



# 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.

# Table of Contents

## General Information

Definition of Terms .....	4
Introduction .....	7
What is Continuing Medical Education? .....	7
The Accreditation Council of Continuing Medical Education (ACCME) .....	7
The Role of the NMMS CME Committee .....	8
The NMMS CME Committee Mission Statement .....	8
The NMMS CME Committee Structure .....	8
Physician's Recognition Award of the AMA.....	9
Designating Credit, Authority and Responsibilities .....	9
Counting CME Credits .....	11
Journal CME.....	12
New Mexico Medical Board CME Requirements .....	14

## General Accreditation Overview

Definition and Purpose of Accreditation .....	16
Roles of ACCME and NMMS in CME.....	15
Dual Accreditation.....	16
Eligibility for NMMS Accreditation.....	16
CME Track Record.....	17
Types and Duration of Accreditation.....	17
Accreditation Table .....	19
Progress Report Decisions.....	20
Reconsideration and Appeals.....	20
Costs of Accreditation .....	21

## Procedures for Obtaining CME Accreditation

Initial Accreditation for New Applicants.....	22
Resurvey of Accredited Providers .....	23
Accreditation Extensions and Late Self Studies .....	24
Early Survey or Special Report .....	24
Typical Time Frame in the Accreditation Process.....	24
Suggested Wording for Press Release on Accreditation Approval .....	25



# NMMS Accreditation Requirements

Introduction.....	26
Accreditation Statement.....	26
Administrative Support .....	26
CME Committee .....	27
CME Outreach .....	28
Promotion of CME Activities including Save the Date.....	28
Commercial Support and Disclosure .....	29
Enduring Materials .....	29
General Program Updates.....	29
Hospital System/Multi-Facility Accreditation.....	30
Internet .....	31
Joint Providership .....	31
Mergers and Acquisitions Involving Accredited Institutions.....	31
Procedures for Handling Complaints on Accredited Providers.....	32
Promotion of CME Activities including Save the Date Announcements.....	34
Reconsideration and Appeal of Adverse Accreditation Decisions.....	34
Procedure for Handling Complaints Inquiries Regarding Accredited Sponsors.....	36
Regularly Scheduled Series (RSS) .....	38
Retention of Physician Attendance Records.....	38
Retention of Records .....	38
NMMS, PARS and Annual Reporting Requirements .....	39
NMMS CME Committee – Current Members .....	39
NMMS CME Committee Contact Information .....	39

## Attachments

1. The ACCME Accreditation Requirements .....	40
2. The AMA Physician’s Recognition Award and credit system.....	59



## 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 October 2019.* \*

### 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 October 2019\*.

*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 October 2019\*.

*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*<sup>SM</sup>. 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* replace 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 based on 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 2020, Criteria 16-22 have been eliminated.

*\* The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME) published in January 2020 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. 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 least one 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](mailto: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™* 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™*. 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/prs>.

The AMA booklet, *The Physician's Recognition Award and credit system: Information for accredited providers and physicians, 2017 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)™* 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)*<sup>™</sup> 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)*<sup>™</sup>. 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
8. Other

**[NOTE: Please italicize ONLY the *AMA PRA Category 1 Credit(s)*<sup>™</sup> 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)*<sup>™</sup>. 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 (See Attachment 2).

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](mailto: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)*<sup>™</sup>. 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)*<sup>™</sup>. 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
- Journal Club
- Other

## 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, 2017 revision.***

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.

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.

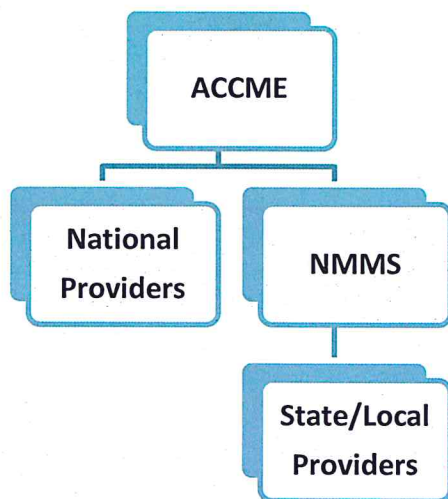
## Definition and Purpose of Accreditation

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](http://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 13, and
2. If a provider is found in compliance with (a) Criteria 1-13, and (b) all but eight of the sixteen of Criteria C23-C38 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 7-13).

**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:



<b>Types and Duration of Accreditation within the NMMS CME System</b>	
<b>Accreditation with Commendation</b>	Awarded to an accredited organization following a comprehensive Self-Study review, a site survey, and favorable action by the NMMS CME Committee.
<b>Term:</b>	6 years
<b>Criteria for 6-year Term of Accreditation with Commendation</b>	1. Demonstrates Compliance in Criteria 1-13 and Criteria 23-38
	2. Previous accreditation was a four-year term with all accreditation requirements 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.
<b>Accreditation</b>	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.
<b>Term:</b>	4 years (Standard Accreditation Term)
<b>Provisional Accreditation</b>	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).
<b>Term:</b>	2 years
<b>Restrictions:</b>	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.
<b>Probation</b>	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.
<b>Term:</b>	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.
<b>Extension:</b>	May <u>NOT</u> be extended
<b>Restrictions:</b>	May <u>NOT</u> jointly provide with non-accredited entities.
<b>Non-Accreditation</b>	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. Noncompliance with any one of the accreditation requirements will be cause for Non-Accreditation
<b>Term:</b>	Indeterminate. An organization may later re-apply for accreditation (after one year) under the status of an initial applicant.
<b>Restrictions:</b>	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.

## 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	\$250
Self-study for Initial Accreditation or Reaccreditation	\$500
Annual Fee Paid by February 28 <sup>th</sup> of each year	Minimum of \$550 (see following page)
Site Surveyor Honorarium & Travel Expenses	Honorarium: \$300 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 December. 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 at least six times a year from January through December.

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	
<b>Initial Applicants</b>	
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
<b>Accredited Applicants</b>	
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 provider name 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 March 2017, 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 2017, 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, March 2017*, 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, 2017 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 ensure 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 ACCME Requirements and Policies
  - 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.*

<sup>3</sup> 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*<sup>TM</sup> 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.

## **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



<sup>3</sup> 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)

## **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 providership with non-accredited organizations
- Decision to begin development of enduring materials as CME activities

## <sup>3</sup> **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, 2017 revision*.

## **Joint Providership**

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

## **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 ACCME Requirements 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 ACCME Requirements 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

3  
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
- Mission Statement
- 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.

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 ACCME Requirements 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 New Mexico Medical Society at 316 Osuna Rd. NE Suite 501 in Albuquerque, NM 87107. 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 ACCME Requirements 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 ACCME Requirements and Policies, the individual initiating the complaint will be dismissed.



- If the complaint or inquiry is judged to be related to compliance with the ACCME Requirements 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 ACCME Requirements 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 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 ACCME requirements and 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.

## **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



<sup>3</sup> 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 ACCME requirements and policies 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 ACCME requirements and policies or follows established accreditation policies.
  - a) If the complaint/inquiry is judged to be irrelevant to compliance with the ACCME requirements and policies 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 ACCME requirements and policies 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 ACCME requirements and policies 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 ACCME Requirements and Policies (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, and
- Result in improvements when called for by this compliance data, and
- Ensure that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME.

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](http://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 NMMS Guide to the Process for Reaccreditation on NMMS’s website at [www.nmms.org](http://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 31<sup>st</sup> for the prior year based on PARS data entry.

### **2020 NMMS CME Committee Members**

#### **Name**

Karen Armitage MD

\*William Boehm MD

Sofia Palacio- Cardenas MD

Ernest Christman MD

Paul Kovnat MD

\*Albert Kwan MD

\*James Martinez MD

Niles McCall, MLS, CHCP (non-voting)

Shirley Murphy MD

Mary Poel MD

\*William Ritchie MD

**Albert Rizzoli MD Chairman**

Cordelia Sever MD

Gary Simpson MD MPH, PhD

Edward Sweetser MD

Karen Vaillant MD

Anthony Vigil MD FACS

Eugene Wasylenki MD

\*Sandra Whisler MD

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

**NMMS CME Administrator: Nelly Gomez**

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Accreditation of  
Continuing Medical Education Providers in New Mexico

2020 Policies and Procedures

**ATTACHMENT 1**

*The ACCME Accreditation Requirements 2019*





# The ACCME Accreditation Requirements

## TABLE OF CONTENTS

ACCREDITATION CRITERIA .....	2
MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION.....	3
STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES.....	4
ACCME POLICIES.....	8
ACCME GOVERNANCE .....	8
CME PROGRAM AND ACTIVITY ADMINISTRATION .....	10
JOINT PROVIDERSHIP .....	15
POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT .....	16

Note for the January 2020 edition: Commendation Criteria 16-22 have been eliminated and are removed from this edition.

# ACCREDITATION CRITERIA

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with Criteria 1, 2, 3, and 7–12. Providers seeking full Accreditation or reaccreditation for a four-year term must comply with Criteria 1–13.

**Criterion 1** The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

**Criterion 2** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**Criterion 3** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**Criterion 4** This criterion has been eliminated effective February 2014.

**Criterion 5** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**Criterion 6** The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

**Criterion 7** The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).

**Criterion 8** The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support<sup>SM</sup>).

**Criterion 9** The provider maintains a separation of promotion from education (SCS 4).

**Criterion 10** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

**Criterion 11** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

**Criterion 12** The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

**Criterion 13** The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

**Criterion 14** This criterion has been eliminated effective February 2014.

**Criterion 15** This criterion has been eliminated effective February 2014.



## MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

Accredited CME providers have the option to aim to achieve Accreditation with Commendation, a six-year term. Providers seeking commendation in March 2020 and subsequent decision cohorts must demonstrate compliance with Criteria 1-13, in addition to the Menu of Commendation Criteria (C23-C38), shown below.

Note: Providers that received accreditation decisions through November 2019 had the choice of demonstrating compliance with Commendation Criteria 16-22 or the Menu of Commendation Criteria (C23-C38) to seek Accreditation with Commendation. [Criteria 16-22 are available here](#).

[Criterion 23](#) Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

[Criterion 24](#) Patient/public representatives are engaged in the planning and delivery of CME.

[Criterion 25](#) Students of the health professions are engaged in the planning and delivery of CME.

[Criterion 26](#) The provider advances the use of health and practice data for healthcare improvement.

[Criterion 27](#) The provider addresses factors beyond clinical care that affect the health of populations.

[Criterion 28](#) The provider collaborates with other organizations to more effectively address population health issues.

[Criterion 29](#) The provider designs CME to optimize communication skills of learners.

[Criterion 30](#) The provider designs CME to optimize technical and procedural skills of learners.

[Criterion 31](#) The provider creates individualized learning plans for learners.

[Criterion 32](#) The provider utilizes support strategies to enhance change as an adjunct to its CME.

[Criterion 33](#) The provider engages in CME research and scholarship.

[Criterion 34](#) The provider supports the continuous professional development of its CME team.

[Criterion 35](#) The provider demonstrates creativity and innovation in the evolution of its CME program.

[Criterion 36](#) The provider demonstrates improvement in the performance of learners.

[Criterion 37](#) The provider demonstrates healthcare quality improvement.

[Criterion 38](#) The provider demonstrates the impact of the CME program on patients or their communities.

# STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

## STANDARD 1: INDEPENDENCE

*STANDARD 1.1* A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See the Policies Supplementing the Standards for Commercial Support for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

*STANDARD 1.2* A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

## STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

*STANDARD 2.1* The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

*STANDARD 2.2* An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

*STANDARD 2.3* The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

## STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

*STANDARD 3.1* The provider must make all decisions regarding the disposition and disbursement of commercial support.

*STANDARD 3.2* A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

*STANDARD 3.3* All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.



*STANDARD 3.4* The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

*STANDARD 3.5* The written agreement must specify the commercial interest that is the source of commercial support.

*STANDARD 3.6* Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

*STANDARD 3.7* The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

*STANDARD 3.8* The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

*STANDARD 3.9* No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

*STANDARD 3.10* If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

*STANDARD 3.11* Social events or meals at CME activities cannot compete with or take precedence over the educational events.

*STANDARD 3.12* The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

*STANDARD 3.13* The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

## STANDARD 4: APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

*STANDARD 4.1* Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

*STANDARD 4.2* Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- **For print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- **For computer based CME activities**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- **For audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- **For live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- **For Journal-based CME**, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

*STANDARD 4.3* Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

*STANDARD 4.4* Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

*STANDARD 4.5* A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

## **STANDARD 5: CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS**

*STANDARD 5.1* The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

*STANDARD 5.2* Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.



## STANDARD 6: DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

*STANDARD 6.1* An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

*STANDARD 6.2* For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

*STANDARD 6.3* The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

*STANDARD 6.4* 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

*STANDARD 6.5* A provider must disclose the above information to learners prior to the beginning of the educational activity.

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# ACCME POLICIES

The ACCME issues policies that supplement the ACCME Criteria and Standards for Commercial Support. Accredited providers must adhere to the ACCME policies that are relevant to their organizations, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support.

ACCME Notes, which provide explanatory information about the policies, and other educational resources, are available at [www.accme.org](http://www.accme.org).

## ACCME GOVERNANCE

### *PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS*

The following information is considered *public information*, and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME Web site, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
  - Number of activities;
  - Number of hours of education;
  - Number of physician participants;
  - Number of designated AMA PRA Category 1 Credits™;
  - Competencies that activities were designed to address;
  - Number of nonphysician participants;
  - Accepts commercial support (yes or no);
  - Accepts advertising/exhibit revenue (yes or no);
  - Participates in joint providership (yes or no);
  - Types of activities produced (list)

Note: The ACCME will *not* release any dollar amounts reported by individual accredited providers for income, commercial support, or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and
7. Any other data/information that ACCME believes qualifies as "public information."

The ACCME reserves the right to use and/or share anonymized PARS data for research purposes, in keeping with the guidance of the ACCME Board of Directors.



The ACCME will maintain as *confidential information*, except as required for ACCME accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from ACCME relating to the accreditation process for a provider; and
3. ACCME proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect confidential information, ACCME and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME purposes.

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## *RULE-MAKING POLICY*

1. The notice and comment procedures utilized by ACCME for the adoption of rules and policies that directly impact members and accredited providers (the "Notice and Comment Procedures") shall not apply to matters relating to internal ACCME structure, management, personnel or business policy/practices.
  - a. The Notice and Comment Procedures will only apply to matters which directly and materially impact the ability of accredited providers to conduct business.
  - b. The ACCME, in its sole discretion, will assess if any particular rule or policy will be subject to the Notice and Comment Procedures.
2. If the ACCME decides to seek and accept public comment or input, then the ACCME will publish the proposed rule or policy on its website and state that interested persons have an opportunity to submit written data, views, or arguments with or without opportunity for oral presentation.
3. If the ACCME decides to seek and accept public comment or input, then at least 30 days will be given to provide that comment or input; provided, however, that if the ACCME determines that there is a pressing need for issuance of a rule or policy on an expedited basis, the ACCME may either shorten or eliminate the period of time during which public comments may be submitted.
4. After any period for public comment, the proposed rule or policy will be submitted to the ACCME Board of Directors. The ACCME Board of Directors may modify, reject, defer, and/or adopt the proposed rule or policy. Subject to the rights of ACCME Members contained in Article III, Section 2(c) of the ACCME Bylaws, the decision of the ACCME Board of Directors shall be final and there shall be no appeal there from.
5. The final rule or policy as approved by the ACCME Board of Directors will be posted on the ACCME website, which will include an effective date for the final rule or policy.

# CME PROGRAM AND ACTIVITY ADMINISTRATION

## ORGANIZATIONAL MISSION AND FRAMEWORK

This policy has been eliminated effective February 2014.

### ACCME ACCREDITED PROVIDER MARKS

Providers accredited within the ACCME System (providers directly accredited by the ACCME and those accredited by ACCME Recognized Accreditors) are welcome to use the ACCME Accredited mark for educational and identification purposes, and in [announcements](#) related to their attainment of ACCME accreditation. While the mark may be resized, the original aspect ratio should be maintained (it should not be stretched or condensed in a way that causes it to become distorted). Except for resizing, no other changes can be made.

ACCME-accredited and state-accredited providers that have achieved Accreditation with Commendation may also use the ACCME Accredited with Commendation mark for educational and identification purposes and in [announcements](#) related to their attainment of Accreditation with Commendation.

#### Accredited Provider Mark

#### Accredited with Commendation Provider Mark

### ACCREDITATION STATEMENT

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, 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.

The ACCME accreditation statement is as follows:

For directly provided activities: "The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians."

For jointly provided activities: "This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians."

There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co- provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.



## *ADMINISTRATIVE DEADLINES*

ACCME-accredited providers and Recognized Accreditors are accountable for meeting ACCME administrative deadlines. Failure to meet ACCME administrative deadlines could result in (a) an immediate change of status to Probation, and (b) subsequent consideration by the Board of Directors for a change of status to Nonaccreditation or Nonrecognition.

## *CME ACTIVITY AND ATTENDANCE RECORDS RETENTION*

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.
2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.

## *CME CLINICAL CONTENT VALIDATION*

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

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

## *CME CONTENT AND THE AMERICAN MEDICAL ASSOCIATION PHYSICIAN'S RECOGNITION AWARD*

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all ACCME 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 ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

## *CME CONTENT: DEFINITION AND EXAMPLES*

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

## *CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES*

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

## *CONTENT VALIDITY OF ENDURING MATERIALS*

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

## *ENGLISH AS OFFICIAL LANGUAGE OF THE ACCME*

ACCME conducts its affairs in English. ACCME standards do not require that providers or accreditors conduct all their business or continuing medical education in English. However, ACCME does require that,

1. All written or electronic communications or correspondence with ACCME (irrespective of medium) is in English.
2. Any application and/or self-study reports for accreditation or recognition be submitted to ACCME in English.
3. ACCME is provided with English translations of any written materials requested by ACCME in the course of its accreditation, recognition, or monitoring process.
4. Any ACCME interview for accreditation or recognition be conducted in English, or have the services of an English translator, acceptable to ACCME, provided and paid for by the applicant organization.

## *FEES FOR ACCME-ACCREDITED PROVIDERS*

ACCME-accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. Failure to meet ACCME deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Board of Directors for a change of status to Nonaccreditation. For a list of current fees and related information, see the [ACCME-accredited provider fee schedule](#).



## HIPAA COMPLIANCE ATTESTATION

Every provider applying for either for initial accreditation or reaccreditation must attest to the following:

*"The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended."*

## RELEASE OF ACCME AND ITS VOLUNTEERS, CHOICE OF FORUM, AND UNETHICAL BEHAVIOR

The Accreditation Council for Continuing Medical Education ("ACCME") accredits organizations that offer continuing medical education. ACCME offers accreditation through a multilevel process ("Process") to certify continuing medical education providers. Throughout the Process, various individuals, including, without limitation, ACCME's past and present directors, officers, employees, agents, volunteers, surveyors, content reviewers, attorneys, assigns, successors and insurers (collectively "Participants"), help inform ACCME's decision-making process. ACCME and the Participants (collectively "Released Parties") then use information gathered through the Process to make an accrediting decision.

Each organization which seeks accreditation from the ACCME or which is accredited by ACCME shall be referred to as a "Provider."

In consideration of the willingness of ACCME to: (a) process the application of a Provider which seeks accreditation; or (b) engage in the process of re-accreditation or provide any other services to a Provider who is accredited by ACCME, each Provider, agrees on behalf of itself and its shareholders, members, owners, directors, officers, employees, agents, volunteers, successors, assigns and anyone else who may claim on Provider's behalf or through Provider (collectively the "Releasing Parties") as follows:

1. Release and Waiver Releasing Parties knowingly and voluntarily: waive and generally release the Released Parties from any and all claims or causes of action arising out of the Process which the Releasing Parties may have at any time, now or in the future against any Released Party. This waiver and release includes, but is not limited to:
  - any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties has violated the policies and procedures of the ACCME, any covenant of good faith and fair dealing, or any express or implied contract of any kind;
  - any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties has violated public policy or statutory or common law, including claims for personal injury, invasion of privacy, defamation, intentional or negligent infliction of emotional distress and/or mental anguish, intentional interference with contract, negligence, detrimental reliance, failure to provide due process and/or promissory estoppel;
  - any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties are in any way obligated for any reason to pay Releasing Parties damages, expenses, litigation costs (including attorneys' fees), compensatory damages, punitive damages, and/or interest; and
  - all claims of discrimination or retaliation based on such things as age, national origin, ancestry, race, religion, sex, sexual orientation, physical or mental disability or medical condition, and any purported membership or exercise of legally protected rights.

The Releasing Parties' waiver and release includes all claims, rights and causes of action that Releasing Parties have or may have under all contract, common law, federal, state and local statutes, ordinances, rules, regulations and orders. All of the items described in this paragraph and the preceding paragraph shall be referred to as the "Released Claims."

2. Covenant not to Sue and Indemnification In addition, the Releasing Parties, knowingly, intentionally and voluntarily: promise not to sue the Released Parties with respect to any Released Claims; and agrees to defend, indemnify and hold harmless the Released Parties from and against any and all losses, costs, claims, demands, causes of action, injury, damage, and liability whatsoever (including, but not limited to, court costs and attorneys' fees), whether presently known or unknown, with respect to any claim and/or litigation made or brought by the Releasing Parties with respect to the Released Claims. If any claim and/or litigation is made or brought by a Releasing Party against a Released Party with respect to a Released Claim, the Releasing Parties' obligation to provide a defense for such a claim and/or litigation shall be fulfilled by the Releasing Parties paying the attorney's fees of the Released Parties incurred in connection with such claim and/or litigation. The Releasing Parties expressly waive the benefits of any statutory provision or common law rule that provides that a release and waiver of liability does not extend to causes of action of which the Releasing Parties are unaware.
3. Governing Law; Choice of Forum All disputes and litigation between a Releasing Party and a Released Party shall be governed by the laws of the State of Illinois, without regard to its conflicts of laws principles. Any disputes and matters arising between a Releasing Party and a Released Party shall be litigated exclusively before a court located in Cook County, Illinois (or the Federal District for the Northern District of Illinois), and no Releasing Party shall bring any litigation related to a Released Party in any other forum. Each Releasing Party waives any argument that the forum designated by this paragraph is not convenient.
4. Unethical Behavior No Provider shall engage in: disparagement of any of ACCME, ACCME's past and present directors, officers, employees, agents, volunteers, surveyors, content reviewers, attorneys, assigns, successors and insurers; unethical behavior, including, without limitation, dishonest communications or conduct; or deceptive or misleading advertising. Failure to comply with the standard set forth in this paragraph shall be grounds for corrective action, including, without limitation, reduction or loss of a Provider's accreditation.



## JOINT PROVIDERSHIP

The ACCME defines joint providership as the providership of a CME activity by one or more accredited and one or more nonaccredited organizations. Therefore, ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in joint providership. Please note: the ACCME does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

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

### *INFORMING LEARNERS*

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate [accreditation statement](#). All printed materials for jointly provided activities must carry the appropriate accreditation statement.

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.” — ACCME Accreditation Statement Policy

### *FEEES*

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

### *COMPLIANCE AND NONCOMPLIANCE ISSUES*

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

### *PROVIDERS ON PROBATION*

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

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

# POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

## COMMERCIAL EXHIBITS AND ADVERTISEMENTS

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be *commercial support*. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

## COMMERCIAL SUPPORT: ACKNOWLEDGMENTS

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of an ACCME-defined commercial interest but may *not* include corporate logos and slogans.

## COMMERCIAL SUPPORT: DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity.

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

An accredited provider can fulfill the expectations of SCS 3.4 - 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the accreditation requirements.

## DEFINITION OF 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. The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

A commercial interest is not eligible for ACCME accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers



- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

## *DISCLOSURE OF FINANCIAL RELATIONSHIPS TO THE ACCREDITED PROVIDER*

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

## *FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST*

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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

With respect to personal **financial relationships**, *contracted research* includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest, but it must be disclosed to the learners for 12 months.

## *VERBAL DISCLOSURE TO LEARNERS*

Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
  - a. that verbal disclosure did occur; and
  - b. itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.





Accreditation of  
Continuing Medical Education Providers in New Mexico

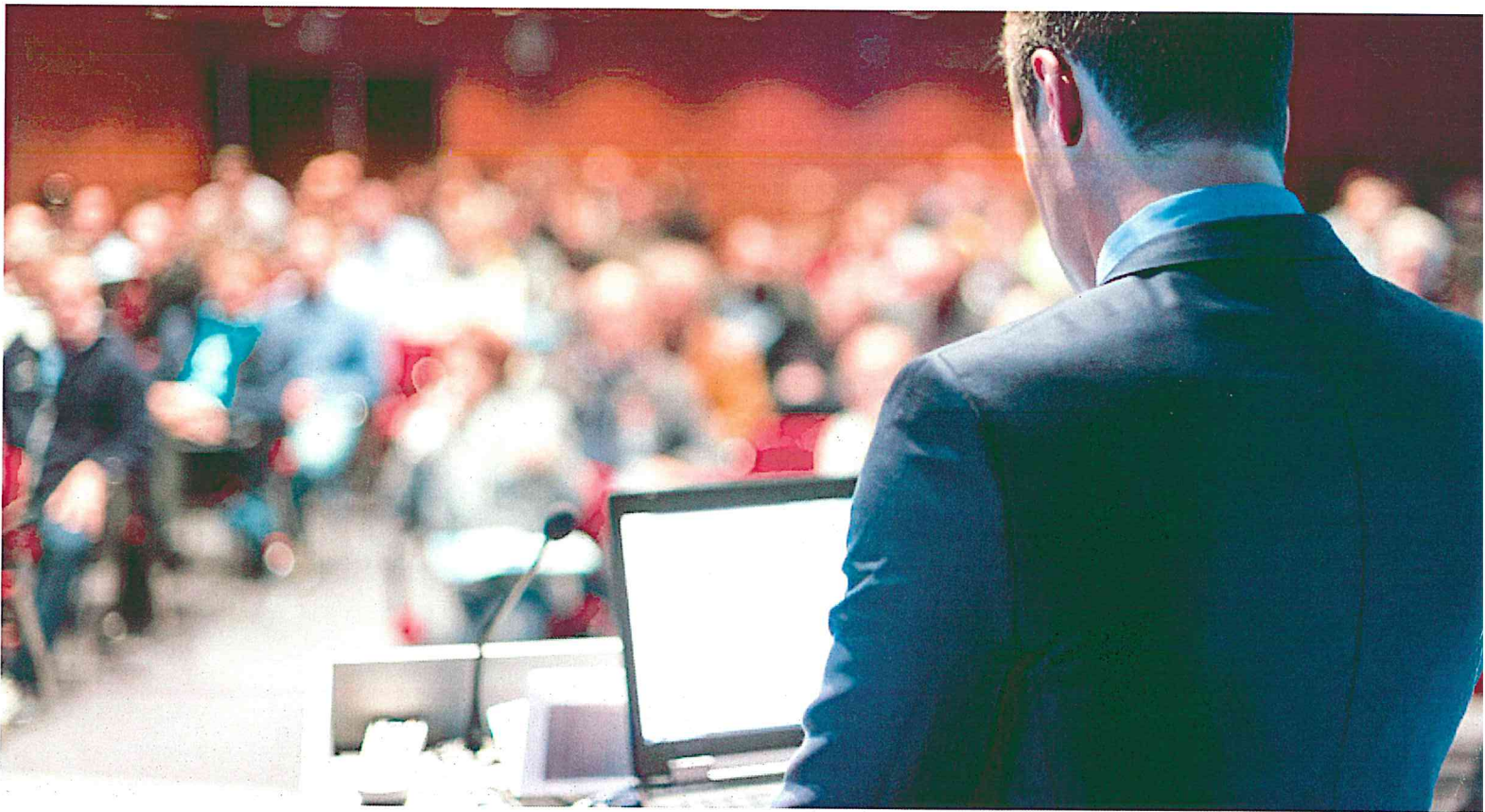
2020 Policies and Procedures

**ATTACHMENT 2**

*The Physician's Recognition Award  
and credit system:  
Information for accredited providers and physicians  
2017 revision*

2017 revision

# The AMA Physician's Recognition Award and credit system



Information for accredited providers and physicians







## Modifications in the 2017 revision

*Effective Sept. 29, 2017*

**General**—the 2017 update includes modifications to American Medical Association requirements for accredited CME providers to certify activities for *AMA PRA Category 1 Credit™* as part of the AMA/ACCME and alignment process. (pages 4–8)

Other parts of the booklet are due to be updated by the end of 2018.

**Core requirements**—are now aligned with ACCME accreditation criteria and do not represent anything new for CME providers. (page 4)

**Learning formats**—have been simplified and now include an “Other activity” format for activities that meet core and credit requirements but do not fit within one of the previously existing formats. (pages 4–5)

**Credit requirements**—stay the same but have moved to a separate section. (pages 5–6)

More information about the simplification and alignment process can be found on the AMA website at [ama-assn.org/education/cme-provider-resources](http://ama-assn.org/education/cme-provider-resources).



# Table of contents

## Introduction

### The American Medical Association Physician's Recognition Award and continuing medical education credit system

BRIEF HISTORY .....	1
ETHICAL UNDERPINNINGS OF CME.....	2
AMA DEFINITION OF CME .....	2
EDUCATIONAL CONTENT OF CERTIFIED CME .....	2
ACTIVITIES INELIGIBLE FOR AMA PRA CREDIT.....	2
CATEGORIES OF AMA PRA CREDIT .....	3
ELIGIBILITY FOR AMA PRA CREDIT .....	3
AMA MONITORING OF ACCREDITED CME PROVIDERS.....	3
WITHDRAWAL OF PRIVILEGE TO DESIGNATE CREDIT .....	3
Requirements for educational activities eligible for AMA PRA Category 1 Credit™	

### Certification of activities for AMA PRA Category 1 Credit™ by accredited CME providers

CORE REQUIREMENTS FOR CERTIFYING EDUCATIONAL ACTIVITIES FOR AMA PRA CATEGORY 1 CREDIT™ .....	4
FORMAT-SPECIFIC REQUIREMENTS FOR CERTIFYING ACTIVITIES FOR AMA PRA CATEGORY 1 CREDIT™ .....	4
Live activities .....	4
Enduring materials .....	4
Journal-based CME.....	4
Test item writing.....	4
Manuscript review .....	4
Performance improvement continuing medical education (PI CME) .....	4
Internet point of care (POC) learning.....	4
Other.....	5
DESIGNATING AND AWARDING AMA PRA CATEGORY 1 CREDIT™ .....	5
Every activity.....	5
Live activity.....	5
Enduring material .....	5
Journal-based CME activity.....	6
Test item writing activity.....	6
Manuscript review activity.....	6
PI CME activity.....	6
Internet point-of-care activity.....	6
Other activity.....	6



## Additional Information for accredited CME providers

DESIGNATION OF NEW PROCEDURES AND SKILLS TRAINING .....	7
AMA CREDIT DESIGNATION STATEMENT .....	7
USE OF PHRASE "AMA PRA CATEGORY 1 CREDIT™" .....	7
USE OF THE AMA CREDIT DESIGNATION STATEMENT IN PROGRAM MATERIALS AND ACTIVITY ANNOUNCEMENTS .....	7
RECORDING CREDIT .....	8
CREDIT CERTIFICATES, TRANSCRIPTS OR OTHER DOCUMENTATION AVAILABLE TO PHYSICIANS .....	8
CREDIT CERTIFICATES, TRANSCRIPTS OR OTHER DOCUMENTATION AVAILABLE TO NON-PHYSICIAN PARTICIPANTS .....	8
JOINT AND CO-PROVIDERSHIP .....	8

Additional ways for physicians to earn AMA PRA credit and the AMA Physician's Recognition Award

## Activities for which *AMA PRA Category 1 Credit™* is awarded directly by the AMA

TEACHING AT A LIVE ACTIVITY .....	9
PUBLISHING ARTICLES .....	9
POSTER PRESENTATIONS .....	9
MEDICALLY RELATED ADVANCED DEGREES .....	9
ABMS MEMBER BOARD CERTIFICATION AND MAINTENANCE OF CERTIFICATION .....	9
ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ACCREDITED EDUCATION .....	9

## International activities for *AMA PRA Category 1 Credit™*

AMA INTERNATIONAL CONFERENCE RECOGNITION (ICR) PROGRAM .....	10
AMA PRA CREDIT SYSTEM INTERNATIONAL AGREEMENTS FOR CREDIT CONVERSION .....	10

## Requirements for *AMA PRA Category 2 Credit™*

CLAIMING <i>AMA PRA CATEGORY 2 CREDIT™</i> .....	10
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## The AMA Physician's Recognition Award

PROFESSIONAL RECOGNITION OF ACCOMPLISHMENTS IN CME .....	11
AMA PRA REQUIREMENTS .....	11
Eligibility .....	11
Credit requirements for the AMA PRA .....	11
Award duration .....	11
Activity-specific credit limits for the AMA PRA .....	11
Other types of credit that may be used for the AMA PRA .....	12
AMA PRA AGREEMENTS WITH OTHER ORGANIZATIONS .....	12
JURISDICTIONS THAT ACCEPT THE AMA PRA CERTIFICATE FOR LICENSING PURPOSES .....	12
THE JOINT COMMISSION COMPLIANCE .....	12
DISCLAIMER .....	12



# The American Medical Association Physician's Recognition Award and continuing medical education credit system

This document describes the requirements that must be followed by accredited continuing medical education (CME) providers in order to certify activities for *AMA PRA Category 1 Credit™* and award credit to physicians. It also describes *AMA PRA Category 2 Credit™*, requirements for physicians wishing to obtain the American Medical Association (AMA) Physician's Recognition Award (PRA) and other important related information. The AMA PRA has recognized physician participation in CME for more than 40 years. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations.

## Brief history

The AMA was founded by Dr. Nathan Davis, in 1847 in Philadelphia. The first two committees constituted by the new organization were the Committee on Medical Education and the Committee on Ethics, emphasizing the importance the association and the medical profession placed on these two areas. The AMA reorganized in 1901 at which time the Committee on Medical Education became the AMA Council on Medical Education as it continues to be known today. This elected body of physicians formulates policy on medical education by making recommendations to the AMA House of Delegates (HOD) through the AMA Board of Trustees.

Due to the state of undergraduate and graduate education at the time, the organization's early efforts focused primarily on these areas. A major accomplishment of the AMA Council on Medical Education in its early history was laying much of the ground work for, and participating in, the Carnegie Foundation for the Advancement of Teaching's national study of existing medical schools. The study began in 1909 and resulted in what is known today as the "Flexner Report," named for its author, Abraham Flexner of the Carnegie Foundation. N. P. Colwell, MD, secretary to the Council on Medical Education, and Arthur D. Bevan, MD, chairman of the Council on Medical Education, were major contributors to the work that went into the report. This report had a major effect on the medical school education of physicians and essentially established the model for medical education in the United States until the present, more than 100 years later.

The AMA PRA program continually evolves to meet physicians' learning needs. The AMA Council on Medical Education welcomes input from physicians, accredited CME providers, and consumers of CME credit on recommendations for revisions and/or additions to the AMA PRA credit system. These recommendations should be communicated to the AMA Division of Continuing Physician Professional Development (CPPD). We would like to thank the accredited CME provider and physician communities, without whom the changes and improvements reflected in this booklet would not have been possible, and the patients who lend meaning to this work.

In the 1940s and 1950s the AMA Council on Medical Education increased its focus on postgraduate medical education (PGME). The AMA surveyed practicing physicians to determine how many of them participated in PGME after completion of residency and/or pursued self-directed learning. The council reported to the AMA-HOD in 1955 that almost a third of the 5,000 physicians responding to this survey reported no participation in formal PGME for at least the past five years. The AMA Council on Medical Education declared that PGME (later changed to "continuing" medical education by the AMA-HOD) "lacked direction and was suffering from a lack of clearly defined objectives." As a result of the report, the AMA-HOD took many actions to support CME in the 1960s, one of which was to establish a standing Advisory Committee on Continuing Medical Education which, by 1967, had developed a nationwide accreditation system for CME providers. In 1968 the AMA established the AMA PRA. The related AMA PRA credit system for physicians was developed as the metric to be used in determining qualifications for the AMA PRA.

Over the next two decades the AMA created other entities to make accreditation decisions. In 1981 the AMA and six other national organizations formed the Accreditation Council for Continuing Medical Education (ACCME). The seven member organizations of the ACCME are: the AMA, American Board of Medical Specialties, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and the

In support of the AMA PRA and the credit system, staff from the AMA Division of CPPD is available to answer questions from physicians, accredited CME providers or the public about compliance with the AMA PRA requirements, standards and policies. Questions may be directed to [cme@ama-assn.org](mailto:cme@ama-assn.org). Resources are also available on the ["AMA PRA Credit System" web page](#). Anyone who is involved in planning or implementing CME activities is encouraged to subscribe, free of charge, to the *AMA MedEd Update* monthly email newsletter.



Federation of State Medical Boards.

Within the United States, the AMA only authorizes organizations that are accredited by the ACCME or by a state medical society recognized by the ACCME, referred to as "accredited CME providers," to designate and award *AMA PRA Category 1 Credit™* to physicians. With the exception of those activities directly certified by the AMA, individual educational activities *must* be offered only by accredited CME providers, in accordance with AMA PRA credit system requirements, to be certified for *AMA PRA Category 1 Credit™*. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA standards.

## Ethical underpinnings of CME

The AMA Principles of Medical Ethics, which are part of the more extensive *AMA Code of Medical Ethics* (Code), are standards of conduct that define the essentials of honorable physician behavior. These ethical statements were developed primarily for the benefit of the patient and recognize the physician's responsibility to patients first and foremost, as well as to society, to other health professionals and to him/herself.

Recognizing the central role of education for the continuing professional development of physicians, Principle V of the Code provides the grounding tenet for CME and medical education, in general:

Principle V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

In addition, physicians have certain ethical responsibilities when participating in CME activities, either as a learner, faculty or planner. Accredited CME providers are encouraged to be familiar with the relevant ethical issues for physicians and ensure that participation in certified CME activities will not encourage or require physicians to violate the AMA ethical guidance. As of the time of this writing, the ethical opinions relevant to CME include 9.2.6 "Continuing Medical Education," 9.2.7 "Financial Relationships with Industry in Continuing Medical Education," and 9.6.2 "Gifts to Physicians from Industry," which can be found in full in the *AMA Code of Medical Ethics*. Questions regarding the interpretation of these opinions should be addressed to [ceja@ama-assn.org](mailto:ceja@ama-assn.org).

The AMA expects accredited CME providers to present physicians with commercially unbiased, independent and objective information in all of their activities. Accredited providers must be in compliance with the ACCME Standards for Commercial Support<sup>SM</sup>.

## AMA definition of CME

The AMA-HOD and the AMA Council on Medical Education have defined continuing medical education as follows:

CME 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 the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. (HOD policy #300.988)

## Educational content of certified CME

Certified CME is defined as:

1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit™*.

## Activities ineligible for AMA PRA credit

CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:

- Clinical experience
- Charity or mission work
- Mentoring
- Surveying
- Serving on a committee, council, task force, board, house of delegates or other professional workgroup
- Passing examinations that are not integrated with a certified activity

## Categories of AMA PRA credit

There are two categories of AMA PRA credit: *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™*.

### EARNING AMA PRA CATEGORY 1 CREDIT™

There are three ways for physicians to earn *AMA PRA Category 1 Credit™*.

1. By participating in certified activities sponsored by accredited ACCME or SMS CME providers. Information for accredited CME providers to certify activities for *AMA PRA Category 1 Credit™* can be found on pages 4–8 and on the [“AMA PRA Credit System” web page](#).
2. By participating in activities recognized by the AMA as valid educational activities. Information about these activities can be found on page 9 and on the [“Claim CME Credit From the AMA” web page](#).
3. By participating in certain international activities recognized by the AMA. Information regarding these activities can be found on page 10 and on the [“Earn Credit for Participation in International Activities” web page](#).

### EARNING AMA PRA CATEGORY 2 CREDIT™

*AMA PRA Category 2 Credit™* is self-claimed and documented by physicians for participating in activities that are not certified for *AMA PRA Category 1 Credit™*. More information about *AMA PRA Category 2 Credit™* can be found on page 10 of this booklet.

## Eligibility for AMA PRA credit

AMA PRA credit may only be claimed by, and awarded to, physicians, defined by the AMA as individuals who have completed an allopathic (MD), osteopathic (DO) or an equivalent medical degree from another country.

## AMA monitoring of accredited CME providers

To assure the integrity of the AMA PRA credit system, the AMA monitors for compliance with AMA PRA credit system requirements in several ways including through the ACCME accreditation self-study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards.

## Withdrawal of privilege to designate credit

The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit™* should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies, regardless of accreditation status. Accredited CME providers have appropriate recourse through a due process system that has been established for the investigation of any issue related to the AMA PRA requirements. Information about this process can be found on the [“Procedures for Handling Complaints Regarding AMA PRA Credit” web page](#).



# Certification of activities for *AMA PRA Category 1 Credit™* by accredited CME providers

Accredited CME providers must ensure that activities certified for *AMA PRA Category 1 Credit™* meet all AMA requirements, which include core requirements, format-specific requirements, and requirements for designating and awarding *AMA PRA Category 1 Credit™*.

## Core requirements for certifying activities for *AMA PRA Category 1 Credit™*

1. The CME activity must conform to the AMA/ACCME definition of CME.
2. The CME activity must address an educational need (knowledge, competence or performance) that underlies the professional practice gaps of that activity's learners.
3. The CME activity must present content appropriate in depth and scope for the intended physician learners.
4. When appropriate to the activity and the learners, the accredited provider should communicate the identified educational purpose and/or objectives for the activity, and provide clear instructions on how to successfully complete the activity.
5. The CME activity must utilize one or more learning methodologies appropriate to the activity's educational purpose and/or objectives.
6. The CME activity must provide an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity.
7. The CME activity must be planned and implemented in accordance with the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities<sup>SM</sup>.

## Format-specific requirements for certifying activities for *AMA PRA Category 1 Credit™*

Activities may be held in one or more of the formats described below, and the applicable format requirements must be met.

### LIVE ACTIVITIES

An activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

### ENDURING MATERIALS

An activity that endures over a specified time and does not have a specific time or location designated for participation, rather, the participant determines whether and when to complete the activity. (Examples: online interactive educational module, recorded presentation, podcast.)

- Provide access to appropriate bibliographic sources to allow for further study.

### JOURNAL-BASED CME

An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

- Be a peer-reviewed article.

### TEST ITEM WRITING

An activity wherein physicians learn through their contribution to the development of examinations or certain peer-reviewed self-assessment activities by researching, drafting and defending potential test items.

### MANUSCRIPT REVIEW

An activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

### PERFORMANCE IMPROVEMENT CONTINUING MEDICAL EDUCATION (PI CME)

An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

- Have an oversight mechanism that assures content integrity of the selected performance measures. If appropriate, these measures should be evidence-based and well designed.



- Provide clear instruction to the physician that defines the educational process of the activity (documentation, timeline).
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence behind those measures (if applicable).
- Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- Consist of the following three stages:

**Stage A**—learning from current practice performance assessment. Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism.

**Stage B**—learning from the application of PI to patient care. Implement the intervention(s) based on the results of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).

**Stage C**—learning from the evaluation of the PI CME effort. Reassess and reflect on performance in

practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

#### INTERNET POINT-OF-CARE (POC) LEARNING

An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

#### OTHER

Accredited CME providers can introduce new instructional practices, as well as blend new and/or established learning formats appropriate to their learners and setting, as long as the activity meets all core requirements. Certified CME activities that do not fit within one of the established format categories must identify the learning format as "Other activity", followed by a short description of the activity in parentheses, in both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.). See page 7, "AMA Credit Designation Statement" for additional information.

## Designating and awarding *AMA PRA Category 1 Credit™*

### EVERY ACTIVITY (regardless of format)

- Must comply with the seven core requirements.
- Must comply with the format-specific requirements, if any.
- Must be certified for *AMA PRA Category 1 Credit™* in advance of the activity; i.e., an activity may not be retroactively approved for credit.
- Must include the AMA Credit Designation Statement in activity materials that reference CME credit.
- Must have the credits claimed by physicians retained by the accredited CME provider for a minimum of six years.

### LIVE ACTIVITY

- Credit for a live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes equals one (1) *AMA PRA Category 1 Credit™*; credit is designated in 15 minute or 0.25 credit increments and rounded to the nearest quarter hour.
- Physicians claim credit based on participation time, rounded to the nearest quarter hour; this is the number of credits awarded.
- When concurrent sessions are offered in a live activity the time is only counted once—i.e., the designated maximum amount of credit may not exceed that which could be claimed by an individual physician.

- Only segments of the activity that comply with the AMA core requirements may be certified for *AMA PRA Category 1 Credit™* and included in the designated maximum for the activity. Certified segments must be clearly identified in activity materials.

### Faculty credit for learning associated with preparing and presenting an original presentation

Accredited CME providers may also award *AMA PRA Category 1 Credit™* to their physician faculty to recognize the learning associated with the preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit™*.

Credit for faculty is calculated on a 2-to-1 ratio to presentation time, rounded to the nearest quarter credit.

- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations, but may claim credit for other segments they attend as a participant.



**Faculty credit for learning that takes place while preparing to teach and then is used in teaching medical students and/or residents**

Accredited CME providers that are also accredited by either the LCME (for faculty teaching medical students) and/or the ACGME (for faculty teaching residents/fellows) are eligible to certify a live activity that recognizes the learning associated with teaching medical students and residents. Organizations that are LCME- and/or ACGME-accredited may work in a joint-providership relationship with a CME provider accredited through the ACCME system to certify this type of live activity for *AMA PRA Category 1 Credit™*.

- Credit for faculty is calculated on a 2-to-1 ratio to time spent teaching based on what was learned in preparation for it, rounded to the nearest quarter credit.
- Credit should only be awarded for teaching that is verified by the UME and/or GME office.
- In addition to the institution being ACGME accredited, the residency/fellowship program itself must also be ACGME accredited in order for faculty to be awarded *AMA PRA Category 1 Credit™* for teaching residents/fellows in that program.

**ENDURING MATERIAL**

- Credit is designated based on the average time it would take a small sample group of the target audience to complete the material. Accredited CME providers can use other mechanisms to establish credit if the result is the same. Credit is designated in 15 minute or 0.25 credit increments and rounded to the nearest quarter hour.
- Physicians who successfully complete the activity are awarded the number of credits for which the activity is designated.

**JOURNAL-BASED CME ACTIVITY**

- Individual articles are designated for, and physicians are awarded, one (1) *AMA PRA Category 1 Credit™*.

**TEST-ITEM WRITING ACTIVITY**

- Each test-item writing activity is designated for, and physicians are awarded, ten (10) *AMA PRA Category 1 Credits™*.

**MANUSCRIPT REVIEW ACTIVITY**

- Each manuscript review is designated for, and physicians are awarded, three (3) *AMA PRA Category 1 Credits™*.

**PI CME ACTIVITY**

- Each PI CME activity is designated for twenty (20) *AMA PRA Category 1 Credits™*.
- Physicians completing Stage A are awarded five (5) *AMA PRA Category 1 Credits™*; Stages A and B, 10 credits; A, B and C, 20 credits.

**INTERNET POINT-OF-CARE ACTIVITY**

- Each Internet PoC search is designated for, and physicians are awarded, one-half (0.5) *AMA PRA Category 1 Credit™*.

**OTHER ACTIVITY**

Accredited CME providers designate *AMA PRA Category 1 Credit™* on a one credit-per-hour basis, using their best reasonable estimate of the time required to complete the activity. Physicians are awarded the number of credits for which the activity is designated.

# Additional information for accredited CME providers

## Designation of new procedures and skills training

Through new procedures and skills courses, accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA requirements for new skills and procedures training consist of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training. Accredited CME providers will need to assess, at the activity's conclusion, the participant physician's level of achievement. This is in addition to planning and implementing the activities to meet the AMA core requirements, the format-specific requirements for the activity and the requirements for designating and awarding *AMA PRA Category 1 Credit™*, to be certified for *AMA PRA Category 1 Credit™*. The requirements for designation of new procedures and skills training and the certificate wording for each of the levels may be found on the AMA website.

## 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™* requirements. The AMA Credit Designation Statement must be written without paraphrasing and must 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)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The learning format listed in the AMA 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
8. Other activity (<<provide short description>>)

For activities in the "Other activity" format:

The <<name of accredited CME provider>> designates this Other activity (<<provide short description>>) 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.

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement listed above is not appropriate for this type of live activity since the number of credits will not be known in advance. The following credit designation statement should be used in its place for faculty credit for teaching medical students and residents/fellows only:

The <<name of accredited CME provider>> designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per one hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Use of phrase "AMA PRA Category 1 Credit™"

The phrase "*AMA PRA Category 1 Credit*" is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase "Category 1 Credit" cannot be used when referring to *AMA PRA Category 1 Credit™*.

## Use of the AMA Credit Designation Statement in program materials and activity announcements

### PROGRAM MATERIALS

The AMA Credit Designation Statement must be used in any program materials, in both print and electronic formats (e.g., a course syllabus, enduring material publication, landing page of an internet activity), that reference CME credit.

### ACTIVITY ANNOUNCEMENTS

Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity's educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of *AMA PRA Category 1 Credits™* designated for the activity.



A "Save the date" announcement (such as a postal mailer with limited space) may indicate that the activity has been approved for *AMA PRA Category 1 Credit™* without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, "This activity has been approved for *AMA PRA Category 1 Credit™*" or similar language. Accredited CME providers may never indicate that "*AMA PRA Category 1 Credit™* has been applied for" or any similar wording.

## Recording credit

Accredited CME providers must have a mechanism for physicians to claim credit and must award the actual number of *AMA PRA Category 1 Credits™* claimed by each physician. The records documenting the credit awarded must be retained by accredited CME providers, for each certified activity, for a minimum of six years after the completion date of the activity.

Although it is necessary to uniquely identify the physicians who claim CME credit, AMA House of Delegates policy opposes the use of Social Security numbers to do so. An alternative that might be used is the physician's Medical Education number, a unique 11-digit proprietary identifier assigned by the AMA to every U.S. physician.

## Credit certificates, transcripts or other documentation available to physicians

Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded *AMA PRA Category 1 Credit™* by accredited CME providers. Accredited CME providers must be able to provide documentation to participating physicians of the credit awarded upon the request of the physician. When an accredited CME provider issues a certificate, transcript or another means of documentation, it must reflect the actual number of credits claimed by the physician. An example of wording that might be used on certificates awarding *AMA PRA Category 1 Credit™* to physicians follows:

The <<name of accredited CME provider>> certifies that <<name of physician>> <<degree>> has participated in the <<learning format>> titled <<title of activity>> on <<date>> and is awarded <<number of credits>> *AMA PRA Category 1 Credit(s)™*.

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician's name
- Name of accredited CME provider
- Title of activity
- Learning format
- Date(s) of live activity or date that physician completed the activity
- Number of *AMA PRA Category 1 Credits™* awarded

## Credit certificates, transcripts or other documentation available to non-physician participants

Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may choose to issue documentation of participation to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit™*. An example of wording that might be used on documentation for a non-physician participant follows:

The <<name of accredited CME provider>> certifies that <<name of non-physician participant>> has participated in the <<learning format>> titled <<title of activity>> on <<date>>. This activity was designated for <<number of credits>> *AMA PRA Category 1 Credit(s)™*.

## Joint and co-providership

If a certified activity is either jointly provided (by an accredited CME provider and a non-accredited organization) or co-provided (by two or more accredited CME providers), then the accredited CME provider certifying the activity must keep a record of the *AMA PRA Category 1 Credit™* claimed for each physician participating in that activity.

## Activities for which *AMA PRA Category 1 Credit™* is awarded directly by the AMA

Some activities do not occur under the auspices of an accredited CME provider. The AMA Council on Medical Education recognizes the learning that occurs in completing these activities and allows physicians to claim *AMA PRA Category 1 Credit™* directly from the AMA for the activities defined in this section.

To claim credit for these activities the physician should apply to the AMA for a certificate indicating the *AMA PRA Category 1 Credit™* awarded for completion of each activity. Information and the direct credit application can be found on the ["Claim CME Credit From the AMA" web page](#). These activities include:

### Teaching at a live activity

Preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit™* (if the accredited CME provider has not already awarded credit for this).

**Documentation:** a copy of the page(s) used by the provider to announce or describe the activity which includes the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.

**Credit assignment:** two (2) *AMA PRA Category 1 Credits™* per one (1) hour of presentation time.

### Publishing articles

Publishing, as the lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database.

**Documentation:** a reprint or copy of the page(s) of the journal, which include the name of the author listed first, the name of the journal and date published.

**Credit assignment:** ten (10) *AMA PRA Category 1 Credits™* per article.

### Poster presentations

Preparing a poster presentation, as the first author, which is included in the published abstracts, at an activity certified for *AMA PRA Category 1 Credit™*.

**Documentation:** a copy of the page(s) in the published activity documents that lists the author and poster abstract, accredited

CME provider, AMA Credit Designation Statement, title and date of activity.

**Credit assignment:** five (5) *AMA PRA Category 1 Credits™* per poster.

### Medically related advanced degrees

Obtaining a medically related advanced degree, such as a masters in public health (not available if the academic program certified individual courses for *AMA PRA Category 1 Credit™*).

**Documentation:** a copy of the diploma or final transcript.

**Credit assignment:** twenty five (25) *AMA PRA Category 1 Credits™*.

### ABMS member board certification and Maintenance of Certification (MoC®)

Successfully completing an ABMS board certification or MoC process.

**Documentation:** a copy of the board certificate or the specialty board notification letter.

**Credit assignment:** sixty (60) *AMA PRA Category 1 Credits™*.

### Accreditation Council for Graduate Medical Education accredited education

Successfully participating in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

**Documentation:** a copy of the certificate or letter of completion from the approved residency/fellowship program

**Credit assignment:** twenty (20) *AMA PRA Category 1 Credits™* per year

The successful completion of an ABMS member board certification process or an ACGME accredited residency or fellowship program also qualifies a physician for the AMA PRA. Please see the section regarding the AMA PRA or visit the ["Apply for the AMA Physician Recognition Award" web page](#).



# International activities for *AMA PRA Category 1 Credit™*

For participation in certain international activities, physicians may earn *AMA PRA Category 1 Credit™*.

## **AMA international conference recognition program**

Each year the AMA recognizes and provides physicians with an opportunity to earn *AMA PRA Category 1 Credit™* for certain international conferences. Contact [cme@ama-assn.org](mailto:cme@ama-assn.org) learn out if there are any upcoming approved conferences.

## **AMA PRA credit system international agreements for credit conversion**

As of this writing, the AMA has agreements with the European Union of Medical Specialists, the Royal College of Physicians and Surgeons of Canada, and the Qatar Council for Healthcare Practitioners for the conversion of their CME credit to *AMA PRA Category 1 Credit™*.

Visit the "[Earn Credit for Participation in International Activities](#)" web page for more information.

# Requirements for *AMA PRA Category 2 Credit™*

*AMA PRA Category 2 Credit™* is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME; and
- Comply with the relevant AMA ethical opinions; at the time of this writing this includes 8.061 "Gifts to Physicians from Industry" and 9.011 "Continuing Medical Education," and
- Are not promotional; and
- A physician finds to be a worthwhile learning experience related to his/her practice.

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit™* include, but are not limited to:

- Participation in activities that have not been certified for *AMA PRA Category 1 Credit™*
- Teaching physicians, residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not Internet PoC)
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self assessment activities
- Medical writing
- Preceptorship participation
- Research
- Peer review and quality assurance participation

Organizations may not certify activities for *AMA PRA Category 2 Credit™* or advertise that an activity qualifies for *AMA PRA Category 2 Credit™*. Organizations may choose to maintain records of physician participation in activities that have not been certified for *AMA PRA Category 1 Credit™* but, since they may not certify or award such credit, should not record them as *AMA PRA Category 2 Credit™*.

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit™*.

## **Claiming *AMA PRA Category 2 Credit™***

**Documentation:** the physician should self claim credit for appropriate *AMA PRA Category 2 Credit™* activities and document activity title or description, subject or content area, date(s) of participation and number of credits claimed. Physicians may not claim *AMA PRA Category 2 Credit™* for an activity for which the physician has claimed *AMA PRA Category 1 Credit™*. Each physician is responsible for claiming and maintaining a record of their *AMA PRA Category 2 Credit™*.

**Credit calculation:** as with live activities, physicians should claim credit based on their participation time with 60 minutes of participation equal to one (1) *AMA PRA Category 2 Credit™*; credit is claimed in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.

# The AMA Physician's Recognition Award

## Professional recognition of accomplishments in CME

Since 1968 patients and colleagues have recognized the AMA PRA as evidence of a physician's commitment to keeping current with the advances in biomedical science, as well as other developments in medicine. The goals of this award remain the same as established more than 40 years ago:

- To provide recognition for the many thousands of physicians who regularly participate in CME
- To encourage all physicians to keep up-to-date and to improve their knowledge and judgment by CME
- To provide reassurance to the public that America's physicians are maintaining their competence by regular participation in CME
- To emphasize the AMA's position as a leader in CME
- To emphasize the importance of developing more meaningful continuing education opportunities for physicians
- To strengthen the physician's position as the leader of the health service team by focusing attention on his or her interest in maintaining professional competence

The AMA encourages all physicians to become involved in a program that honors them as professionals who participate in CME in order to better meet the needs of their patients.

In addition, the AMA PRA is widely accepted by multiple entities as proof of participation in CME. Most state licensing boards and hospitals will accept the AMA PRA or the AMA approved application as proof of having met CME requirements.

## AMA PRA requirements

### ELIGIBILITY

Physicians may apply for the AMA PRA if they hold a valid and current license issued by one of the United States, Canadian or Mexican licensing jurisdictions, or are engaged in an ACGME-accredited residency training program in the United States.

### CREDIT REQUIREMENTS FOR THE AMA PRA

In order to apply for an AMA PRA, physicians must earn a specified number of *AMA PRA Category 1 Credits™*, either through accredited CME provider certified activities, from the AMA for direct credit activities, or international activities. The rest of the credits required for the award may be either *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*.

The AMA offers one-, two- and three-year AMA PRAs. The requirements for each are as follows:

#### One-year award

- Twenty (20) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (50 credits total), **or**
- one year ACGME residency/fellowship training

#### Two-year award

- Forty (40) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (100 credits total), **or**
- two years ACGME residency/fellowship training

#### Three-year award

- Sixty (60) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (150 credits total), **or**
- Three years ACGME residency/fellowship training, **or**
- ABMS board certification or MoC

#### The AMA PRA with commendation is available for physicians who meet the following requirements:

One-year award with commendation: ninety (90) credits total

- Sixty (60) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Two-year award with commendation: one hundred and eighty (180) credits

- One hundred and twenty (120) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Three-year award with commendation: two hundred and seventy (270) credits

- One hundred and eighty (180) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.



## AWARD DURATION

The AMA PRA signals a commitment to ongoing participation in CME and acknowledges past participation in CME activities. The AMA grants the award based on the prior one to three years of CME credit attainment. The award's term begins on the first of the month following the completion date of the latest CME activity listed on the application for which the physician claimed *AMA PRA Category 1 Credit™*. For example, a physician applying for a three-year award whose last activity was on May 21, 2017, will be issued a certificate valid from June 1, 2017 until June 1, 2020. If a physician is renewing his/her AMA PRA the renewal date will be the same as the expiration date of his/her last AMA PRA if he/she earned the allotted credits in the time period of his/her expiring AMA PRA.

## ACTIVITY-SPECIFIC CREDIT LIMITS FOR THE AMA PRA

For the purpose of applying for an AMA PRA certificate, certain activities include specific limits on the amount of credit a physician can claim, per year, toward their AMA PRA:

- Teaching at live activities certified for *AMA PRA Category 1 Credit™*: Limit of ten (10) *AMA PRA Category 1 Credits™* per year
- Internet PoC: Limit of twenty (20) *AMA PRA Category 1 Credits™* per year
- Manuscript review: Limit of five (5) reviews—or fifteen (15) *AMA PRA Category 1 Credits™* per year
- Poster presentation: Limit of one (1) poster—or five (5) *AMA PRA Category 1 Credits™* per year
- Publishing articles: Limit of one (1) article—or ten (10) *AMA PRA Category 1 Credits™* per year

## OTHER TYPES OF CREDIT THAT MAY BE USED FOR THE AMA PRA

For the purpose of obtaining an AMA PRA application physicians may identify credit earned within the following CME systems on a one-to-one basis for *AMA PRA Category 1 Credit™*

- American Academy of Family Physicians' prescribed credit
- American College of Obstetricians and Gynecologists' formal learning cognates

## AMA PRA agreements with other organizations

The AMA has agreements with specialty societies, state medical societies, medical staff groups and other organizations whereby an AMA PRA can be issued to any U.S. licensed physician as established by an agreement between the AMA and the organization.

Organizations that are interested in developing a similar agreement should contact the AMA at [pra@ama-assn.org](mailto:pra@ama-assn.org).

## Jurisdictions that accept the AMA PRA certificate for licensing purposes

All U.S. licensing jurisdictions requiring CME recognize the AMA PRA credit system. Some of these licensure boards will also accept a current and valid AMA PRA or the AMA approved AMA PRA application as documentation of having met their CME requirements.

Information about state CME requirements for license renewal may be found on the website of the Federation of State Medical Boards ([fsmb.org](http://fsmb.org)). For the most current information, we suggest that the particular jurisdiction be contacted directly.

## The Joint Commission compliance

The Joint Commission requires that, at hospitals and health care organizations it accredits, physicians with clinical privileges document their participation in CME. The Joint Commission will accept, subject to their review, correctly completed AMA PRA applications stamped "approved" by the AMA as documented physician compliance with Joint Commission CME requirements. The Joint Commission requires that physicians conduct at least half of their reported CME in their specialty or area of clinical practice.

## Disclaimer

Physicians should note that the AMA PRA does not serve as a direct measure of physician competency and should not be used for that purpose. Physician competency represents the assessment of many complex measures, of which CME participation is only one.