effective in 2015, residents will be included as physician participants. Also effective in 2015, *other learners* replaces the term *non-physician participants*. This category continues to include activity participants other than MDs and DOs.

Program of CME: The overall CME program of an accredited provider consists of one or more educational activities compliant with the NMMS/ACCME accreditation requirements and granted on the basis of the provider’s demonstrated ability to plan and implement CME activities in accordance with said accreditation requirements. The provider’s overall program may include occasional CME activities that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider’s overall CME program as long as the provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities, within its overall program, which meet the accreditation requirements and policies.

Provider: An institution or organization assuming responsibility for CME.

Purpose of CME Accreditation: To assure physicians and the public that CME activities meet accepted standards of continuing medical education.

Recognition: Recognition is the process in which each individual state society must participate in order to become the intrastate provider of CME. By achieving the status of recognition, the state society may implement its own policies for accreditation of individual organizations within its state.

Regularly Scheduled Series: A course is identified as an 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.

Standards for Commercial Support of Continuing Medical Education: The document that describes the responsibilities of accredited providers when offering continuing education activities that are supported, either entirely or in part, by funds from a commercial source (updated March and June 2014 by the ACCME).

Updated Criteria: Updated Criteria 1 to 22 for compliance with ACCME's Accreditation Requirements, adopted by the ACCME in September 2006 and by the NMMS CME Committee in November 2006; revised in March 2014 and adopted by the NMMS CME Committee. In 2014, Criteria 4, 15 and 15 have been eliminated.

** The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME) published in June 2014 have been adopted in full by the New Mexico Medical Society's (NMMS) Continuing Medical Education Accreditation Committee and are included herein as an integral part of the NMMS CME Policies and Procedures. (See Attachment 1.)*

Introduction

This document defines the policies and procedures of the New Mexico Medical Society Continuing Medical Education Accreditation Committee (NMMS CME Committee) and provides an overview of the responsibilities of accredited intrastate providers of Continuing Medical Education (CME).

What is Continuing Medical Education?

Continuing Medical Education (CME) is defined as the following:

“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, or the provision of health care to the public.”

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

Not all continuing educational activities which physicians may engage in, however, are CME. Physicians may participate in worthwhile continuing educational activities, which are not related directly to their professional work, and these activities are not CME. Continuing educational activities, which respond to a physician’s non-professional educational need or interest, such as personal financial planning, and appreciation of literature or music, are not CME

The Accreditation Council of Continuing Medical Education (ACCME)

The organization which is responsible for the national program of accreditation for continuing medical education is the Accreditation Council for Continuing Medical Education (ACCME). The ACCME evaluates CME programs of institutions according to standards adopted by all seven sponsoring organizations of ACCME:

American Board of Medical Specialties
American Hospital Association
American Medical Association
Association for Hospital Medical Education
Association of American Medical Colleges
Council of Medical Specialty Societies
Federation of State Medical Boards

The functions of ACCME are:

1. To set uniform standards of accreditation;
2. To assure uniform application of the criteria for accreditation of organizations/institutions regardless of location; and
3. To establish uniform types and duration of accreditation.

The ACCME provides general supervision for those state and territorial medical societies which are responsible for operating intrastate accreditation programs. The ACCME directly accredits

organizations/institutions which are national in character; that is, their educational activities are regularly attended by persons from three or more states.

The Role of NMMS CME Accreditation Committee

The New Mexico Medical Society Continuing Medical Education Accreditation Committee (NMMS CME Committee) accredits institutions and other intrastate organizations that provide CME activities on a regular and recurring basis and whose participants are primarily local physicians. NMMS accredits organizations and institutions, not specific courses, programs, or activities. It is the Society's responsibility to assure accredited providers observe the current established requirements for accreditation.

The NMMS CME Committee Mission Statement

The mission of the NMMS CME Committee is to establish and foster standards for excellence in continuing medical education utilized by physicians, to maintain and enhance practice proficiency through assimilation of new knowledge and skills, and to promote and improve quality medical care for the citizens of New Mexico.

We, the members of the Committee, will endeavor to fulfill this mission by encouraging and overseeing germane educational programs that meet optimal standards and by monitoring community health care patterns to both appraise the effectiveness of programs offered as well as to identify evolving educational needs.

The NMMS CME Committee Structure

In the organizational structure of the New Mexico Medical Society, the NMMS CME Committee is the body delegated by the NMMS Council to govern issues concerning CME. The CME committee is responsible for compliance with ACCME guidelines for recognition and intrastate accreditation. The president of NMMS appoints a chair, with exceptional working knowledge of CME, and the CME committee. Appointments are for one year. There are no term limits for members or for the chair. Members serve at the discretion of the NMMS president.

The NMMS CME committee meets at least 6 times per year. Regular meetings are scheduled in the months of January, March, May, July, September, and November. Additional meetings are scheduled on basis of need.

The current NMMS CME Committee members are listed on the last page of this manual.

Annual Meeting Planning Committee – members volunteer to plan, organize, and hold the CME activity for the NMMS annual scientific meeting.

Site Survey Subcommittee – members who volunteer to do a site survey for an organization or institution applying for accreditation. Surveyors read an application thoroughly, conduct a site survey, complete a written report on the survey, and present the survey results to the full committee at a regularly scheduled meeting. They do not vote on the accreditation decision of the applicant. Surveyors are paid \$200.00 per day for the survey and are reimbursed for expenses. Surveyors are completely familiarized with their duties and responsibilities prior to surveying. New surveyors must accompany experienced surveyors on a minimum of three surveys. Survey teams consist of a minimum of two people including CME committee members and/or NMMS CME staff.

Review Committee – members volunteer to review Adverse Accreditation Decisions when requested by an organization or institution. This is an intermediary step in an attempt to encourage CME while maintaining CME standards. Adverse decisions, which are upheld may then, be appealed by the organization or institution.

NMMS CME Staff – is responsible for the daily operation of the accreditation program. The staff attends meetings, takes minutes, maintains appropriate records for the committee and accredited providers, maintains and meets all requirements for Maintenance of Recognition of the NMMS as a recognized state medical society, mentors providers through the accreditation process, trains providers on the latest accreditation requirements (at two provider training meetings annually), may attend site surveys and act as a site surveyor, and receives educational training in CME through attendance at ACCME programs.

Physician's Recognition Award of the AMA

The Physician's Recognition Award of the American Medical Association (AMA PRA) is a certificate awarded by the AMA to physicians who earn and document 50 credits of continuing medical education for one year (two and three-year certificates are available as well). The PRA was established by AMA in 1968 to formally recognize and encourage physician participation in CME activities.

The AMA PRA is a voluntary recognition program, although many licensing or certifying boards, specialty societies, etc. which require CME, accept receipt of the PRA as fulfillment of their respective requirements.

To stay up-to-date on the AMA PRA credit system; sign up for the *CPPD Report* and the e-mail distribution list at cppd@ama-assn.org.

Authority and Responsibility in Designating Credit

For NMMS CME accredited providers, there are TWO accrediting authorities: the ACCME/NMMS and the American Medical Association (AMA). The AMA owns and has trademarked the *AMA PRA Category 1 Credit*TM statement.

Only organizations accredited as CME providers by the ACCME or their recognized state medical society may designate a CME activity for *AMA PRA Category 1 Credit*TM. Accredited entities are responsible for understanding AMA PRA credit requirements and have the authority to determine which of their activities meet these requirements.

The AMA Accreditation Statement

PRA requirements and materials are revised periodically (and are being revised in 2015-16). Application forms and current information on criteria and requirements may be obtained from the AMA Division of Continuing Professional Development, 330 N. Wabash Ave., Chicago, IL 60611 (800) 621-8335, or visit the AMA web site for the most current version of the AMA PRA Information Booklet: <http://www.ama-assn.org/go/pr>.

The AMA booklet, *The Physician's Recognition Award and credit system: Information for accredited providers and physicians, 2010 revision* (implemented in July 2011), has been adopted in full by the New Mexico Medical Society's (NMMS) Continuing Medical Education Accreditation Committee and is included herein as an integral part of the NMMS CME Policies and Procedures (see Attachment 2).

[NOTE: Please italicize **ONLY** the *AMA PRA Category 1 Credit(s)*TM as this is trademarked by the AMA. All other text is regular font.]

The following is from page 7 of this booklet:

AMA Credit Designation Statement

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with *AMA PRA Category 1 Credit(s)*TM requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity

[NOTE: Please italicize ONLY the *AMA PRA Category 1 Credit(s)*TM as this is trademarked by the AMA. All other text, including the number of hours accredited, is regular font and not italicized.]

Example:

The Sun Valley Regional Medical Center designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Please refer to the AMA PRA Information Booklet for wording for non-physician certificates or transcripts.

Providers may apply for and grant other types of credit for physicians, e.g., AAFP, ACOG. Providers may also seek continuing education credit for other healthcare professionals as appropriate for the content of the activity. Examples include nurses, physical therapists, and social workers.

Counting CME Credits

Credit for the AMA PRA is determined by the actual clock hours of educational time. Time allotted for registration, breaks, lunch, etc., is not applied toward the number of hours. The time it takes to participate in an activity may be rounded to the nearest quarter hour and credit should be awarded accordingly.

Physicians should be instructed to claim credit equal to their participation in an activity.

The designation of *AMA PRA Category 1 Credit*™ for specific CME activities is not within the purview of the NMMS as an accrediting body. Consultation regarding the PRA and its requirements, however, is available. Contact the AMA for CME accreditation statement questions at (800) 621-8335 or pra@ama-assn.org.

ACCME/NMMS Accreditation Statement

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organization, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity, such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included. (*Do NOT use the accreditation statement in promoting or advertising ANY activity that is not CME accredited.*)

An accredited organization's authority to designate credit for its CME activities extends only to credit for the AMA PRA. The following credit statement must be used on all promotional pieces that are designated for *AMA PRA Category 1 Credit*™:

ACCME/NMMS accreditation statement:

The (name of the accrediting provider) is accredited by the New Mexico Medical Society (NMMS) to provide continuing medical education for physicians.

Example:

The Sun Valley Regional Medical Center is accredited by the New Mexico Medical Society (NMMS) to provide continuing medical education for physicians.

AMA accreditation statement:

The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Example:

The Sun Valley Regional Medical Center designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Putting the Accreditation Statements together:

Example:

The Sun Valley Regional Medical Center is accredited by the New Mexico Medical Society (NMMS) to provide continuing medical education for physicians.

The Sun Valley Regional Medical Center designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For Joint Providership, the Accreditation Statements would be as follows:

Example:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the New Mexico Medical Society (NMMS) through the joint providership of the [PROVIDER XYZ] and the [ORGANIZATION ABC]. PROVIDER XYZ is accredited by the NMMS to provide continuing medical education for physicians.

PROVIDER XYZ designates this live activity for a maximum of ___ hours *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACCEPTABLE ACCREDITATION FORMATS

The NMMS CME Committee has adopted the following formats accepted by the ACCME for New Mexico accredited CME providers:

- Live Course CME
- Committee Learning CME
- Enduring Materials
- Internet Enduring Material
- Learning from Teaching CME
- Performance Improvement CME
- Regularly Scheduled Series (RSS) CME

The formats listed below are currently not available and/or not offered by New Mexico CME providers but are otherwise also adopted by the NMMS CME Committee (should they become available in New Mexico, these are acceptable accreditation formats):

- Internet Searching and Learning CME
- Journal-based CME
- Manuscript Review CME
- Test Item Writing CME

New Mexico Medical Board CME Requirements

HOURS REQUIRED:

- A. Seventy-five hours of continuing medical education are required for all medical licenses during each triennial renewal cycle. CME may be earned at any time during the licensing period, July 1 through June 30 immediately preceding the triennial renewal date.
- B. One hour of required CME must be earned by reviewing the New Mexico Medical Practice Act and these board rules. Physicians must certify that they have completed this review at the time they submit their triennial renewal application.
- C. Beginning with the July 1, 2014 triennial renewal date, as part of the 75 continuing medical education hours required during each triennial renewal cycle, all New Mexico Medical Board (NMMB) physician licensees who hold a federal drug enforcement administration registration and license to prescribe opioids, shall be required to complete and submit five continuing medical education hours in pain management as defined by the NMMB.
- D. Continuing medical education is not required for federal emergency, telemedicine, postgraduate training, public service, temporary teaching or youth camp or school licenses.

CREDIT HOURS:

The board accepts one credit hour for every clock hour of participation in a CME activity.

ACCEPTABLE AS CME:

The board will accept any of the following as fulfillment of CME requirements:

- A. the physician's recognition award of the AMA PRA Category 1 Credit™,
- B. certificate of CME issued by any board or sub-board of the ABMS, or
- C. certification or re-certification by an ABMS approved specialty board during the renewal period.
- D. New Mexico specific credits for impaired physicians and the New Mexico Medical Review Commission.

ALLOWED COURSES AND PROVIDERS:

The following courses and activities are acceptable for CME credit:

AMA PRA Category 1 Credit(s)™ clinical courses, lectures or grand rounds certified by an accredited provider of the AMA physician's recognition award, *AMA PRA Category 1 Credit(s)™* are acceptable for credit in the formats listed above (under

For other courses and activities acceptable for CME credit, please go to <http://www.nmmb.state.nm.us/> or contact the board at:

New Mexico Medical Board
2055 S. Pacheco St., Building 400
Santa Fe, NM 87505
Main Office (505) 476-7220
In-State Toll Free (800) 945-5845
Fax (505) 476-7237

General Accreditation Overview

NMMS's accreditation program is administered under the purview of the NMMS CME Committee. Final accreditation decisions are made by the NMMS CME Committee.

Throughout this document, the term "organization" and "provider" are used broadly to include hospitals, professional societies, agencies, or other entities providing CME for physicians. The term "program" generally refers to an organization's overall CME effort, while CME "activity" refers to individual conferences, seminars, independent study materials, etc. which may collectively comprise the overall program.

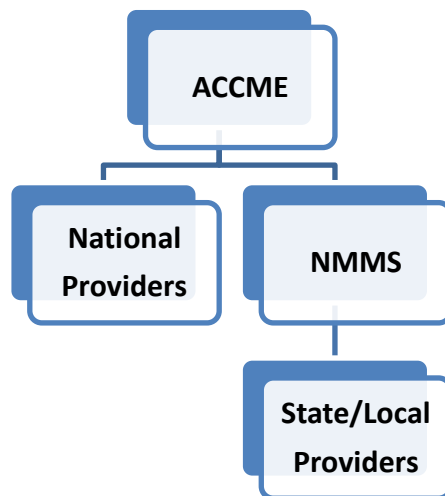
Definition and Purpose of Accreditation

Accreditation is official recognition by a state medical association or the Accreditation Council for Continuing Medical Education that an organization's overall program of physician CME meets established criteria for educational planning and quality.

The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards.

Only organizations, institutions, or other CME provider entities are accredited; NOT seminars, conferences, educational materials or speakers. Conferences, seminars, or materials, however, may be designated for credit by an accredited provider.

The State and National Accreditation Process



The ACCME

The Accreditation Council for Continuing Medical Education is composed of representatives from the following organizations: American Medical Association; American Hospital Association; Association for Hospital Medical Education; Association of American Medical Colleges; Council of Medical Specialty Societies; Federation of State Medical Boards. The ACCME functions are as follows:

- Sets national standards and guidelines for accreditation of CME providers
- Accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities
- Recognizes state medical societies as the accrediting bodies for their states

The NMMS

New Mexico Medical Society is recognized by the ACCME as the New Mexico accreditor of intrastate CME providers. In accordance with ACCME accreditation requirements, NMMS's Continuing Medical Education Accreditation Committee sets New Mexico standards and guidelines for the accreditation of CME providers and accredits organizations providing CME activities for physicians in New Mexico and its contiguous borders.

NMMS's accreditation program was initiated in 1973 to: 1) assist organizations in developing high quality CME programs, 2) increase physicians' access to quality practice-based CME in the local community and 3) identify and accredit New Mexico entities whose overall CME program substantially meets or exceeds the accreditation standards of the New Mexico Medical Society. These standards are called the "NMMS Essential Areas and Their Elements." NMMS's standards must be compatible with Essential Areas, Elements, Criteria and Policies of the ACCME, but need not be identical.

Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME and New Mexico Medical Society at the same time. (It is recognized that short periods or overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When an NMMS-accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the NMMS, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by NMMS, a similar procedure must be followed.

Eligibility for NMMS Accreditation

The organization must:

- Be located in New Mexico;
- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
- Serve a target audience of no more than 30% of physician learners from outside New Mexico and its contiguous states. Organizations with a national audience should apply for accreditation from the ACCME (www.accme.org);
- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources;
- Not be a commercial interest. A "commercial interest" is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

- Not be developing and/or presenting a program of CME that is, in the judgment of NMMS, devoted to advocacy on unscientific modalities of diagnosis or therapy;
- Present activities that have “valid” content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients;
- Demonstrate the capacity to comply with the NMMS accreditation requirements and policies.

When there is a question regarding eligibility, NMMS reserves the right to make decisions on the issue.

CME Track Record

Prior to completion of the NMMS Pre-application for Initial Accreditation

It is impossible for an organization to demonstrate compliance with the NMMS/ACCME accreditation requirements and policies if it has not produced CME activities prior to preparing the self-study for accreditation. While it is not mandatory that these activities be granted credit, they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider.

At least two CME activities should be implemented within the 24 months prior to submission of the self-study for initial accreditation. One of these activities should be implemented prior to submission of the pre-application.

Types and Duration of Accreditation within the NMMS System

Accreditation with Commendation

Awarded to an accredited organization following formal review, a site survey, and favorable action by the NMMS CME Committee.

Term: 6 years

Criteria for 6-year Term of Accreditation with Commendation

The provider

1. Demonstrates Compliance in Criteria 1 through 22, and
2. If a provider is found in compliance with (a) Criteria 1-13, and (b) all but one of Criteria 16-22 and the 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.

If, during a six-year accreditation term, an organization reports a change in primary CME staff, the NMMS CME Committee may request a sample of activity documentation to ensure continued compliance with the accreditation requirements.

Accreditation

Awarded to an accredited organization following formal review, a site survey, and favorable action by the NMMS CME Committee. The provider must demonstrate compliance with Criteria 1- 13. Non-compliance in any accreditation criterion or policy will necessitate a Progress Report.

Term: 4 years

Provisional Accreditation

Awarded to an initial applicant following formal review, a site survey, and favorable action by the NMMS CME Committee (compliant with Criteria 1-3 and 7-12).

Term: 2 years

Restrictions: May not jointly provide with non-accredited entities. Upon first resurvey, provisionally accredited organizations must be given full accreditation, non-accreditation or an extension. They may NOT be placed on probation.

Probation

1. Provider receives a four-year term with a maximum of two years on Probation.
2. Repeated failure to demonstrate compliance with all Criteria will result in a change in status. Providers on Probation must demonstrate that all Noncompliance findings have been converted to Compliance within not more than two years or the provider's status is changed to Non-accreditation.
3. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report.

Extension: May NOT be extended

Restrictions: May NOT jointly provide with non-accredited entities.

Non-Accreditation

1. An initial applicant that receives one or more noncompliance findings required for Provisional Accreditation automatically receives a decision of Non-accreditation.
2. Initial applicants who receive Non-accreditation may not be reviewed again by NMMS until one year from the date of the NMMS CME Committee meeting at which the decision was made.
3. After a Progress Report of an accredited provider on Probation. Noncompliance with any one of the accreditation requirements will be cause for Non-Accreditation.

Term: Indeterminate. An organization may later re-apply for accreditation (after one year) under status as an initial applicant.

Restrictions: A period of probationary accreditation must be granted before a fully accredited organization can be given non-accreditation.

NMMS CME accreditation terms are summarized on the following page:

Types and Duration of Accreditation within the NMMS CME System	
Accreditation with Commendation	Awarded to an accredited organization following a comprehensive Self-Study review, a site survey, and favorable action by the NMMS CME Committee.
Term:	6 years
Criteria for 6-year Term of Accreditation with Commendation	1. Demonstrates Compliance in Criteria 1-13 and 16 through 22
	2. Previous accreditation was a four-year term with all accreditation requirements in compliance, or brought into compliance before end of term.
	If, during a six-year accreditation term, an organization reports a change in primary CME staff, the NMMS CME Committee may request a sample of activity documentation to ensure continued compliance with the accreditation elements.
Accreditation	Awarded to an accredited organization following a comprehensive Self-Study review, a site survey, and favorable action by the NMMS CME Committee. Non-compliance in any accreditation criterion or policy will necessitate a Progress Report.
Term:	4 years (Standard Accreditation Term)
Provisional Accreditation	Awarded to an initial applicant following formal review, a site survey, and favorable action by the NMMS CME Committee (compliant with Criteria 1-3 and 7-12).
Term:	2 years
Restrictions:	May not jointly provide with non-accredited entities. Upon first resurvey, provisionally accredited organizations must be given full accreditation, non-accreditation or an extension. They may NOT be placed on probation. If provider seriously deviates from Compliance, it will receive Non-Accreditation.
Probation	An accredited program that seriously deviates from Compliance with the accreditation requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report.
Term:	Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance with all accreditation requirements within two years will result in Non-accreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, reviewed and accepted by the NMMS CME Committee.
Extension:	May <u>NOT</u> be extended
Restrictions:	May <u>NOT</u> jointly provide with non-accredited entities.
Non-Accreditation	1. An initial applicant that receives one or more non-compliance findings automatically receives a decision of Non-Accreditation. Initial applicants who receive Non-accreditation may not be reviewed again by the NMMS CME Committee until one year from the date of the NMMS CME Committee meeting at which the decision was made.
	2. After Provisional Accreditation when a provider seriously deviates from Compliance. These providers are not eligible for Probation.
	3. After a Progress Report of an accredited provider on Probation. Non-compliance with any one of the accreditation requirements will be cause for Non-Accreditation
Term:	Indeterminate. An organization may later re-apply for accreditation (after one year) under the status of an initial applicant.
Restrictions:	A period of probationary accreditation must be granted before a fully accredited organization can be given non-accreditation.

Progress Report Decisions

Upon review and site survey, some providers are required to submit Progress Reports to NMMS. A decision regarding a provider's Progress Report could be one of three options.

1. **Accept:** Evidence that the area(s) of Accreditation Requirements in non-compliance has been corrected and brought into compliance.
2. **Clarification Required:** Information in the Progress Report indicates the area of non-compliance is mostly resolved, but some additional information is required to be certain the provider in Compliance. An additional Progress Report may be required.
3. **Reject:** The Progress Report does not provide evidence that the areas in non-compliance have been corrected. Either a second Progress Report or a focused accreditation survey may be required. NMMS can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.

The NMMS CME Committee approved an annual Quality Improvement (QI) Review of New Mexico providers every September, beginning in September 2010. Such annual QI Review will be conducted as deemed necessary by the Committee.

Reconsideration and Appeals

A provider that receives a decision of Probation or Non-Accreditation may request Reconsideration when it feels that the evidence it presented to the NMMS justifies a different decision. Only material which was considered at the time of the review and site survey may be reviewed upon Reconsideration. If, following the Reconsideration, the NMMS sustains its original action, the organization may request a hearing before an Appeals Board. Please see Reconsideration and Appeals policies in the policies section of this manual.

Costs of Accreditation

NMMS accreditation fees are established by the NMMS CME Committee and periodically revised relative to operational costs of the program. Standard accreditation fees include the pre-application fee, self-study fee, annual fee, and site surveyor travel expenses.

The Committee may evaluate an organization's accreditation status prior to its designated date for resurvey if interim information indicates that the organization has undergone substantial changes and/or may no longer be in compliance with the Essential Areas. In such cases, additional non-standard resurvey fees may apply.

Standard Accreditation Fees	
Pre-application Fee	\$150
Self-study for Initial Accreditation or Reaccreditation	\$250.00
Annual Fee Paid by April 15 th of each year	Minimum of \$550 (see following page)
Site Surveyor Honorarium & Travel Expenses	Honorarium: \$200 per diem (per surveyor) Expenses: as incurred (mileage, accommodations, meals)

NMMS Sliding Scale Fees

Minimum Charge	Conference Hourly Charge	RSS Hourly Charge
\$550	\$16 for over 30 hours	\$10 for over 30 hours
	\$20 for 30 hours or less	\$20 for 30 hours or less

Procedures for Obtaining CME Accreditation

Initial Accreditation for New Applicants

STEP 1: Pre-Assessment

Organizations meeting the eligibility criteria described in this publication should carefully develop the overall CME program in accordance with the NMMS/ACCME accreditation requirements and policies.

The pre-application is designed to help organizations assess their program and determine when they are ready to begin the application process. There are four crucial elements that should be in place before the formal application is submitted: (1) an actual CME Committee providing leadership; (2) administrative support assigned to the CME effort; (3) interested physician attendees; and (4) a CME track record (see page 15).

NMMS Accreditation Program staff and physician representatives are available for consultation and to assist with interpretation and understanding of accreditation requirements and materials. For assistance at any stage in the accreditation process contact: *NMMS, CME Accreditation Committee, 316 Osuna Road NE, Suite 501, Albuquerque, NM 87107; 505-828-0237.*

STEP 2: Preliminary Review

When the organization feels that its program sufficiently meets the criteria outlined in this manual, the pre-application should be submitted to the NMMS CME Committee.

Upon receipt, the completed pre-application is reviewed to determine if the organization appears to have the basic structure in place to begin the formal application process. Upon review of the pre-application, a recommendation will be made either for the organization to begin the full application process by writing a self-study report or that certain aspects of the program be refined or more fully developed prior to application.

Application for accreditation using a self-study report should be submitted within eighteen (18) months of a successful pre-application.

STEP 3: First Level Review

When the self-study report application is received, it is evaluated by a review team composed of selected members of the NMMS CME Committee.

If the review team feels that the self-study report shows preliminary evidence that the organization's program may meet accreditation requirements, a site survey will be scheduled prior the committee's next meeting.

If reviewers feel the application is inadequate for preliminary assessment, they may recommend that a site visit be deferred and the matter submitted for discussion and action by the Subcommittee at its next meeting.

At this meeting the review team may recommend to the NMMS CME Committee that: (1) the review process proceed with a site visit, (2) a site visit be postponed pending additional information or evidence of further development in a particular area, or (3) the organization not be accredited at this time.

A recommendation for non-accreditation will be taken to the NMMS CME Committee for action. In such a case, the organization will be notified of the procedures for reconsideration or appeal if this recommendation is approved.

STEP 4: Second Level Review

Upon favorable review of the self-study report, the organization will be contacted to schedule a site visit. At this time a survey team composed of selected members of the NMMS CME Committee will meet with applicable physicians, CME staff, and the organization's administration; review CME files and documentation; and meet with the organization's CME committee.

The site visit normally takes place between 9:00 am and 1:30 pm on the selected day. This schedule includes one hour for the site survey team to meet alone after the agenda has been completed to prepare their site survey report. The exact schedule is determined by mutual convenience and individual circumstances.

STEP 5: Committee Action

Following the site visit, the survey team will report its findings and recommendations to the full NMMS CME Committee at its next regularly scheduled meeting. Action by the Committee may result in standard provisional accreditation of two years or non-accreditation.

A decision of non-accreditation will be reported to the organization with notification that they may utilize procedures for reconsideration and appeal.

Non-accredited organizations may later re-apply as an initial applicant (after one year).

Resurvey of Accredited Providers

Approximately twelve months prior to the expiration of their current accreditation, accredited providers are notified by e-mail of the need to complete a self-study report and schedule a site survey. Self-study deadlines are determined by the dates of scheduled NMMS CME Committee meetings, typically held every other month of the year from January through November. Resurveys of accredited providers are conducted in accordance with the following procedures:

STEP 1: Review and Site Visit

Prior to receipt of the self-study report, the provider will be contacted to schedule a site survey. At this time a survey team composed of selected members of the NMMS CME Committee will meet with applicable physicians, CME staff, and the provider's administration; review files and documentation; and meet with the provider's CME Committee.

The site visit normally takes place between 9:00 am and 1:30 pm on the selected day. This schedule includes one hour for the site survey team to meet alone after the agenda has been completed to prepare their site survey report. The exact schedule for each survey is determined by mutual convenience and individual circumstances.

STEP 2: Committee Action

Following the site visit, the survey team will report its findings and recommendations to the full NMMS CME Committee at its next regularly scheduled meeting.

Action by the NMMS CME Committee may result in: (1) accreditation with commendation for up to six years; (2) accreditation for four years; (3) probationary accreditation; (4) non-accreditation. A result of non-accreditation will occur only if a provisionally or probationary accredited organization is not in substantial compliance with the accreditation requirements and policies.

Decisions of probation or non-accreditation will be reported to the organization with notification that they may utilize the procedures for reconsideration and appeal of the decision.

Organizations receiving non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

Accreditation Extensions and Late Self Studies

If extenuating circumstances prevent a provider from submitting its self-study report for resurvey by the designated deadline, the organization may request an extension of its current accreditation by submitting a written request to the NMMS CME Committee.

Requests for extension must be submitted two weeks prior to the original deadline for the self-study report.

The NMMS CME Committee may grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 3 months
- An organization may not request more than one extension of their self-study accreditation deadline during one specific accreditation period.

Early Survey or Special Report

The NMMS CME Committee may reevaluate an organization at any time less than the period specified for resurvey if information is received from the organization itself, or from other sources, which indicate it has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and policies.

Time Frame of the Accreditation Process

The NMMS CME Committee normally meets six times a year, every other month, from January through November.

An organization's accreditation is effective upon the date of committee action and extends until subsequent action, normally taken in the last month of the accreditation term. A typical time frame in the accreditation process is shown below:

Typical Time Frame in the Accreditation Process	
Initial Applicants	
February	Pre-application received and approved
February of following year	Initial self-study received
March - May	Self-study review and site survey conducted
June	Final committee action
Accredited Applicants	
August of previous year	First Resurvey notice sent
February of current year	Second Resurvey notice sent
August	Self-study report due
September	Self-study review and site survey conducted
November	Final committee action

Suggested Wording for Press Release upon Accreditation Approval

The following wording is suggested for those wishing to publicly announce the full or provisional accreditation of their organization.

The (name of organization) has been (re)surveyed by the New Mexico Medical Society (NMMS) and awarded accreditation for ___ years as a provider of continuing medical education (CME) for physicians.

The NMMS accreditation seeks to assure both physicians and the public that CME activities provided by RMCHCS meet the high standards of the accreditation Criteria and Standards of Commercial Support as adopted by NMMS.

The NMMS rigorously evaluates the overall CME programs of New Mexico organizations according to national criteria adopted by the Accreditation Council for Continuing Medical Education (ACCME).

NMMS Accreditation Requirements and Policies

Introduction

The NMMS strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the “*NMMS Accreditation Requirements and Policies*,” are based on specific requirements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted on the basis of an organization’s demonstrated ability to plan and implement CME activities in accordance with the accreditation requirements and policies.

The accreditation requirements and policies adopted by the NMMS Committee on Continuing Education are derived from the accreditation requirements and policies for Accreditation of Providers of CME developed by the Accreditation Council for Continuing Medical Education (ACCME). The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

With the Accredited Criteria adopted by the ACCME in September 2006 and by NMMS in November 2006 and again in June 2014, the accreditation system seeks to reposition CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. The focus now is on contributing to the physician’s strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Providers must now establish a specific mission, provide education interventions to meet that mission, and then assess their program’s impact at meeting that mission and improving their program.

In 2014, the ACCME simplified the accreditation process by rewriting and consolidating the Criteria, revising policies, and slightly editing the Standards for Commercial support. *The Accreditation Requirements and Descriptions of the ACCME, June 2014*, are attached at the end of these NMMS Policies and Procedures and thus become a part thereof.

The following policies supplement the ACCME/NMMS Accreditation Requirements of June 2014:

Accreditation Statement

Please refer to pages 9 through 12 of this Policies and Procedure manual and to Attachment 2, *The Physician’s Recognition Award and credit system: Information for accredited providers and physicians, 2010 revision* .

Administrative Support

The CME Committee can be effective only to the extent that it has adequate administrative assistance as well as organizational support. Therefore, responsibility for the operation, continuity, and oversight of administrative aspects of the program should be clearly designated to appropriate personnel within the organization.

CME personnel must be officially identified within the organization’s administrative structure and their responsibilities and authority for CME clearly defined.

Each accredited organization/institution must designate staff responsible for its CME program. Duties will include, but are not limited to:

1. Monitor all aspects of the CME program and insure the consistent application of the accreditation requirements and policies to all events designated for credit.
2. Notify the NMMS CME program manager of CME activities which can accommodate participants from outside the organization. This information will be used to provide a calendar of New Mexico CME programs for publication in the NMMS Newsletter and on the CME page on the NMMS website.
3. Serve as liaison between the accredited provider and the NMMS for matters related to accreditation.
4. Report to the NMMS CME administrator major changes in the CME program such as changes in staff, organization ownership, and program policies.
5. Observe the guidelines for direct and jointly provided CME events:
 - Determine if the event is conducted in compliance with the Essential Areas and Elements
 - Provide/designate supervision for the evaluation of the event
 - Assemble and retain documentation for the event. **All records regarding sponsorship for CME must be maintained for at least 6 years.**
 - Determination of need
 - Resume or curriculum vitas of faculty
 - Name and contact of program sponsor
 - Faculty disclosure forms
 - Disclosure to audience
 - Resolution of conflict (if applicable)
 - Letter of agreement for commercial support (if applicable)
 - Evaluation forms
 - Final program brochure
 - Attendance sheets specifically documenting the number of physician and non-physician attendees

CME Committee

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a committee within the provider's organization. This committee must be clearly identified as an official component of the organization's overall committee structure. The committee's responsibilities and authority in the program's operation, procedures for appointment, and member tenure also must be clearly defined.

The committee should have a regular meeting schedule at which official minutes are appropriately recorded and maintained. It should be comprised of members who have an active interest in CME and must be representative of the major specialties and service areas within the organization.

Providers which do not have members or a medical staff must have a physician CME advisory committee composed of physicians who represent the potential audience to be served.

Definition of 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, or the provision of health care to the public.

3
A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

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

CME that discusses issues related to coding and reimbursement in a medical practice falls within NMMS's definition of CME.

All CME educational activities developed and presented by a provider accredited by NMMS and associated with *AMA PRA Category 1 Credit*TM must be developed and presented in compliance with all NMMS accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the NMMS accreditation process as verification of fulfillment of the NMMS accreditation requirements. (Note: this includes awarding credit for teaching in Category 1 live activities.)

Valid Content in CME

Providers are not eligible for NMMS accreditation or re-accreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME; that are known to have risks or dangers that outweigh the benefits; or are known to be ineffective in the treatment of patients. Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All of the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

CME Outreach

CME outreach occurs when an accredited organization independently develops an activity which is taken to physicians in another facility or community. While the accredited organization should seek needs assessment input from the organization to which the outreach is provided, this organization is not represented on the planning committee and does not have a significant role in actual development and implementation of the activity.

Promotional materials for outreach activities will list only the accredited organization as the sponsor.

Commercial Support and Disclosure

These policies and definitions supplement the *2014 Updated ACCME Standards for Commercial Support SM: Standards to Ensure the Independence of CME Activities*.

Please see Attachment 1: *The Accreditation Requirements and Descriptions of the ACCME/NMMS*

Enduring Materials

Please see Attachment 1: *The Accreditation Requirements and Descriptions of the ACCME/NMMS*

General Program Updates

Accredited providers are responsible for promptly informing NMMS whenever changes to its program occur. Changes which must be reported include, but are not necessarily limited to, the following:

- Turnover in CME committee chair
- Turnover in the provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program
- Turnover, addition, or decrease in CME administrative personnel
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources
- Decision to begin joint sponsorship with non-accredited organizations
- Decision to begin development of enduring materials as CME activities

Hospital System/Multi-Facility Accreditation

Please see Attachment 1: *The Accreditation Requirements and Descriptions of the ACCME/NMMS*

In today's changing environment, health care entities may find it more practical and cost effective to establish CME programs on a system-wide rather than an individual facility basis. System accreditation may make it more practical to provide CME activities to physicians practicing in rural or small hospital settings as well as facilitate more effective utilization of educational resources.

In a system accreditation, the overall program is defined by the individual activities and services which are provided throughout the system, whether they be initiated centrally or from facilities within the system. Therefore, annual review of the overall program and its accomplishment of the system's CME mission must be conducted within the context of the system-wide program.

Ideally, the central office, with direction from the CME committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

Administration: The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. The CME committee must be actively involved in development of the overall program. The committee may not merely function as a clearinghouse for indiscriminate approval of activities generated by component facilities in the system. A well-structured and well-functioning central CME committee will have:

- Appropriate representation from facilities in the system
- Clearly defined authority for control of the program's operation at both the system and local facility levels
- Procedures and policies which allow the committee to establish priorities and evaluate and approve the development of activities within the context of available resources and the system's CME mission.

An application or other procedures which merely provide for approval of activities after they have been planned within a respective facility does not constitute appropriate control of the program.

While component facilities may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairman should actively serve on the central committee as the facility's representative. This structure will allow input from each component to assure that needs identified within the facilities are adequately met and will assure that all activities are developed within context of the system's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide hands-on daily oversight of program planning and implementation within the system. A well structured and functioning central CME office will have:

- Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the Essentials, and maintain the documentation required for program files
- Established procedures for central control and approval of all commercial support for CME activities within the system
- Appropriate procedures for training and supervision of staff to which CME duties are delegated within component facilities and defined back-up for continuity during staffing changes

- A well organized system of communication between component facilities
- Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities
- Procedures and policies to maintain centralized attendance records for all activities held within the system

Internet

Please see Attachment 1, *The Accreditation Requirements and Descriptions of the ACCME/NMMS* and Attachment 2, *The Physician's Recognition Award and credit system: Information for accredited providers and physicians, 2010 revision*.

Joint Providership

Please see Attachment 1: *The Accreditation Requirements and Descriptions of the ACCME/NMMS*

Journal CME

Journal CME should not be confused with Journal Club, which is a live CME activity organized as a regularly scheduled conference. The "activity" in 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.

Educational content must be written within NMMS's definition of CME.

The American Medical Association has established additional criteria for journal-based CME. Please refer to the AMA PRA information booklet to ensure total compliance.

Please see Attachment 1, *The Accreditation Requirements and Descriptions of the ACCME/NMMS* and Attachment 2, *The Physician's Recognition Award and credit system: Information for accredited providers and physicians, 2010 revision*.

Mergers or Acquisitions Involving CME-Accredited Organizations

There may be occasions when providers accredited by the New Mexico Medical Society merge with each other or with non-accredited organizations. The New Mexico Medical Society Committee on Continuing Education has adopted the following policies regarding mergers and acquisitions involving accredited organizations.

A merger constitutes a significant change to the accredited program. It is the responsibility of the accredited organization to report such a change in writing to NMMS's Continuing Medical Education Department within 4 weeks of the effective date of the merger.

It is the policy of the NMMS Committee on Continuing Education to counsel and support accredited organizations during a merger. Each case will be reviewed on an individual basis with an intent to prevent disruption in the CME program during the transitional phase.

Accredited providers, however, are responsible for compliance with the Essential Areas and Policies at all times. It is crucial that continuity in programming and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program.

In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.

In situations where a new program is created in the merger with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved, will be granted provisional accreditation.

In situations where a new program is created in the merger of accredited facilities, full accreditation, rather than provisional, may be granted at the discretion of the Committee on Continuing Education. This determination will be based on the accreditation history of the formerly accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the Essential Areas and Policies.

When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard application and file review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis.

Therefore, a modified application process may be used for intra system program consolidation and for mergers involving the consolidation of individual programs into a system accreditation. The modified application will include at least the following sections and elements:

- Institutional Contacts
- Demographic Section
- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process
- Essential Area 1.1 – Mission
- Organizational Structure
- Administration
- Standards for Commercial Support: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards

As a matter of standard procedure, a modified site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans.

Options will exist for the application review team to recommend a waiver of the site survey if it is felt that a survey would not be productive. Waivers must be approved by the chair of the NMMS CME Committee.

3
Accreditation action will be taken based on the extent to which the organization appears prepared to meet the "NMMS criteria for System/Multi-Facility Accreditation" and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the Essential Areas and Policies.

Procedures for Handling Complaints on Accredited Providers

Complaints regarding organizations accredited by the New Mexico Medical Society must be submitted in writing to the Continuing Medical Education Department, 401 West 15th Street, Austin, TX 78701. Anonymous complaints will not be considered. The origin of the complaint will remain confidential to agents of the New Mexico Medical Society's Accreditation Program.

Upon receipt of a properly submitted complaint, the following procedures will be observed:

- CME staff will review the complaint or inquiry to determine whether it relates to the provider's compliance with the NMMS Essential Areas and Policies or the manner in which the provider follows accreditation policies.
- If the complaint or inquiry is judged to be unrelated to compliance with the Essential Areas and Policies, the individual initiating the complaint will be dismissed.
- If the complaint or inquiry is judged to be related to compliance with the Essential Areas and Policies or accreditation policy, the following procedures will be observed:
- Confidentiality of the individual or organization initiating the complaint will be protected in all communications with the provider or related parties.
- CME Department staff will notify the provider's primary CME contact by certified mail of the nature of the complaint or inquiry. A written explanation with appropriate documentation must be submitted by the provider within 30 days of notification of the complaint or inquiry. Additional information also may be requested from the individual initiating the complaint or from other relevant parties as indicated by the complaint.
- A blind copy of the notification letter to the accredited provider will be sent to the individual initiating the complaint or inquiry.

Upon receipt of the provider's response the following procedures will be observed:

- If the provider is in the resurvey process or will be up for resurvey within the next impending review cycle, the complaint and the provider's response will be provided to the survey team for review and evaluation in the resurvey process.
- A specific assessment and recommendations regarding the organization's compliance relative to the complaint will be provided to the NMMS CME Committee as part of the survey team's report.
- If the provider is not up for review in the immediate future, the provider's response will be submitted to the NMMS CME Committee for review and action at its next regularly scheduled meeting.

The NMMS CME Committee shall take final action with the following possible results:

Acceptance of the provider's report: The documentation submitted indicates that the provider appears to be in compliance with the Essential Areas and Policies. The report will be filed and made available to reviewers at the provider's next regularly scheduled survey.

Letter of concern: Based on the documentation submitted, there is concern that the provider may not be in compliance with the Essential Area and Policy or policies in question. The Committee's concerns will

³ be specified in the follow-up letter to the provider. The provider will be asked to address the concerns either in a progress report or at the time of the next scheduled review. The committee's action, a copy of the complaint, and the provider's response will be provided to reviewers at the provider's next survey.

Letter of reprimand: Based on the documentation submitted, the provider clearly is not in compliance with the Essential Area and Policy or policies in question. The areas of non-compliance will be specified in the follow-up letter to the provider. The provider will be asked to provide a progress report on corrective action and will be notified that failure to correct the deficiencies may result in an immediate resurvey. The committee's action, a copy of the complaint, the provider's initial response, and the provider's subsequent progress report will be provided to reviewers at the provider's next survey.

Promotion of CME Activities including Save the Date Announcements

Various types of preliminary notices such as calendar listings or **save the date** announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, all required information, as listed below, must be included. Final brochures and activities advertised by only one promotional piece, however, must include the following information:

- Title of the activity and topics to be presented
- Statement of *specific* educational objectives
- Description of the *specific* audience for whom the program is designed
- Prerequisites or special background required for effective participation
- Names and credentials of program faculty
- The CME accreditation and credit designation statements
- Acknowledgement of educational grants or other financial contributions (if known at the time of publication)

Reconsideration and Appeal of Adverse Accreditation Decisions

An adverse accreditation decision is a decision by the NMMS CME Committee to deny or withdraw a provider's CME accreditation or to place a provider on probation.

When this occurs, the provider will be notified by certified mail, return receipt requested, of the basis for this decision and of its right to request reconsideration in accordance with the following procedures:

STEP 1: The Reconsideration Process

A written request must be submitted by certified mail within 15 working days of the provider's receipt of notification of the adverse decision. This date is defined as the date shown on the return receipt of the certified letter of notification. Requests must be addressed to: Chair, NMMS CME Committee, 316 Osuna Road NE, Suite 501, Albuquerque, NM 87107.

Requests for reconsideration should be filed only under one or more of the conditions listed below. The request must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.
- The provider was not given sufficient opportunity to provide documentation of its compliance with and policies.
- The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.

The request must be based on written documentation and conditions that existed at the time of the application review and site survey.

Proposed changes to the program and changes or additional documentation created after the provider's survey may not be submitted or used in reconsideration of the Committee's decision.

If a request for reconsideration is properly filed, the provider's status will remain as it was prior to the adverse decision until the Committee has completed action on the request. Upon receipt of the request, two members of the NMMS CME Committee, who were not members of the original survey team, will be asked to review the request. These reviewers will be provided with all material used in the accreditation decision as well as information and documentation submitted with the request for reconsideration.

The review team will submit a report of its findings to the NMMS CME Committee for action at its next regularly scheduled meeting. Within 10 working days of the Committee's action, the provider will be notified by certified mail, return receipt requested, of the Committee's decision.

If the adverse decision is sustained, the provider will be advised of its right to appeal this decision. If a request for appeal is not received within the defined deadline, the Committee's decision will be final and will be retroactive to the date of the original action.

STEP 2: The Appeals Process

Should the NMMS CME committee sustain the Adverse Decision, the institution may submit a written request for Appeal no more than thirty (30) calendar days from the date of the NMMS CME letter stating the final decision of the reconsideration process. Should the thirty (30) days lapse, the decision shall be final. During the appeals process, the accreditation status of the institution shall remain as it was prior to the Adverse Decision.

The president of the New Mexico Medical Society shall appoint three members of the Council, one having CME experience, to serve as an Appeals Committee. The Council shall confirm the appointment of the Appeals Committee; one member shall serve as chair. Requests for a hearing shall include a statement of reasons for the appeal. Appeals may be based on the grounds that the decision was: (1) arbitrary, capricious, or otherwise not in accordance with the standards and procedures of the NMMS-CME, or (2) not supported by substantial evidence. No additional documentation will be accepted for Appeals.

The NMMS appeals committee will set the matter for hearing and will notify the NMMS-CME Committee and the appellant. The committee will accept oral testimony and material as deemed appropriate from both the appellant and the NMMS-CME Committee.

At the conclusion of the hearing, the Appeals Committee shall deliberate in executive session to determine if the Adverse Decision of the NMMS-CME was: (1) arbitrary, capricious, or otherwise not in accordance with the standards and procedures of the NMMS-CME, or (2) not supported by substantial evidence. Upon reaching a determination, the Appeal Committee chair shall submit written notification to the president of the New Mexico Medical Society informing him/her of the committee's decision. The president shall place the matter on the agenda of the next Council meeting for final action. The Council's decision as to the accreditation status of the appellant shall be final. The president shall provide written notification to the appellant and the NMMS-CME Committee regarding the final decision of the Council. The accreditation status of the appellant institution shall be amended per the final decision of the Council.

Mailing Procedure

Letters regarding the appeals process should be sent **certified mail and return receipt requested** to:

Continuing Medical Education Accreditation Committee
New Mexico Medical Society
316 Osuna Road NE, Suite 501
Albuquerque, New Mexico 87107

All letters sent by the NMMS-CME Committee regarding the appeals process should be sent certified mail, return receipt requested.

Hearing Date and Location

The chair of the Appeals Committee shall determine the hearing date, location, and time. Sufficient notification will be provided in writing to the appellant and the NMMS-CME Committee.

Procedure for Handling Complaints/Inquiries Regarding Accredited Sponsors of CME by NMMS

The following is the procedure for handling complaints/inquiries received by the New Mexico Medical Society (NMMS) which indicate that an accredited sponsor may not be in compliance with the Essentials and Standards or may not follow established accreditation policies with regard to one or more of its activities.

- 1) To receive formal consideration, all complaints shall be submitted in writing and signed. Complaints, which are received by phone, will be accepted only if the complainant follows up with a letter outlining the nature of the complaint and encloses, if applicable, any substantiating materials (e.g., brochure, etc.). In the case of a complaint by phone, NMMS Staff may prepare a memorandum to the file.
- 2) NMMS Staff and CME Committee Chair will review the complaint/inquiry to determine whether it relates to the manner in which the sponsor complies with the Essentials and Standards or follows established accreditation policies.
 - a) If the complaint/inquiry is judged to be irrelevant to compliance with the Essentials and Standards or to established accreditation policies, the person initiating the complaint shall be notified by the NMMS.
 - b) If the complaint/inquiry is judged to be relevant to compliance with the Essentials and Standards or to established accreditation policies, the following shall be observed:
 - i) The confidentiality of the complaining/inquiring party shall be protected.
 - ii) The NMMS Staff shall provide the complaining/inquiring party with a copy of the NMMS letter of inquiry to the sponsor.
 - iii) The NMMS staff shall notify the individual indicated by the sponsor as its contact person of the nature of the complaint/inquiry and shall request an investigation and report on the findings. The report will be due 30 days from receipt of the NMMS letter of inquiry.
 - iv) The NMMS may request information from the complaining/inquiring party, the sponsor, or other relevant sources as is warranted by its investigation.
- 3) Upon receipt of the sponsor's response, the NMMS staff shall determine whether additional information is necessary and may request such information from the sponsor. Should the staff determine that the information submitted is adequate, the following will be observed:

- a) If the sponsor is being considered for reaccreditations during the next scheduled meeting of the CME Committee, the complaint/inquiry materials shall be provided to the committee. The sponsor shall be notified that the complaint/inquiry will be considered as part of the committee's reaccreditation deliberations.
 - b) If the sponsor is not being considered for reaccreditation in the immediate future, the complaint/inquiry will be considered by two members of the committee under the following procedures:
 - i) The complaint/inquiry materials shall be sent to the selected two members of the committee (conflict of interest issues will be considered in the selection). Those members will review the materials and communicate their recommendations separately and in writing to the NMMS Staff.
 - (1) If the recommendations are compatible, the results will be communicated to the Chair of the committee for concurrence.
 - (2) If the recommendations are in disagreement, the materials will be sent to a third reviewer and conference will be held among the reviewers. If a consensus cannot be reached, the full committee shall review the materials.
 - (3) The members of the review team, the chair of the committee, or the full committee may request additional materials from the sponsor if they determine that the materials they have are insufficient to allow them to render an opinion.
 - ii) The reviewers shall make their recommendation to the committee. The committee shall make the final determination. The committee shall make the final determination at its next, regularly scheduled meeting. The following are the possible results:
 - (1) Accept: The committee is satisfied with the reviewers' recommendation(s).
 - (2) Receive and file: The committee still has questions that the sponsor will be required to cover at their next site survey or in their next Annual Report, whichever comes first.
 - (3) Letter of warning: If recommendation by the reviewers and committee is that the sponsor needs to take corrective action, a letter will be sent requiring that the activity be discontinued immediately. Surveyors will be instructed to give special attention to the issues addressed by the complaint at the next scheduled survey.
 - (4) Letter of reprimand with on-site resurvey: (immediate or at time of next resurvey).
- 4) The committee will intervene by affecting the accreditation status of a sponsor only when it believes practices and conditions indicate that a sponsor may not be in compliance with the Essentials and Standards or with established accreditation policies.
 - 5) Each accredited organization/institution must designate staff officially responsible for its CME program. The following are the responsibility of that person:
 - i) To determine which educational events sponsored by the accredited institution meet the requirement for CME credit, and to explicitly designate those events as providing such credit.
 - ii) To monitor all aspects of the CME program and to insure the consistent application of the criteria for credit to all events so designated.
 - iii) To notify the NMMS of major continuing medical education events sponsored by the organization/institution which can accommodate participants from outside the organization/institution. This information will be used to provide a calendar of New Mexico CME events for publication in the NMMS Newsletter and on the NMMS website.
 - iv) To serve as liaison between the NMMS and the accredited organization/institution for matters related to accreditation.
 - v) To report the NMMS major changes in the CME program such as changes in staff, organization ownership, and policies.
 - vi) To observe the following guidelines for jointly sponsored CME events:
 - (1) Determine that the event is conducted in compliance with the Essentials.
 - (2) Provide/designate supervision for the evaluation of the event.
 - (3) Assemble and retain documentation for the event* including:

- (a) Determination of need
- (b) Resume or curriculum vita of faculty
- (c) Name and contact of program sponsor
- (d) Faculty disclosure forms
- (e) Disclosure to audience
- (f) Resolution of conflict (if applicable)
- (g) Letter of agreement for commercial support (if applicable)
- (h) Evaluation forms
- (i) Final program brochure
- (j) Attendance sheets specifically documenting the number of physician attendees vs. non-physician attendees.

*All records regarding sponsorship for CME, whether joint-sponsored or otherwise must be maintained for at least 6 years.

Regularly Scheduled Series (RSS's)

New Mexico Medical Society defines “regularly scheduled series”, as weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place monitor these activities’ compliance with NMMS Essential Areas and Elements (including the Standards for Commercial Support) and accreditation policies. The monitoring system must:

- Be based on real performance data and information derived from the RSSs that describes compliance (in support of NMMS Elements 2.1, 2.5 and 3.3), and
- Result in improvements when called for by this compliance data (in support of NMMS Elements 2.4 and 2.5), and
- Ensure that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3).

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. NMMS limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.

NMMS providers may access more information on monitoring RSSs on the ACCME’s website at www.accme.org center column, RSS Toolkit.

Retention of Physician Attendance Records

An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify attendance for six years from the date of the CME activity. The accredited provider is free to choose whatever registration works best for their organization and learners. The NMMS does not require sign-in sheets.

Retention of Records

An accredited provider is required to retain activity files/records during the current term of accreditation or for the last twelve months, whichever is longer. For guidance on the nature of documentation NMMS will expect to review at the time of reaccreditation, refer to the Documentation Review Labels on NMMS’s website at www.nmms.org CME Accreditation.

NMMS, PARS and Annual Reporting

All accredited providers are required to report each of their CME activities on the ACCME's Program and Activity Reporting System (PARS). It is strongly suggested that data entry in PARS occur on a weekly or monthly basis. All accredited providers must submit an annual report for their CME program to the NMMS by January 31st for the prior year based on PARS data entry.

New Mexico Medical Society Contacts

2015 NMMS CME Committee Members

Name

*William Boehm MD

Ernest Christman MD

Paul Kovnat MD

*James Martinez, MD

*Barbara McAneny MD

Niles McCall, CHCP (non-voting)

Shirley Murphy, MD

Mary Poel, MD

William Rayburn, MD

Albert Rizzoli MD, Chairman

Cordelia Sever MD

Gary Simpson MD, MPH, PhD

Eugene Wasylenki MD

**Indicates current or past-President of the
New Mexico Medical Society*

NMMS CME Administrator:

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