



Physicians Caring for Texans

# Continuing Medical Education Accreditation Requirements For Providers in Texas

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Continuing Medical Education Department

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This manual supersedes all previous publications concerning the policies, procedures, and criteria for accreditation by the Texas Medical Association.

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## General Information

### 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 *AMA Med Ed Update* and e-mail [cppd@ama-assn.org](mailto:cppd@ama-assn.org) for comments and suggestions on the PRA credit system.

### Authority and Responsibility in Designating Credit

Only organizations accredited as CME providers by the ACCME or their 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.

PRA requirements and materials are revised periodically. Application forms and current information on criteria and requirements as found in the AMA PRA Booklet may be obtained from the AMA web site at [www.ama-assn.org](http://www.ama-assn.org).

The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of the Texas Medical Association as an accrediting body. Consultation regarding the PRA and its requirements, however, is available. Contact the AMA for CME questions at (312) 464-4668 or [pra@ama-assn.org](mailto:pra@ama-assn.org)

**Credit Statement** 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™*:

The (name of the accredited 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.

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

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

## Counting CME Credits

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

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

## Accreditation Statement Requirements

Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of hours offered upon its completion. This is done through publication of the accreditation statement and the credit designation statement (stated above), both of which must appear on program announcements and brochures distributed to potential participants by accredited providers. The accreditation statement indicates that the organization is accredited and by whom it is accredited. The credit designation statement indicates the number of *AMA PRA Category 1 Credits*™ for which it is designated. Use the exact wording as stated in the following table.

Accreditation Statements For Activities Designated for <i>AMA PRA Category 1 Credit</i> ™
<b>For Directly Provided Activities</b> <b>Accreditation Statement:</b> The (name of the accredited provider) is accredited by the Texas Medical Association to provide continuing medical education for physicians.
<b>For Jointly Provided Activities</b> <b>Accreditation Statement:</b> This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by TMA to provide continuing medical education for physicians.

**Statements on promotional materials to the effect that CME credit is “pending” or “applied for” are PROHIBITED by the American Medical Association and the Texas Medical Association.**

## Texas Medical Board CME Requirement, Including Ethics

The Texas Medical Board (TMB) administers a CME requirement for physicians who apply for the Texas medical license. Physicians must complete 48 credits of CME every 24 months. At least 24 credits every 24 months are to be from formal courses certified for *AMA PRA Category 1 Credit™*; or AAFP Prescribed Credit; or AOA Category 1-A Credit. The remaining 24 credits can be from informal self-study, attendance at hospital lectures, grand rounds, or case conferences not approved for formal CME, or journal articles not certified for formal CME.

The TMB, as part of the renewal of the medical license every two years, requires that physicians complete two credits (of the total 24 formal) in ethics and/or professional responsibility content. The Board further requires that accredited CME providers determine the content of ethics credits; no specific criteria are offered. Should an accredited provider designate an activity, or parts of an activity, for ethics and/or professional responsibility content, the following statements are recommended. For more information about the CME requirement for renewal of the medical license in Texas, contact the Texas Medical Board at 512-305-7030 or [www.tmb.state.tx.us](http://www.tmb.state.tx.us)

### **Suggested Ethics Designation Statement**

This course has been designated by (name of provider) for (number of credits) credit(s) of education in medical ethics and/or professional responsibility.

### **Or, for an ethics presentation in a larger activity**

The presentation, (name of presentation), has been designated by (name of provider) for (number of credits) credit(s) of education in medical ethics and/or professional responsibility.

# General Accreditation Overview

TMA's accreditation program is administered under the purview of the Committee on Continuing Education and its Subcommittee on Accreditation. Final accreditation decisions are made by the Committee on Continuing Education.

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.

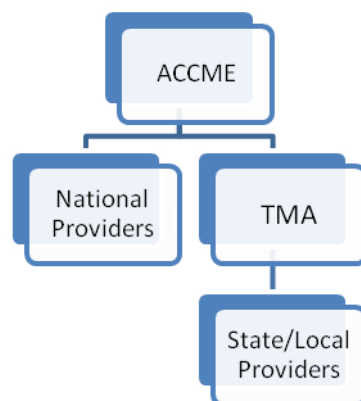
## Definition and Purpose of Accreditation

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 sponsors
- Accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities
- Recognizes state medical associations as the accrediting bodies for their states

## **The TMA**

Texas Medical Association is recognized by the ACCME as the Texas accreditor of intra-state CME providers. In accordance with ACCME criteria, TMA's Committee on Continuing Education sets Texas standards and guidelines for the accreditation of CME providers and accredits organizations providing CME activities for physicians in Texas and its contiguous borders.

TMA's Accreditation Program was initiated in 1974 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 Texas entities whose overall CME program substantially meets or exceeds the accreditation requirements and policies of the Texas Medical Association. TMA's accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

## **Dual Accreditation**

A single provider of continuing medical education may not maintain accreditation by the ACCME and Texas Medical Association 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 a TMA-accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the TMA, 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 TMA, a similar procedure must be followed.

## **Eligibility for TMA Accreditation**

The organization must:

- Be located in Texas;
- 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 Texas 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 TMA, 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 TMA accreditation requirements and policies.

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

## **Types and Duration of Accreditation within the TMA System**

### **Accreditation with Commendation**

Compliance in all 19 criteria and policies (Level 3).

**Term:** 6 years

### **Accreditation**

Compliance in Criteria 1-13 and policies (Level 2).

**Term:** 4 years (Standard Accreditation Term)

**Note:** Any criterion found in noncompliance must be brought into compliance in a Progress Report.

### **Provisional Accreditation**

Compliance in Criteria 1, 2, 3, 7-12 (Level 1) and policies

**Term:** 2 years

**Note:** Any criterion or policy found in noncompliance results in a status of nonaccreditation.

### **Probation**

An accredited program that seriously deviates from Compliance with the Accreditation Requirements may be placed on Probation. Probation may also result from a provider’s failure to demonstrate Compliance in a Progress Report or failure to pay accreditation fees.

**Term:** Providers who receive Probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria and policies within two years will result in Nonaccreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, and all criteria and policies are found in compliance by the TMA Committee on Continuing Education.

**Restrictions:** May NOT jointly provide with non-accredited entities. Any jointly sponsored activities already planned may be provided.

### **Nonaccreditation**

1. Given to an initial applicant following formal review and a site survey when the Committee on Continuing Education determines that an organization is not in compliance with all Level 1 Accreditation requirements.
2. Given to providers on Probation that do not demonstrate that all Noncompliance findings have been converted to Compliance within not more than two years.
3. Possible result of failure to pay accreditation fees or submit Progress Reports.

## **Progress Reports**

TMA expects organizations found to be in noncompliance with Criteria 1-13, or with the policies, to demonstrate compliance through the Progress Report process. TMA will notify providers whether or not a Progress Report is required in the accreditation decision report letter. Generally, a first Progress Report must be reviewed no more than one year from the date of the original finding.

The Progress Report notification is sent out well in advance of the specified meeting of the Committee on Continuing Education at which the report will be reviewed. The notification specifies the due date for the Progress Report and the content. For the specific performance issues described for noncompliance findings with Criteria 1-13 or policies, providers must describe improvements and their implementation and provide evidence of performance in practice to demonstrate compliance.

Providers will receive a decision from TMA based on a review of all the information and materials submitted as part of the Progress Report. A Progress Report review will result in the following feedback from TMA:

- **All Criteria in Compliance:** The provider demonstrated that it has corrected the Criteria or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all of the Criteria or policies that were found to be in noncompliance.

If all Criteria or policies that were found to be in noncompliance are not corrected, TMA may require another Progress Report, a focused interview, and/or a change of status.

## **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 TMA 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, TMA 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.

## Accreditation Fees

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

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

Standard Accreditation Fees	
Pre-Application Fee	\$150
Self-study for Initial Accreditation	\$1,500
Self-study for Reaccreditation	\$3,000
Annual Fee Paid in January of each year	\$1,350 Single entity \$1950 - \$5,650 for System Accreditation 2-3 facilities \$1950 4-6 facilities 3150 7-9 facilities 4150 10-14 facilities 4650 15-19 facilities 5650 20+ Case by case basis
Site Surveyor Travel Expenses	As incurred
Progress Report Fee	\$200
Accreditation Extension Fee	\$500

**Non-payment of fees:** Failure to meet TMA deadlines for self-studies, progress reports, or annual reports could result in an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change in status to Nonaccreditation.

# Procedures for Obtaining CME Accreditation

## Initial Accreditation for New Applicants

### STEP 1: Pre-application

Organizations meeting the eligibility criteria described in this publication should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the Accreditation of CME Providers.

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) a CME Committee providing leadership; (2) administrative support assigned to the CME effort; (3) interested physician attendees; and (4) a CME track record.

### CME Track Record

#### Prior to completion of the TMA Pre-application for Initial Accreditation

It is impossible for an organization to demonstrate compliance with the 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.

TMA 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: ***TMA, Continuing Medical Education Department, 401 W. 15th Street, Austin, Texas 78701; 512-370-1446.***

### STEP 2: Preliminary Review

When the organization feels that its program sufficiently meets the criteria and policies outlined in this manual, the Pre-application should be submitted to the TMA Continuing Medical Education Department.

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. The self-study report must

address Criteria 1, 2, 3, and 7-12 and applicable policies. The specific Criteria and policies are described later in this manual.

**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 is received, it is evaluated by a review team composed of selected members of the Subcommittee on Accreditation and TMA staff.

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 to the committees' next meetings.

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 subcommittee may recommend 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 Committee on Continuing Education 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 Subcommittee on Accreditation 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. 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 to the full Subcommittee on Accreditation at its next regularly scheduled meeting.

The Subcommittee's recommendation then is submitted to the Committee on Continuing Education for action. Action by the Committee may result in 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 or conference call survey. Self-study deadlines are determined by the dates of scheduled TMA committee meetings, typically January, June and September. Resurveys of accredited providers are conducted in accordance with the following procedures:

#### **STEP 1: Review and Site Visit**

Upon receipt of the self-study report, the provider will be contacted to schedule a site or conference call survey. At this time a survey team composed of selected members of the Subcommittee on Accreditation 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. The conference call survey takes approximately ninety minutes. The exact schedule for each survey is determined by mutual convenience and individual circumstances. To be considered for the conference call format, the TMA-accredited organization must meet the following criteria:

- a. No turnover in Primary CME Staff Contact since last survey.
- b. No progress report during the organization's last two accreditation/reaccreditation decisions.

#### **STEP 2: Committee Action**

Following the site visit, the survey team will report its findings to the full Subcommittee on Accreditation at its next regularly scheduled meeting.

The Subcommittee's recommendation then is submitted to the Committee on Continuing Education for action. Action by the Committee may result in: (1) accreditation with commendation for six years; (2) accreditation for four years; (3) probationary accreditation; (4) non-accreditation.

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-Study Reports**

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 Subcommittee on Accreditation.

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

The Subcommittee may, *at its discretion*, recommend that the Committee on Continuing Education grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 8 months
- The organization must submit its self-study report for review at the committee's next meeting

## Early Survey or Special Report

Texas Medical Association 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 indicated 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 Subcommittee on Accreditation and the Committee on Continuing Education normally meet in January, June, and September.

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 - May	Preapplication 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>	
February	Resurvey notice sent
February of following year	Self-study report due
March – May	Self-study review and site survey conducted
June	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 Texas Medical Association (TMA) and awarded accreditation for \_\_\_\_ years as a provider of continuing medical education (CME) for physicians.

TMA accreditation seeks to assure both physicians and the public that CME activities provided by (name of organization) meet the high standards of the accreditation requirements and policies as adopted by TMA.

TMA rigorously evaluates the overall CME programs of Texas organization according to national criteria adopted by the Accreditation Council for Continuing Medical Education (ACCME).

### **TMA-Accredited Provider Logos**

TMA-accredited providers that have achieved Accreditation or Accreditation with Commendation may use the TMA-accredited provider logos for educational and identification purposes. The logo can be used on brochures, flyers, continuing medical education (CME) webpages, and other materials. On activity brochures, flyers, etc., the logo must be placed next to the accreditation statements. TMA-accredited providers may also use the logo in announcements, e.g., the wording in the statements above, related to their attainment of TMA accreditation. TMA-accredited providers will receive the Accreditation with Commendation logo at the time of accreditation or email [TMA's](#) Director of CME to request either the regular Accreditation or Accreditation with Commendation logo.



# TMA Accreditation Criteria

## Introduction

TMA 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 “TMA Accreditation Requirements and Policies,” are based on specific elements 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 TMA Committee on Continuing Education in February 2007 are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in September 2006. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

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.

**The Accreditation Requirements and their Criteria** are organized as follows:

- The **Purpose and Mission Area** describes *why* the organization is providing CME (C1).
- The **Educational Planning Area** explains *how* the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial Support to ensure independence (C2-10).
- The **Evaluation and Improvement Area** evaluates *how well* the organization is accomplishing its purpose in providing CME activities and identifies opportunities for change and improvement in the CME program (C11-13).
- The **Accreditation with Commendation** criteria recognize an organization’s engagement with the environment (C16-22).

The Criteria are divided into three levels:

- **Level 1:** Provisional Accreditation for initial applicants only that requires compliance with Criteria 1, 2, 3, and 7-12.
- **Level 2:** Providers seeking full Accreditation or reaccreditation for a four-year term must be in compliance with Criteria 1-13.
- **Level 3:** Accreditation with Commendation which requires compliance with all 19 Criteria and results in a six-year term.

**Note:** Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in C16 - 22 or a TMA policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1 – 13, and must have no more than one noncompliant finding for Criteria 16 – 22 or a TMA policy. If the provider submits a Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

### **The ACCME Standards for Commercial Support(SM): Standards to Ensure Independence in CME Activities**

The ACCME Standards for Commercial Support as adopted in 1992 and revised in 2014 are reflected in the Accreditation Criteria in Criteria 7-10. They are designed to ensure that CME activities are independent and free of commercial bias. All accredited CME providers must defer to independence from commercial interests, transparency, and the separation of CME from product promotion.

### **TMA Policies**

TMA policies supplement the Accreditation Criteria and the Standards for Commercial Support: Standards to Ensure Independence in CME Activities. These policies offer more specific guidelines on areas including CME program and activity administration, education activity formats, and compliance with the Standards for Commercial Support. In some cases policies are developed to address emerging issues.

To make accreditation decisions, TMA will review the data collected for the accreditation requirements and policies to determine the level of accreditation. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

## **Texas Medical Association Accreditation Criteria**

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two-year term, providers 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. To achieve Accreditation with Commendation, a six-year term, providers must comply with all Accreditation Criteria.

### **Criterion 1**

The provider has a CME mission statement, approved by the governing body, 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 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 (e.g., IOM competencies, 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).

### **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 (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

## **ACCREDITATION WITH COMMENDATION**

### Criterion 16

The provider operates in a manner that integrates CME into the process for improving professional practice.

### Criterion 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

### Criterion 18

The provider identifies factors outside the provider's control that have an impact on patient outcomes.

### Criterion 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

### Criterion 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

### Criterion 21

The provider participates within an institutional or system framework for quality improvement.

## Criterion 22

The provider is positioned to influence the scope and content of activities/educational interventions.

### **ACCME STANDARDS FOR COMMERCIAL SUPPORT <sup>SM</sup>** *Standards to Ensure Independence in CME Activities*

#### **STANDARD 1: Independence**

- 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.
- (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.
- 1.2** A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

#### **STANDARD 2: Resolution of Personal Conflicts of Interest**

- 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.
- 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.
- 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**

- 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.
- 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.
- 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

- 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 sponsor.
- 3.5 The written agreement must specify the commercial interest that is the source of commercial support.
- 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.
- 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- 3.8 The provider, the joint sponsor, 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.
- 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- 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.
- 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- 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 sponsor or educational partner.
- 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**

- 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.
- 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**, 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 with the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based activities, advertisements and promotional materials may not be visible on the screen at the same times as the CME content and not interleaved between computer windows or screens of the CME content.
- 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 interest. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

**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.

**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**

**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.

**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**

- 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.
- 6.2** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- 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.
- 6.4** 'Disclosure' must never include the use of a trade name or a product-group message.
- 6.5** A provider must disclose the above information to learners prior to the beginning of the educational activity.

*Adopted by ACCME, September 28, 2004*

*Adopted by Texas Medical Association Committee on Continuing Education, February 4, 2005*



# Accreditation Policies

The following policies supplement the TMA accreditation requirements and policies.

## Accreditation Statement

The accreditation statement identifies which TMA accredited organization is responsible for demonstrating the CME activity's compliance with all TMA accreditation requirements and policies. 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 TMA accreditation statement is as follows:

- **For Directly Provided Activities**
  - The (name of the accredited provider) is accredited by the Texas Medical Association 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 Texas Medical Association (TMA) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by TMA 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. TMA has no policy regarding specific ways in which providers may acknowledge the involvement of other TMA- or ACCME-accredited providers in their CME activities.

## Business Procedures and Administrative Support

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.

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.

## **HIPAA Compliance Attestation**

Every provider applying for either 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."

## **CME Committee**

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a committee within the organization. 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, physicians and non-physicians, who have an active interest in CME and must be representative of the major specialties and service areas within the organization.

Providers that 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.

## **CME Consortia**

The Texas Medical Association's Committee on Continuing Education has adopted the following guidelines and criteria for consortia as a supplement to the accreditation requirements and policies.

A CME mission with common goals to be accomplished by the consortium's overall CME program must be established. The CME mission should be developed jointly by representatives of all member organizations and approved by each member organization. In addition to a common CME mission, a formal written contract or letter of agreement must be signed by each member organization. The contract must clearly define the following:

- Consortium membership criteria
- Responsibilities of member organizations
- The consortium structure and operational policies
- Financial obligations of member organizations
- Agreement to abide by the TMA accreditation requirements and policies

Accreditation will be granted based on the specific member organizations and structure as defined at the time of the accreditation review. Additions or changes in consortium member organizations or structure constitute a major change to the overall program and must be reported to TMA. Decisions to resurvey the consortium as a new program will be based on the nature and scope of the reported changes.

Centralized procedures and established methods to identify, prioritize, and share needs assessment data among member organizations should be established. To the extent possible, patient care and quality improvement data from component facilities should feed into the central CME committee for use in overall program planning as well as for development of activities within member facilities.

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

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.

A consortium must clearly demonstrate that its CME committee identifies the needs of potential participants, determines the target audience, develops objectives, selects faculty, evaluates, and fully manages the overall program. The committee may not merely function as a clearinghouse for approval of activities generated by its member organizations.

A well-structured and well-functioning central CME committee will have:

- Appropriate representation from each member of the consortium
- Clearly defined authority for control of the program's operation at both the central and member organization 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 consortium'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 member organizations 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 member to assure that needs identified within the organizations are adequately met and will assure that all activities are developed within the context of the consortium's goals and mission as a whole.

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

- Sufficient personnel to meet with component planning committees within the consortium facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, 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 whom CME duties are delegated within component facilities and defined back-up procedures 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 by the consortium

## **CME Content**

### **Definition of CME**

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships 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.

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 TMA's definition of CME.

All CME educational activities developed and presented by a provider accredited by TMA and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all TMA 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 TMA accreditation process as verification of fulfillment of the TMA accreditation requirements. Please refer to the AMA PRA Booklet for the approved learning formats for which *AMA PRA Category 1 Credit™* can be certified.

### **Valid Content in CME**

Providers are not eligible for TMA 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.

### **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. The following information must be included on the enduring material:

- The original release date
- The review date and

- A termination date

## Commercial Support and Disclosure

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

### **Relevant to SCS 1 (Ensuring Independence in Planning CME Activities)**

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.

A commercial interest is not eligible for ACCME or TMA accreditation. Within the context of this definition and limitation, the following types of organizations are eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME and TMA screen 501c organizations for eligibility. Those that advocate for ‘commercial interests’ as a 501c organization are not eligible for accreditation in the ACCME or TMA system. They cannot serve in the role of joint sponsor, 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.

### **Definition of a Commercial Interest as It Relates to Joint Providers**

Commercial interests cannot be accredited providers or joint providers. It is the responsibility of accredited providers to ensure that the selection and presentation of CME, educational methods, and activity evaluation is not controlled by commercial interests.

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria,

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.

**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.

**Commercial Support** is financial, or in-kind, contributions given by a commercial interest that 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.

Standard 3.12 of the ACCME's Standards for Commercial Support applies only to physicians whose official residence is in the United States.

**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.

**Verbal Disclosure to Learners.** Disclosure of information about provider and faculty 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 TMA 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.

### **Acknowledgement of Commercial Support**

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 the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

### **Enduring Material**

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. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, TMA considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all TMA 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 income and expenses related to the activity for that year. Accredited providers do not report cumulative data for an enduring material spanning multiple years. Additionally, refer to Content Validity of Enduring Materials on page 29 of this manual.

TMA policy does not require 'post-tests' for enduring materials. Records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements. Please refer to the AMA PRA Booklet for other requirements for enduring materials.

## **General Program Updates**

Accredited providers are responsible for promptly informing TMA 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

## **Hospital System/Multi-Facility Accreditation**

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.

To assist organizations in meeting the accreditation requirements and policies in the development and operation of a system-wide or multi-facility CME program, Texas Medical Association's Committee on Continuing Education has adopted the following criteria as a supplement to the accreditation requirements and policies.

*Criterion 1:* A common CME mission with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established. The CME

mission should be approved by each facility with final approval by a governing body to which all facilities in the system are accountable. A facility is defined as a component that administratively exists as part of a larger system and initiates CME programming on a regular basis.

*Criterion 2:* Centralized procedures and established methods to identify, prioritize, and share needs assessment data throughout the system must be established. Patient care and quality improvement data from component facilities should feed into the central system for use in overall program planning as well as for use in developing activities within individual facilities.

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.

*Criterion 3:* 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 well-functioning central CME office will have:

- (a) Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, and maintain the documentation required for program files
- (b) Established procedures for central control and approval of all commercial support for CME activities within the system
- (c) 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
- (d) A well-organized system of communication between component facilities
- (e) Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities
- (f) Procedures and policies to maintain centralized attendance records for all activities held within the system.

## **Internet**

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all TMA accreditation requirements and policies (including the Standards for Commercial Support).

## **Joint Providership**

Joint Providership is the providership of a CME activity by one accredited and one non-accredited organization. Commercial interests may not take the role of a non-accredited joint provider. Beginning to participate in joint providerships represents a major change in the overall program of an accredited provider which must be reported to TMA.

While the accredited provider is not obligated to enter into such relationships, the following requirements apply if it chooses to do so:

- The jointly provided activity must be in accordance with the mission of the accredited provider.
- The accredited provider must be able to document that the activity was planned and presented in compliance with the TMA accreditation requirements and policies. In order to acceptably do so, the accredited provider must enter the joint providership

arrangement early in the planning process so that disclosure and resolution of conflicts of interest can be accomplished. Materials that demonstrate compliance may be from either the TMA accredited provider's files or those of the non-accredited provider.

- All promotional materials for jointly provided activities must carry the following statements:
  - *This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the Joint Providership of (name of accredited provider) and (name of non-accredited provider). The (name of the accredited provider) is accredited by TMA to provide continuing medical education for physicians.*
  - *The (name of the accredited provider) designates this (format) for a maximum of (number of credits) AMA PRA Category 1 Credit(s)™. Participants should claim only credit commensurate with the extent of their participation in the activity.*

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

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

## **Journal-based CME**

Journal-based CME should not be confused with Journal Club, which is a live CME activity organized as a regularly scheduled series. 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.

The educational content of Journal CME must be within TMA's definition of CME.

Journal-based CME activities must comply with all TMA accreditation requirements and policies (including the Standards for Commercial Support). A journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

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

## **Mergers or Acquisitions Involving CME-Accredited Organizations**

There may be occasions when providers accredited by the Texas Medical Association merge with each other or with non-accredited organizations. The Texas Medical Association 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 TMA's Continuing Medical Education Department within 4 weeks of the effective date of the merger.

It is the policy of the TMA 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 accreditation 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 accreditation 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 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
- 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 Subcommittee on Accreditation.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the "TMA 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 accreditation requirements and policies.

## **Procedures for Handling Complaints on Accredited Providers**

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

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

- CME Department staff will review the complaint or inquiry to determine whether it relates to the provider's compliance with the TMA accreditation 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 accreditation 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 accreditation 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 Subcommittee on Accreditation 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 Subcommittee on Accreditation for review and action at its next regularly scheduled meeting.

The Subcommittee on Accreditation will submit its recommendations to the Continuing Education. The 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 accreditation 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 accreditation requirements and policies. 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 accreditation requirements or policies in question. The areas of non-compliance will be specified in the follow-up letter to the provider. The provider will be asked to provide a progress report on corrective action and will be notified that failure to correct the deficiencies may result in an immediate resurvey. The committee's action, a copy of the complaint, the provider's initial response, and the provider's subsequent progress report will be provided to reviewers at the provider's next survey.

## **Promotion of CME Activities including Save the Date Announcements**

Various types of preliminary notices such as calendar listings or **save the date** announcements may be distributed before all details of an activity are confirmed. Such notices contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation and credit statements must be included.

## **Reconsideration and Appeal of Adverse Accreditation Decisions**

An adverse accreditation decision is a decision by the Committee on Continuing Education 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 of the Committee on Continuing Education, TMA Continuing Medical Education Dept., 401 West 15th Street, Austin, TX 78701.

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 the accreditation requirements 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 Subcommittee on Accreditation, 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 Subcommittee on Accreditation and the Committee on Continuing Education for action at their next regularly scheduled meetings. 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**

Request for appeal will be accepted *only* in cases where the adverse decision is first upheld under the reconsideration process. If the Committee sustains its adverse decision the provider may request a hearing before an appeals board.

To file an appeal, a written request must be submitted by certified mail within 15 working days of the provider's receipt of notification of the sustained adverse decision. This date is defined as the date shown on the return receipt of the certified letter of notification. Appeals must be addressed to: *Chair of the Committee on Continuing Education, TMA Continuing Medical Education Dept., 401 West 15<sup>th</sup> Street, Austin, TX 78701.*

A request for appeal may be filed only under one or more of the conditions listed below. The appeal must cite the conditions listed below.

The appeal 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 the accreditation requirements 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 provider's appeal may be based only 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 considered in the appeals process. If a request for appeal is properly filed, the provider's status will remain as it was prior to the adverse decision until the Council on Medical Education has taken final action on the appeal.

Within 20 working days of receipt of the request for appeal, a list of 4 individuals qualified and willing to serve as potential members of the appeals board shall be prepared under direction of the Chair of the TMA Council on Medical Education. Members of the Committee on Continuing Education, its Subcommittee on Accreditation and individuals with affiliations or relationships with the appellant which could pose a potential conflict of interest shall be excluded from the list.

The names of the 4 potential members will be submitted to the provider by certified mail return receipt requested. At its direction, the provider may eliminate one name from this list, thus rendering this individual ineligible to serve. Within 10 working days of receipt of the list of potential members, the provider shall notify the Chair of the Council on Medical Education of its preferences. The provider may accept all 4 individuals as suitable members or specify the exclusion of one of these individuals.

Upon receipt of the provider's response, the Chair of the Council on Medical Education shall appoint 3 individuals from the names remaining on the list to serve as the appeals board and shall notify the provider of this selection.

An appeals board hearing will occur within 90 days following appointment of its members. At least 30 days prior to its scheduled occurrence, the provider will be notified by certified mail, return receipt requested, of the time and place of the hearing.

The appellant provider may request and obtain all relevant information from its accreditation file on which the Committee's decision was based. Representatives of both the provider and

the Committee on Continuing Education may submit written statements and additional clarifying data for consideration and may be present at the appeals board hearing to discuss findings of the review.

These rights shall be subject to the following condition: ***Additional information submitted and discussed may be used only to clarify conditions existing at the time of the provider's review.***

New information or conditions reflecting proposed changes to the program or changes made after the review and the adverse decision may not be considered in appeal.

All written statements and documentation to be used in the appeal, and the names of the representatives each party wishes to have present at the hearing, must be submitted to the appeals board and to representatives of both the provider and the TMA Committee on Continuing Education at least 15 working days prior to the scheduled hearing.

Within 15 working days following the hearing, the appeals board shall submit its findings and recommendations to the Chair of the Council on Medical Education for action at the Council's next regularly scheduled meeting.

The recommendation of the appeals board and action of the Council shall be based collectively on: records and information contained in the provider's application file, additional written statements and information submitted in accordance with the above appeals procedures, and verbal presentations provided at the appeals hearing.

The decision of the Council on Medical Education will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the Committee on Continuing Education.

Travel expenses of members of the appeals board will be equally shared by the appellant provider and the Texas Medical Association. Expenses of representatives who attend the appeals hearing on behalf of the appellant will be the responsibility of the appellant. Expenses of representatives who attend on behalf of the Committee on Continuing Education will be the responsibility of TMA.

Non-accreditation decisions delivered as a result of administrative issues such as failure to submit fees are not eligible to the Reconsideration and Appeals Process.

### **Regularly Scheduled Series (RSS's)**

Texas Medical Association defines "regularly scheduled series", as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly or quarterly and is primarily planned by and presented to the provider's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. RSSs must comply with all TMA accreditation requirements and policies (including the Standards for Commercial Support).

## **CME Activity and Attendance Records Retention**

### **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 TMA does not require sign-in sheets.

### **Activity Documentation**

An accredited provider is required to retain activity files/records of the CME activity planning and presentation during the current term of accreditation or for the last twelve months, whichever is longer. For guidance on the nature of documentation TMA will expect to review at the time of reaccreditation, refer to the Documentation Review Labels on TMA's website at [www.texmed.org](http://www.texmed.org) For CME Providers.

### **TMA Annual Reporting and PARS**

TMA-accredited providers must submit an annual report for their CME program to the ACCME online reporting system on or before March 31. This data is submitted through the Program and Activity Report System (PARS) on ACCME's website. Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2013 will be for 2012 activity and program data.

TMA-accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation

The data you submit regarding your program and activities enable the ACCME to produce Annual Report Data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities, and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders, and the public.

TMA-accredited providers may access PARS at [www.accme.org](http://www.accme.org) on the For Providers section of the ACCME website. You will access your account with your e-mail address and your Provider ID. Please contact the TMA CME office if you need assistance with this information.