



Physicians Caring for Texans

Self-Study Report CME Accreditation

Demonstrating the Implementation of ACCME/TMA Accreditation Criteria & Policies

Instructions and Outline

**For providers receiving accreditation decisions
From Texas Medical Association**

**Continuing Medical Education Department
401 West 15th Street, Ste. 100
Austin, TX 78701
800-880-1300, ext. 1446**

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Instructions for Completing the Self-Study Report

Conducting Your Self-Study

The Self-Study Report process provides an opportunity for the accredited provider or an organization applying for accreditation to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the Self Study Report is specified by Texas Medical Association (TMA), but the process of conducting a self-study is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the Self-Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
 - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
 - Is designed to change competence, performance, or patient outcomes (C3),
 - Includes formats appropriate for the setting, objectives, and desired results (C5); **not required for initial accreditation**,
 - Is in the context of desirable physician attributes (C6); **not required for initial accreditation**,
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-10).
- How implemented improvements helped your organization better meet its mission (C13); **not required for initial accreditation**.
- The extent to which your organization is engaged with its environment (C16-C22); **not required for initial accreditation**.

Resources to Support TMA's Accreditation Process

TMA's accreditation process is facilitated by your use of the following documents and forms or data:

1. Applicant Agreement, Organizational Contacts, and Demographic Information Forms
2. CME Activity List or Program and Activity Reporting System data
3. Performance in Practice Instructions
4. Performance-in-Practice Review Labels or Performance-in-Practice Structured Abstracts

You will receive electronic copies of these documents by e-mail during your accreditation process, and they are available on TMA's website at www.texmed.org.

Data Sources Used in the Accreditation Process

The TMA's accreditation process is **an opportunity** for each provider to demonstrate that its practice of CME is in compliance with accreditation requirements and policies. The TMA's accreditation process utilizes three primary sources of data from the provider's CME program:

1. **Self-Study Report:** Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practices(s) related to TMA/ACCME Criteria and Policies. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.
2. **Performance-in-Practice Review:** Providers are expected to verify that their CME activities are in compliance with ACCME/TMA's Accreditation Criteria and Policies through the documentation review process. For **reaccreditation**, TMA will select up to 15 activities from the current accreditation term for which the organization will be expected to present evidence of performance-in-practice to the TMA for documentation review. For **initial accreditation**, the organization will identify at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview.
3. **Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the Self-Study Report or activity files. Through dialogue with the TMA survey team, an organization may explain its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

TMA utilizes an on-site visit or conference call for the accreditation interview and file review format. To be considered for the conference call format by TMA's Subcommittee on Accreditation and Committee on Continuing Education, the TMA-accredited organization must meet the following criteria:

- a. No probationary or provisional status in current accreditation cycle.
- b. No more than two Criteria 1-3, 5-13 (Level 2) and policies out of compliance within current accreditation cycle, with the exception of a reoccurrence of noncompliance in Criterion 7, SCS 1, SCS 2 and SCS 6 in the last two accreditation cycles.

TMA's Subcommittee on Accreditation and Committee on Continuing Education will consider a conference call option if circumstances result in a failure to negotiate an on-site meeting date or the location is difficult for surveyors to access.

Expectations for Materials

The materials submitted to TMA, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (Self-Study Report, activity files, and other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Outline for the Self-Study Report For TMA Accreditation

I. Introduction

- A. **Complete** the Applicant Agreement, Organizational Contacts, and Demographic Information forms. Forms can be downloaded from www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation.
- B. **Complete** the CME Activity List Excel spreadsheet for your CME activities or devise your own list using the same column headings as this spreadsheet or notify TMA's CME office that all of your activity data is in PARS for the current term of accreditation by labeling a sheet of paper in place of the CME Activity List section that states "**All activities are listed in PARS.**" The CME Activity List Excel spreadsheet can be downloaded from www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation.
- C. Self-Study Report Prologue
 1. **Describe** major aspects of your physician constituency: specialty distribution; geographical region in which they practice; any unique aspects of their patient populations; typical and unique types of care provided, etc.
 2. **Describe** a brief history of your CME Program
 3. **Describe** the leadership and structure of your CME Program.
 - a. **Attach** organizational chart for staff.
 - b. **Attach** CME committee roster, including specialty or area represented.

II. Purpose and Mission (Criterion 1)

- A. **Attach** your CME mission statement.
- B. **Highlight** the expected results of your CME Program, articulated in terms of changes in competence, or performance, or patient outcomes. **Include** evidence showing your governing body's most recent review and approval of the CME Mission.

III. Educational Activities (Criteria 2-7 and Policies)

The next set of items is designed to gather information on your incorporation of the accreditation requirements and policies into your program of continuing medical education. (Note: Clearly separate the narrative for each example.)

Tell us the 'story' of how you develop continuing medical education. **Pick two** of your CME activities as examples. If you accept commercial support, one of the examples should be an activity that used commercial support. **Using** these examples, within the context of your organization's processes and mechanisms, **describe** all of the steps you went through to create these educational activities.

In your narrative for Section III the TMA will be looking for,

1. The professional practice gap that the activities were addressing	(C2)
2. The educational need(s) that you determined were underlying the gap(s) for your learners	(C2)
3. What competence or performance or patient outcome the activity was designed to change	(C3)

4. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity Not required for initial accreditation	(C5)
5. The desirable physician attribute(s) you associated with the activity Not required for initial accreditation	(C6)
6. A. A description of a planning process that was independent of the control of any ACCME-defined commercial interest. Relate your description to each element of SCS 1 B. Under very rare circumstances, an accredited provider might choose to develop activities that include the presentation of discovery, research or new knowledge by employees of ACCME-defined commercial interests. When that happens, it is important that you demonstrate through your description that there are mechanisms in place that provide appropriate safeguards to the independence of the activity. (See http://www.accme.org/ask-accme/can-accruited-cme-include-oral-presentations-or-written-reporting-scientific-research-eg) for more information on this topic.) <u>If your organization is involved in these rare circumstances:</u> 1. Describe the factors you consider in determining an appropriate role of an ACCME-defined commercial interest employee in planning and/or presenting accredited CME; and 2. Describe the mechanisms implemented to ensure that you, as provider, retain complete control of the CME content. The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, CME Committee members and others who controlled content).	(C7 SCS1)
7. The mechanism(s) your organization used to a) <u>identify</u> and b) resolve conflicts of interest for <u>everyone</u> in a position to control educational content (<u>i.e., teachers, authors, planners, reviewers, CME Committee members and others who controlled content</u>)	(C7 SCS2)
8. Your organization's process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content	(C7 SCS 6.1 – 6.5)
9. Your organization's process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including "in-kind" support	

Recording and verifying physician participation

- A. **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- B. **Using** the information from one of the example activities in Section III above, **show** the TMA information or reports your mechanism can produce for an individual participant.

IV. Regarding your Program of CME, your Educational Activities and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities (Criteria 8-9)

- A. **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors **or label** a sheet of paper in place of this policy with **"We do not provide honoraria in any form to planners, teachers, and/or authors."** (C8 SCS 3.7-3.8)

- B. **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors **or label** a sheet of paper in place of the policy with, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- C. **Describe** what policy, procedure, or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint provider, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- D. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) **or label** a sheet of paper in this section with, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- E. **Describe** what policy, procedure or communications you employ to ensure that all commercial support is given with your organization’s full knowledge and approval. (C8 SCS 3.3) **or label** a sheet of paper in this section with, **“We do not accept commercial support for any of our directly or jointly provided CME activities.”**
- F. **Describe** the practices or procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) **or label** a sheet of paper in place of this section with, **“We do not accept commercial support for any of our directly or jointly provided CME activities” or label** a sheet of paper in place of this section with, **“We do not provide social events or meals for any of our directly or jointly provided and commercially supported CME activities.”**
- G. Do you organize *commercial exhibits* in association with any of your CME activities? If “No,” **label** a sheet of paper in place of this section with, **“We do not organize *commercial exhibits* in association with any of our CME activities.”** If “Yes,” **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)
- H. Do you arrange for *advertisements* in association with any of your CME activities? If “No,” **label** a sheet of paper in place of this section with, **“We do not arrange for *advertisements* in association with any of our CME activities.”** If “Yes,” **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

V. Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)

It is an expectation of the ACCME and TMA that,

The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias)

(C10 SCS 5.1)

CME activities give a balanced view of therapeutic options, and that

(C10 SCS 5.2)

*The content of CME activities is in Compliance with the ACCME’s content validity value statements**

(Policy on Content Validation)

***ACCME’s Policy on Content Validation:** All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

Describe how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

VI. Evaluation and Improvement (Criteria 11-13)

- A. Based on data and information from your program's activities/educational interventions, **provide** your analysis of changes achieved in your learners' competence, performance, or in patient outcomes. (C11)
- B. Based on data and information gathered, **provide** your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions. (C12)
- C. **Describe** the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve on your ability to meet your CME mission that have been identified, planned, and implemented. **Not required for initial accreditation.** (C13)

VII. Engagement with the Environment (Criteria 16-22)

NOTE: The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation. We encourage applicants to provide responses for each of these Criteria. **Initial applicants may choose to respond the following items. Initial applicants are not eligible for Accreditation with Commendation.**

- A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. **Include** examples of explicit organizational practices that have been implemented. (C16)
- B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. **Include** in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. **Include** examples of non-education strategies that have been implemented. (C17)
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. **Include** examples of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. **Include** examples of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include examples of collaboration and cooperation with other stakeholders. (C20)
- F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include examples of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. **Include** examples of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

Structure and Format Requirements for the Self-Study Report

Tabs

The Self-Study Report must be organized using divider tabs to separate the content of the report in the seven sections of the Self-Study Report. Print at least three sets of the tabs (depending on number of extra copies). For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

- I. Introduction
- II. Purpose and Mission (C1)
- III. Educational Activities (C2-7 and Policies)
- IV. CME Program and Educational Activities (C8-9)
- V. Content of Educational Activities (C10 and Content Validation)
- VI. Evaluation and Improvement (C11-13)
- VII. Engagement with the Environment (C16-22)

Format Requirements

1. The Self-Study Report must be organized and using divider tabs as specified above.
2. Applicant Agreement, Organizational Contacts, and Demographic Information Forms, CME Activity List (if not using PARS) and Self-Study Report Prologue must be provided as indicated in the Self-Study Report Outline and included behind the "Introduction" tab.
Note: Forms can be downloaded from www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation.
3. Type with at least 1" margins (top, bottom and sides), using **11 point type or larger**. The topics from the Outline should be in **bold**, clearly separated from the type style (font) of your answers. It is acceptable to use double-sided printing.
4. **Consecutively number** each page in the binder including the attachments. Typed **or** hand-written page numbers are acceptable.
5. Place the Self-Study Report and all the attachments in a three-ring binder – **1 ½ -inch maximum** ring diameter.
6. Submit **three** copies to TMA – in three separate ring binders. Be sure to keep a separate copy for your use during the interview.
7. One electronic copy of the Self-Study Report in its entirety must be submitted to TMA (in addition to the three binders), on a USB flash drive.

Ship Self-Study Reports to:

Casey D. Harrison
Director, CME
Texas Medical Association
401 West 15th Street, Ste. 100
Austin, TX 78701

TMA's Review of a Provider's Performance-in-Practice

Structure and Format Requirements for Performance-in-Practice Review

TMA's performance-in-practice review allows providers to demonstrate compliance with ACCME/TMA's expectations and offers providers an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with TMA's expectations may result from work done for individual activities or as part of the overall CME program.

Based on the PARS information and/or the completed CME Activity List you include in your Self- Study Report, TMA will select up to 15 files for review for **reaccreditation** and at a minimum, the required two activities completed within the 24 month period prior to the interview for **initial accreditation**. TMA will select a sample of your activities from this list from both 1) across the years of your accreditation term and 2) among the types of activities that are produced. If you produce enduring materials, journal CME, or internet CME activities, you are also expected to submit the CME product from the activities chosen for performance in practice review. These products will be reviewed for compliance with ACCME/TMA policies specific to their activity type. For **reaccreditation**, you will receive an e-mail from the TMA CME Office approximately four weeks prior to an onsite survey date or eight weeks prior to a conference call survey that will include the list of selected files.

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

STEP 1: Select an Option for Submitting Your CME Activity Data

Option 1 - PARS: TMA-accredited providers began entering data into PARS in 2012. Providers have the option to back fill data for the current term of accreditation. The selection of activities for performance-in-practice can be facilitated in PARS, and therefore, would not require completion of the Excel spreadsheet as described below. Please let the TMA office know if you choose PARS for submitting activity data for the current term of accreditation by labeling a sheet of paper in place of the CME Activity List section that states "**All activities are listed in PARS.**"

Option 2 - Excel Spreadsheet: In your Self Study Report, activities should be entered chronologically; first live courses, then enduring materials. An Excel spreadsheet is available to facilitate listing and tracking this required data at www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation; or devise your own list using the same column titles as this form. The list of activities to the TMA must include the following information:

- Activity title
- Date
- Location
- Providership (direct or joint) – **for initial accreditation the activity can be without formal CME credit**
- Type of activity (single, RSS, enduring and format, journal CME)
- Number of hours
- Number of MDs
- Number of non-MDs
- Amount of commercial support received
- Number of commercial supporters
- Designed to change competence?
- Competence measured?
- Designed to change performance?
- Performance measured?
- Designed to change patient outcomes?
- Changes in patient outcomes measured?

For Option 1 & 2 for initial accreditation, the information entered should include data for at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period

prior to the initial accreditation interview. This list should reflect only those activities that are being presented for review of performance-in-practice and planned and presented in compliance with TMA Accreditation Requirements and Policies.

For Option 1 & 2 for reaccreditation, any activity that your organization offered, or plans to offer, under the umbrella of your TMA accreditation during its current term must be included in PARS or on the list. Current term is defined as the month after your last accreditation decision through the expiration of your current term.

- For organizations that produce **regularly scheduled series (RSS)**: List RSSs by year and series. Do not list each daily, weekly, or monthly session. RSS is defined as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff and are planned as one activity for the year. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/non-physicians attending each individual session.
- **For activities that have not yet occurred**, please use best available information. You will have the opportunity to update this information at the time of the interview.
- Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location** at which they were offered.

STEP 2: Select an Option for Preparing Evidence of Performance-in-Practice Review

Note: Providers must choose one of the two following options for submitting evidence of performance-in-practice to the TMA. The option that is chosen must be used for all activities selected for performance-in-practice review. Please select the option and read all of the instructions in this section.

Option 1 - Submit evidence using TMA's **Performance-in-Practice Structured Abstract**

TMA's Performance-in-Practice Structured Abstract may be downloaded from www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation. Using the Performance-in-Practice Structured Abstract for each activity, you will complete text-limited fields, tables, and attach evidence that verifies the activity meets the TMA's requirements.

Option 2 - Submit **labeled evidence of Performance-in-Practice**

The TMA Performance-in-Practice Labels may be downloaded from www.texmed.org by selecting CME → For CME Providers → Documents for Reaccreditation. The label template is pre-formatted to print onto Avery *Standard File Folder Labels #5266*. Affix the labels to evidence that verifies the activity meets the TMA's requirements. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets TMA's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance. If the evidence applicable to a label is several pages in length, you may apply the corresponding label to the first page or on a coversheet. Use labels, arrows, highlighting, or other methods to make explicit where the evidence is located.

Additional Instructions for Option 2:

1) Assemble an Activity File

For each activity, clip all the labeled documentation together and place a cover sheet on it listing the name and date of the activity, if it is directly or jointly provided, and whether or not it received commercial support. Only one copy of documentation for each activity is needed.

2) Tips for Labeling Evidence

- You should utilize materials developed for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to generate

new or additional documentation. Provide only documentation that effectively demonstrates compliance. “More” is not “better.”

- If multiple Criteria and/or Policies are addressed on one document (such as a course brochure or syllabus page), you may affix more than one label to the document.
- If you opt to include strings of email communications or meeting minutes as evidence of your performance-in-practice, **highlight** the items relevant to the label(s).
- Use discretion in selecting evidence that relates specifically to compliance criteria. TMA does not need to see every sign-in sheet, every completed activity evaluation form, slide packets or other handouts in their entirety in order to **verify** compliance.
- However, **all** signed written agreements must accompany a list of commercial supporters, if commercial support was received. Also, evidence of disclosing to learners the presence or absence of relevant financial relationships for **all** persons in control of content must be provided. The best strategy is to include **all** related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons (including planners) in control of content.
- Once you have affixed the label to the evidence, use highlighting, arrows, circles, or callout boxes to pinpoint in the materials your demonstration of compliance.
- Blank forms, checklists, and policy documents **alone** do not verify performance-in-practice.

Additional Information for Option 1 & 2:

Your organization **may not have evidence to demonstrate that a Criterion was met in an activity** because there is no evidence available for the Criterion and/or the Criterion is not applicable to the activity. If this is the case, please follow the instructions under the option you have selected for submitting evidence of performance in practice for activity documentation review.

For Option 1 using the TMA Performance-in-Practice Structured Abstract

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, explain why there is no evidence in the blank fields provided on the form or if the evidence is an attachment, write/type on a sheet of paper why there is no evidence. For example, “No evidence because it cannot be found or it was not documented.”

For Option 2 using Labeled Evidence of Performance-in-Practice

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, place the label for the Criterion on a sheet of paper which explains why there is no evidence. For example, “No evidence because it cannot be found or it was not documented”, or “No commercial support accepted for this activity”. Use **all labels in the set** for each activity file.

Demonstrating Compliance with RSS in Performance in Practice

The definition of a regularly scheduled series (RSS) as an educational activity that is presented as a series of sessions which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by, and presented to, the accredited organization’s own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

A provider that produces RSS must ensure that they are designed and implemented in compliance with the accreditation requirements – just like any other activity type.

For the performance-in-practice review, compliance can be demonstrated by using all of the performance-in-practice review labels for each annual series selected,

- documentation of how the series was planned (C2 – C7 SCS1)
- documentation from the implementation of the series to demonstrate compliance with the ACCME's expectations for the Standards of Commercial Support (C7 SCS2 – C10)
- documentation from the series to demonstrate data generated about learner change (C11)

Demonstrating Compliance with Enduring Materials, Journal CME, Internet CME

If the activity for which you are completing a Performance-in-Practice Structured Abstract or labeling evidence that is an enduring material, journal, or Internet CME activity, you are required to demonstrate compliance with the Accreditation Criteria and other ACCME/TMA Policies. Please refer to the specific policies related to these activity types in the TMA Accreditation Manual.

Where possible, highlight on hard copy the evidence that these activities comply with the applicable policy. In addition, you must have available at the site survey, or if by conference call, before the survey, the CME product in its entirety for each Internet, journal-based and/or enduring material CME activity selected. In the product, you may also highlight, flag, note, describe, or otherwise provide written directions to ensure that you are showing where you are meeting the policy requirements.

For Internet activities, provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM, USB flash drive or provide access on an archived website. If surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs, and passwords must be made available for the duration of your organization's current accreditation review.

Step 3: Providing Performance-in-Practice Review Activity Documentation to TMA for Survey

Site survey format -organizations are expected to have available at the site survey one copy of the completed Performance-in-Practice Structured Abstracts with attachments or the labeled documentation using TMA's labels.

Conference call survey format - organizations are expected to ship one copy of the completed Performance-in-Practice Structured Abstracts with attachments or the labeled documentation using TMA's labels to TMA four weeks before the date of your conference call survey.

For conference call format, ship completed documentation to:

Casey D. Harrison
Director, CME
Texas Medical Association
401 West 15th Street, Ste. 100
Austin, TX 78701

TMA's Interview

The TMA interview (on-site or conference call) offers opportunities to the provider and to TMA. The interview allows the provider to: (1) discuss its CME program, overall CME program evaluation, and Self-Study Report and (2) clarify information described and shared in the Self-Study Report and performance-in-practice materials. The interview offers opportunities for TMA to ensure that any questions regarding the provider's procedures or practices are answered and that complete information about the provider's organization is considered in the accreditation decision.

TMA surveyors will not provide feedback on your compliance nor will they provide a summary of their findings or an assessment of the expected outcome of the accreditation process. Your organization's compliance, your findings, and the outcome of the accreditation process are determined by the TMA Committee on Continuing Education upon receiving a recommendation from its Subcommittee on Accreditation.

On-site:

The interview is held on-site at the provider's administrative office and involves a meeting between the representatives of the accredited provider and the TMA survey team. Following is a typical survey agenda:

Approximately 9:00 am – 1:45 pm

- 1. Review of Activity Files - Survey Team Only (9:00-10 am)**
- 2. Meeting/Interview With CME Committee Chair, Staff, and Administrator(s) (10 am – noon)**
 - a. Overview of Survey Purpose and Role of Surveyors
 - b. Discussion of Demographic and Program Summary
 - c. Discussion of TMA Accreditation Requirements and Policies
- 3. Lunch with CME Committee (Noon-1:00pm)**
- 4. Survey Team Meets Alone to Complete Recommendations & Report (1 – 1:30 pm)**

Conference Call:

The interview is held via conference call and involves a conference call between the representatives of the accredited provider and the TMA survey team. Following is a typical survey agenda. Scheduled times vary because there is a more flexibility with a conference call.

- 1. Approximately 90 minutes.**
- 2. Review of Activity Files - Survey Team Only - before conference call**
- 3. Interview with CME Committee Chair, Staff, and Administrator(s)**
 - a. Overview of Survey Purpose and Role of Surveyors
 - b. Discussion of Demographic and Program Summary
 - c. Discussion of TMA Accreditation Requirements and Policies
- 4. Survey Team Visits Alone to Complete Recommendations & Report – after conference call**

Interview Fees

In addition to the accreditation fee of \$3000, providers incur expenses related to the interview. On-site interview expenses include surveyors' actual travel, meal, and incidental expenses (incurred in accordance with TMA's policies regarding reimbursable expenses for volunteers). Conference call expense is a fee of \$50. TMA will invoice the provider for the survey team travel expenses or TMA's conference call fee within 30 days of the interview.