Continuing Medical Education Accreditation Requirements for Providers in Texas

General Information  General Accreditation Overview  Procedures for Obtaining CME Accreditation  Types and Duration of Accreditation  TMA Accreditation Requirements

Published by the Texas Medical Association Continuing Medical Education Department, 401 West 15th Street, Austin, Texas 78701, (512) 370-1446

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

Revised November 2019
# Table of Contents

**General Information**
- American Medical Association .......................................................... 3
- AMA PRA/AMA PRA Credit System ................................................. 3
  - AMA PRA Category 1 Credit™ .......................................................... 3
  - Certification of Activities for AMA PRA Category 1 Credit™ by Accredited CME Providers ............... 3
  - AMA Credit Designation Statement .............................................. 4
  - AMA Direct Credit Activities .......................................................... 5
- Texas Medical Board CME Requirement, Including Ethics .......................... 5

**General Accreditation Overview**
- Definition and Purpose of Accreditation ........................................ 6
- Roles of ACCME and TMA in CME ....................................................... 6
- Eligibility for TMA Accreditation ..................................................... 7
- Dual Accreditation .............................................................................. 7

**Procedures for Obtaining CME Accreditation**
- Initial Accreditation for New Applicants ......................................... 8
- Resurvey of Accredited Providers ..................................................... 10
- Accreditation Extensions and Late Self-Study Reports ..................... 11
- Early Survey or Special Report .......................................................... 11

**Types and Duration of Accreditation**
- Types and Duration ........................................................................... 12
  1. Provisional Accreditation (For Initial Applicants Only) ............... 12
  2. Accreditation .................................................................................. 12
  3. Accreditation with Commendation ............................................... 12
  4. Probation ....................................................................................... 12
  5. Nonaccreditation ........................................................................... 13
- Progress Reports ............................................................................... 13
- Reconsideration and Appeal ............................................................ 14
- Accreditation Fees ............................................................................ 14

**TMA Accreditation Requirements and Policies**
- Texas Medical Association Accreditation Criteria .......................... 15
- Standards for Commercial Support: Standards to Ensure Independence in CME Activities ............. 16
- TMA Policies ..................................................................................... 23
  1. Public and Confidential Information about Accredited Providers ........ 23
  2. TMA-Accredited Provider Logos .................................................. 24
  3. Publicizing TMA Accreditation ................................................... 24
  4. Accreditation Statement ............................................................... 24
  5. Joint Providership .......................................................................... 25
  6. Administrative Deadlines ............................................................... 26
  7. CME Activity and Attendance Records Retention ....................... 26
  8. CME Content: Definition and Examples ...................................... 26
  9. CME Clinical Content Validation ............................................... 27
  10. Content Validity of Enduring Materials ...................................... 27
  11. CME Content and the American Medical Association Physician’s Recognition Award ............. 28
  12. Fees for TMA-accredited Providers ........................................... 28
  13. HIPAA Compliance Attestation ................................................... 29
  14. CME Program Business and Management Procedures .............. 29
      General Program Updates .............................................................. 29
      CME Committee ........................................................................... 29
      Hospital System/Multi-Facility Accreditation ................................ 29
      CME Consortia .............................................................................. 30
      Mergers or Acquisitions Involving CME-Accredited Organizations .... 32
  15. Procedures for Inquiries and Allegations of Noncompliance .......... 34
  16. Reconsideration and Appeal of Adverse Accreditation Decisions .... 37
General Information

The American Medical Association (AMA) has requirements that every activity certified for *AMA PRA Category 1 Credit™* must meet. For more information, frequently asked questions, and to download a PDF of the *AMA Physician’s Recognition Award and credit system* booklet, refer to the AMA PRA Credit System requirements on the AMA website – type in www.ama-assn.org/education/ama-pra-credit-system/ama-pra-credit-system-requirements. 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 and all requirements of the AMA PRA program.

I. American Medical Association

**AMA PRA/AMA PRA Credit System**

The AMA Physician’s Recognition Award (PRA) has recognized physician participation in continuing medical education (CME) since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. The credit system initially described the type of educational activities that would qualify to meet the requirement to obtain the AMA’s PRA. The AMA PRA Standards and Policies have evolved and now AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.

**AMA PRA Category 1 Credit™**

The type of CME credit that physicians earn by participating in the following:

- Certified activities sponsored by CME providers accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized State/Territory Medical Society (e.g., Texas Medical Association);
- Activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and
- Certain international activities recognized by the AMA through its International Conference Recognition Program.

**Certification of Activities for AMA PRA Category 1 Credit™ by Accredited CME Providers**

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™*. An accredited organization’s authority to designate credit for its CME activities extends only to credit for the AMA PRA. Designation of CME credit is the declaration that an activity meets the requirements for a specific type of credit. Accredited CME providers have the authority to determine which of their activities meet these requirements, assume the responsibility and accountability for developing certified educational activities, and must ensure that activities certified for *AMA PRA Category 1 Credit™* meet all AMA requirements, which

**AMA AND CME**

The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of 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.

To stay up-to-date on the AMA PRA credit system, sign up to receive the *AMA Med Ed Update* newsletter. To sign up, type in www.ama-assn.org/member-benefits/personal-member-benefits-discounts/email-newsletter-publications.

Email cppd@ama-assn.org for comments and suggestions on the PRA credit system.

PRA requirements and materials are revised periodically. Application forms and current information on criteria and requirements as found in the *AMA Physician’s Recognition Award and credit system* booklet may be obtained from the AMA website at www.ama-assn.org.
include (a) core requirements, (b) format-specific requirements, and (c) requirements for designating and awarding *AMA PRA Category 1 Credit™.*

**AMA Credit Designation Statement**

The statement that indicates to physicians that the activity has been certified for *AMA PRA Category 1 Credit™,* and includes the **type of activity** and **number of credits.** Accredited organizations are responsible for informing participants when they have designated an activity for credit, and the number of credits offered upon its completion. This is done through publication of the AMA Credit Designation Statement, which must appear on all CME activity materials, in both print and electronic format (e.g., brochure, flyer, enduring material publication, landing page of an internet activity, etc.), that reference CME credit distributed by TMA-accredited providers, except that the designation statement does not need to be included on the initial, save-the-date type of activity announcements. Such announcements contain only general, preliminary information about the activity such as date, location, and title. If more specific information is included such as faculty and objectives, etc., the designation statement must be included.

The **AMA Credit Designation Statement must:**

- Be written without paraphrasing,
- Be listed separately from accreditation or other (e.g., ethics) statements,
- Use the complete italicized, trademarked phrase *AMA PRA Category 1 Credit™,* and
- Use one of the following AMA approved learning formats:
  - Live activity
  - Enduring material
  - Journal-based CME activity
  - Test-item writing activity
  - Manuscript review activity
  - PI CME activity
  - Internet point-of-care activity
  - Other activity (<<provide a short description>>) *

The following AMA Credit Designation Statement must be included in relevant announcements and activity materials (replace the << >> with the information requested):

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

*CME providers may designate an activity format as “other” if it does not fall into one of the established format categories. For activities in the “Other activity” format, use the following for the AMA Credit Designation Statement (replace the << >> with the information requested):

The <<name of the accredited CME provider>> designates this Other activity (<<provide short description>>) for a maximum of <<number of credits>> *AMA PRA Category 1 Credit(s)™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**AMA CREDIT DESIGNATION STATEMENT**

Time allotted for registration, breaks, lunch, etc., is not applied toward the number of hours/credits. Full instructions on credit calculation/awarding can be found in the AMA Physician’s Recognition Award and credit system booklet.

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

**Important:** Statements on promotional materials to the affect that CME credit is “pending” or “applied for” are **PROHIBITED** by the AMA and TMA.

Please refer to the AMA Physician’s Recognition Award credit system booklet for wording for non-physician certificates or transcripts; and for more information on any of these topics described in this section.
AMA Direct Credit Activities

Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the *AMA Physician’s Recognition Award credit system* booklet.

II. 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. 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.

Should an accredited provider designate an activity, or parts of an activity, for ethics and/or professional responsibility content, the following statements are recommended (replace the << >> with the information requested):

**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

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 – the provider’s CME activities and functions taken as a whole. CME “activity” refers to individual conferences, seminars, independent study materials, etc. – an educational offering that is planned, implemented, and evaluated in accordance with the (a) TMA Accreditation Criteria, (b) Standards for Commercial Support and supporting policies, (c) the AMA Physician’s Recognition Award CME credit system standards and policies, (d) the AMA Council on Ethical and Judicial Affairs pertinent opinions, and (e) TMA Policies. 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.

I. Definition and Purpose of Accreditation

Accreditation is official recognition by a state medical association (e.g., TMA) or the Accreditation Council for Continuing Medical Education (ACCME) that an organization’s overall program of physician CME meets accreditation requirements. 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.

II. Roles of ACCME and TMA in CME

ACCME

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

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

TMA

The TMA is recognized by the ACCME as the Texas accreditor of intra-state CME providers. TMA sets and enforces the standards for CME provider organizations/activities through review and approval of organizations/activities; and monitors and enforces guidelines for these organizations/activities. TMA’s accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

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

III. Eligibility for TMA Accreditation

Organizations must meet the following criteria to be eligible for TMA Accreditation:

➢ Be located in Texas;
➢ 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);
➢ Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
➢ 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; and
➢ 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.

IV. Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME and TMA 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 TMA to request to be withdrawn from its accreditation system and 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.
Procedures for Obtaining CME Accreditation

To make accreditation decisions, TMA will review the data collected for the accreditation requirements and policies to determine the type of accreditation. Three sources are used to collect this data: (1) Self-Study Report, (2) Performance-in-Practice (activity file review), and (3) the interview. This process is repeated at the end of every term (2-, 4- or 6-years) for accredited providers; and more frequently where monitoring suggests possible areas for improvement. 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.

I. Initial Accreditation for New Applicants

Organizations meeting TMA eligibility criteria should carefully develop the overall CME program in accordance with the accreditation requirements and policies for the accreditation of CME providers. The initial accreditation process is an opportunity for each applicant to demonstrate that its practice of CME is in compliance with the TMA’s accreditation requirements. To begin and support your process, please review the information in this manual about TMA accreditation and expectations. For initial applicants, the accreditation process can take nine to eighteen months. TMA 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: Casey Harrison, Director of CME, (512) 370-1446 or casey.harrison@texmed.org.

The initial accreditation process is conducted in accordance with the following procedures:

1. Pre-Application

The Pre-Application is designed to help organizations assess their program and determine if they are ready to begin the process. When the organization feels that its program sufficiently meets the criteria and policies outlined in this manual, the Pre-Application should be completed and submitted to the TMA Continuing Medical Education Department. Contact the CME director for TMA at (512) 370-1446 or casey.harrison@texmed.org to obtain a current version of the Pre-Application.

2. Preliminary Review (Pre-Application)

When the Pre-Application is received, it is reviewed to determine if the organization appears to have the basic structure in place to begin the formal Self-Study Report process. Upon review of the Pre-Application, a recommendation will be made either for the organization to begin the Self-Study Report process or that certain aspects of the program be refined or more fully developed prior to completing the Self-Study Report.

3. Self-Study Report

The Self-Study Report process provides an opportunity for the initial applicant to tell the “story” of their CME Program to TMA and provide background information on how the organization accomplishes its CME mission. This process provides an opportunity for the initial application to assess its commitment to and role in providing continuing medical education; and analyze its current practices and success in meeting its educational mission.
In the Self-Study Report, initial applicants must demonstrate compliance with Criteria 1-3, 7-12 and applicable policies to receive an outcome of Provisional Accreditation with a two-year accreditation term. If any of the Criteria 1-3 or 7-12 are found to be in Noncompliance, the accreditation outcome will be Nonaccreditation. The specific criteria and policies are described later in this manual. There are four crucial elements that should be in place before the formal Self-Study Report 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.

The Self-Study Report should be to TMA submitted within nine months of an approved Pre-Application.

4. First-Level Review (Self-Study Report)

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, an on-site interview will be scheduled prior to the committees’ next meetings.

If reviewers feel the Self-Study Report is inadequate for preliminary assessment, they may recommend that an on-site interview 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 an on-site interview, (2) an on-site interview 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 Nonaccreditation 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 and Appeal of Adverse Accreditation Decisions if this recommendation is approved. (See page 37.)


In addition to an on-site interview, initial applicants are expected to provide performance-in-practice evidence that demonstrates compliance with Criteria 2, 3, 7, 8, and 11, and all applicable TMA accreditation policies. The provider is required to have these materials documenting how these activities fulfilled accreditation requirements available at the second-level review (on-site interview). The performance-in-practice review process enables TMA to ensure that accredited providers are consistently complying with requirements on an activity level. Initial applicants may also choose to submit evidence for Criteria 5 and 6, but this evidence will not affect the organization’s accreditation status.

The initial applicant will select at least two CME activities completed within the last twenty-four months and complete TMA’s Performance-in-Practice Structured Abstract for each of the selected activities. The activities selected for performance-in-practice review may be conducted in joint providership with a TMA- or ACCME-accredited provider, or they may be offered by initial applicants without CME credit. In all cases, the evidence of performance-in-practice presented from these activities will be an important data source upon which the initial accreditation findings and decision will be based.

6. Second-Level Review (On-site Interview)

Initial applicants are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of surveyors. A survey team composed of selected members of the Subcommittee on Accreditation will review performance-in-practice files, and then meet with the provider’s applicable physicians, CME staff, and administration for the interview portion of the accreditation process, and then meet with the organization’s
CME Committee during lunch. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges. The on-site visit normally takes place from 9 am-1:30 pm. The exact schedule is determined by mutual convenience and individual circumstances.

7. Committee Action
Following the interview, the survey team will report its findings to the Subcommittee on Accreditation at its next regularly scheduled meeting. The subcommittee’s recommendation is submitted to the Committee on Continuing Education for action. Action by the committee may result in Provisional Accreditation of two years or Nonaccreditation. A decision of Nonaccreditation will be reported to the organization with notification that they may utilize procedures for Reconsideration and Appeal of Adverse Accreditation Decisions. (See page 37.)

After one year, organizations may later reapply as an initial applicant.

II. Resurvey of Accredited Providers

Resurveys of accredited providers are conducted in accordance with the following procedures:

1. Self-Study Report
Approximately twelve months prior to the expiration of their current accreditation term, accredited providers are notified by email of the need to complete a Self-Study Report and schedule an interview. Self-Study Report deadlines are determined by the dates of scheduled TMA committee meetings, typically January, June and September.

2. Schedule Interview
Following receipt of the Self-Study Report and Survey Date Preferences form, TMA contacts the provider to schedule an interview.

After the interview date is confirmed, TMA selects activities to review. TMA emails the provider the list of activities, a copy of TMA’s Performance-in-Practice Structured Abstract to complete for each activity, and instructions for submitting the evidence to TMA. Accredited providers are requested to verify that their CME activities are in compliance with TMA accreditation requirements and policies through this review process. This process enables TMA to ensure that accredited providers are consistently complying with requirements on an activity level. The evidence of performance-in-practice presented from these activities will be an important data source upon which the accreditation findings and decision will be based.

4. Interview
The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges. A survey team composed of selected members of the Subcommittee on Accreditation will review performance-in-practice files, and then visit with the provider’s applicable physicians, CME staff, and administration for the interview portion of the reaccreditation process.

For reaccreditation, TMA utilizes an on-site or virtual format for the accreditation interview and performance-in-practice review. To be considered for a virtual format by the Subcommittee on Accreditation
and the Committee on Continuing Education, the TMA-accredited organization must meet the following criteria: (a) no probationary or provisional status in current accreditation cycle, and (b) no more than two Criteria 1-3, 5-13 or policies out of compliance within current accreditation cycle unless there is a reoccurrence of noncompliance in Criterion 7, SCS 1, SCS 2, and SCS 6 in the last two accreditation cycles. The Notice of Reaccreditation email includes information regarding the format(s) available to your organization.

An on-site visit normally takes place from 9 am-1:30 pm. A virtual interview takes approximately 90 minutes. The exact schedule for each interview type is determined by mutual convenience and individual circumstances. TMA’s Subcommittee on Accreditation and Committee on Continuing Education will consider a virtual interview option if circumstances result in a failure to negotiate an on-site interview date or the location is difficult for surveyors to access.

5. Committee Action

Following the interview, the survey team will report its findings to the Subcommittee on Accreditation at its next regularly scheduled meeting. The subcommittee’s recommendation 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, or (4) Nonaccreditation.

Decisions of Probation or Nonaccreditation will be reported to the organization with notification that they may utilize the procedures for Reconsideration and Appeal of Adverse Accreditation Decisions. (See page 37.) Organizations receiving Nonaccreditation may later reapply as an initial applicant after one year from the date the decision was made.

III. 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 a one-time extension of its current accreditation term. If your request is approved, your current accreditation term will be extended approximately four months to the next TMA decision cycle, and your accreditation review will be conducted in the subsequent decision cohort. You will be required to meet the administrative deadlines applicable to the new decision cohort. Requests for extensions must be submitted by email to the Subcommittee on Accreditation two weeks prior to the original deadline for the Self-Study Report. Send requests to: Casey Harrison, Director of CME, casey.harrison@texmed.org. 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.
➢ The organization must pay the Accreditation Extension Fee. (See page 28.)

IV. Early Survey or Special Report

TMA 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.
Types and Duration of Accreditation

Accreditation decisions are made by an accreditor (e.g., TMA) concerning the accreditation status of CME providers.

I. Types and Duration

There are five options for accreditation status:

1. Provisional Accreditation,
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, and
5. Nonaccreditation.

1. Provisional Accreditation (For Initial Applicants Only)

Compliance in Criteria: 1-3, 7-12, and applicable policies
Term: 2 years
Note: At the discretion of the Subcommittee on Accreditation and Committee on Continuing Education, if 1-2 criterion are noncompliant, the applicant can resubmit a narrative, two performance-in-practice files, and the Focused Resubmission Fee within a year of the initial accreditation decision to be considered for Provisional Accreditation. If the criteria are non-compliant on the second review, the decision results in Nonaccreditation. The Focused Resubmission option will eliminate the initial applicant from repeating the entire pre-application/self-study process and cost less than another Self-Study Report.

2. Accreditation

Compliance in Criteria: 1-3, 5-13, and policies
Term: 4 years (standard accreditation term)
Note: Any criterion found in noncompliance must be brought into compliance in a Progress Report.

3. Accreditation with Commendation

The highest accreditation status; available only to providers seeking reaccreditation, not to initial applicants.
Compliance in all criteria: 1-3, 5-13, policies, and compliance with Menu of Commendation Criteria requirements.
Term: 6 years
Note: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in one commendation criterion or a TMA policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1-3 and 5-13, and must have no more than one commendation criterion noncompliant finding 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.

4. Probation

Accreditation status given by TMA to accredited providers that seriously deviate from compliance with the accreditation requirements. Probation may also be given to providers whose progress reports are rejected or failure to pay accreditation fees. The accredited provider must correct the noncompliance issues in order to return to a status of Accreditation.

Any of the following items can result in Probation:

1. Independence-use of commercial interest employees outside of acceptable circumstances:
• More than one individual, or
• More than one activity
2. Recurrent (reaccreditation cycle to reaccreditation cycle) noncompliance in the Standards for Commercial Support,
3. Falsification of evidence, or
4. Noncompliance in five or more criteria

**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:** While on probation, a provider may not jointly provide new activities. Any jointly provided activities already planned may be provided. Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. The provider must cease all joint providership even existing contracts. If the provider is found to be working in joint providership while under this probation, TMA will immediately change the provider's status to Nonaccreditation.

**5. Nonaccreditation**

The accreditation decision by TMA that a CME provider has not demonstrated compliance with the appropriate TMA requirements.

1. Given to an initial applicant following formal review and an on-site interview when the Committee on Continuing Education determines that an organization is not in compliance with all 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.

**II. Progress Reports**

TMA expects organizations found to be in noncompliance with Criteria 1-3, 5-13, 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 Progress Report must be reviewed no more than one year from the date of the original finding.

The Progress Report notification is sent to by email well in advance of the specified meeting of the Committee on Continuing Education at which the report will be reviewed. The notification includes the Progress Report form to be completed and submitted to TMA. In the report, providers must describe improvements and their implementation and provide evidence of performance-in-practice to demonstrate compliance for noncompliance findings with Criteria 1-3, 5-13, or policies. Organizations are required to pay the Progress Report Fee for each report submitted to TMA. (See page 28.)

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.

**NOTE**

Failure to meet TMA deadlines for Self-Study Reports, Progress Reports, or annual reporting of data in the Program and Activity Reporting System (PARS) 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.
➢ **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 (a specially arranged interview between TMA and an accredited provider to address noncompliance areas that had been identified in an accreditation review or had not been corrected in a progress report) and/or a change of status.

III. **Reconsideration and Appeal**

A provider that receives a decision of Probation or Nonaccreditation 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 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 Appeal of Adverse Accreditation Decisions** policy in the TMA Policies section of this manual. (See page 37.)

IV. **Accreditation Fees**

Standard accreditation fees include the Pre-Application Fee (initial applicants), Self-Study Report Fee, Annual Fee, surveyor honorarium, and surveyors’ travel expenses for an on-site interview. (See page 28.)

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 accreditation requirements and polices. In such cases, additional non-standard resurvey fees may apply.
TMA accreditation requirements and policies

TMA strives to increase physician access to quality, practice-based CME in the local community by 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.

**There are three parts to TMA Accreditation Requirements and Policies:**

I. Accreditation Criteria (includes the optional Menu of Criteria for Accreditation with Commendation),

II. ACCME Standards for Commercial Support: Standards to Ensure Independence in Activities, and

III. TMA Policies.

The accreditation requirements and policies adopted by the TMA Committee on Continuing Education are derived from the accreditation requirements and policies developed by the ACCME. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

The Accreditation Requirements and their Criteria are organized as follows:

- The Purpose and Mission criterion describes why the organization is providing CME (C1).
- The Educational Planning criteria explains how the organization plans and provides CME activities, incorporating the Standards for Commercial Support* to ensure independence (C2-3, 5-10).
- The Evaluation and Improvement criteria 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 recognizes the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients (C23-38).

* The Standards for Commercial Support 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.
I. Texas Medical Association Accreditation Criteria

Not required for initial accreditation

| 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. |
| 2 | The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. |
| 3 | The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. |
| 5 | The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. |
| 6 | The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). |
| 7 | The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6). |
| 8 | The provider appropriately manages commercial support (if applicable, SCS 3). |
| 9 | The provider maintains a separation of promotion from education (SCS 4). |
| 10 | The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5). |
| 11 | The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. |
| 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. |
| 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. |

Menu of Criteria for Accreditation with Commendation

Accredited CME providers have the option to aim to achieve Accreditation with Commendation. To be eligible for Accreditation with Commendation, CME providers need to demonstrate compliance with any seven criteria of their choice, from any category – plus one criterion from the Achieves Outcomes category – for a total of eight criteria from the Menu of Criteria for Accreditation with Commendation.

CATEGORY: Promotes Team-Based Education (C23-25)

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

Criterion 24 Patient/public representatives are engaged in the planning and delivery of CME.

Criterion 25 Students of the health professions are engaged in the planning and delivery of CME.
**CATEGORY: Addresses Public Health Priorities (C26-28)**

**Criterion 26** The provider advances the use of health and practice data for healthcare improvement.

**Criterion 27** The provider addresses factors beyond clinical care that affect the health of populations.

**Criterion 28** The provider collaborates with other organizations to more effectively address population health issues.

**CATEGORY: Enhances Skills (C29-32)**

**Criterion 29** The provider designs CME to optimize communication skills of learners.

**Criterion 30** The provider designs CME to optimize technical and procedural skills of learners.

**Criterion 31** The provider creates individualized learning plans for learners.

**Criterion 32** The provider utilizes support strategies to enhance change as an adjunct to its CME.

**CATEGORY: Demonstrates Educational Leadership (C33-35)**

**Criterion 33** The provider engages in CME research and scholarship.

**Criterion 34** The provider supports the continuous professional development of its CME team.

**Criterion 35** The provider demonstrates creativity and innovation in the evolution of its CME program.

**CATEGORY: Achieves Outcomes (at least one required) (C36-38)**

**Criterion 36** The provider demonstrates improvement in the performance of learners.

**Criterion 37** The provider demonstrates healthcare quality improvement.

**Criterion 38** The provider demonstrates the impact of the CME program on patients or their communities.

**II. Standards for Commercial Support: Standards to Ensure Independence in CME Activities**

The information in the gray boxes are policies that supplement the standards for commercial support. These policies offer more specific guidelines on compliance with the Standards for Commercial Support.

**STANDARD 1: Independence**

**Standard 1.1:** A CME provider must ensure that the following decisions were made free of the control of a commercial interest: (a) identification of CME needs, (b) determination of educational objectives, (c) selection and presentation of content, (d) selections of all persons and organizations that will be in a position to control content, (e) selection of educational methods, and (f) evaluation of the activity.

**Standard 1.2:** A commercial interest cannot take the role of non-accredited partner in a joint providership relationship.
STANDARD 2: Resolution of Personal Conflicts of Interest

Standard 2.1: The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines relevant financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
**Standard 2.2:** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

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

---

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

*Note: The ACCME/TMA requires CME providers to ensure that those in control of content disclose to the provider all relevant financial relationships. This policy provides additional guidance for complying with that requirement. It is specifically related to Standard for Commercial Support 2.1.*

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

---

**FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST**

*Note: These definitions are relevant to Standard for Commercial Support 2: Identifying and Resolving Conflicts of Interest. The financial relationships of employees or owners of commercial interests are considered issues of independence and are conflicts of interest that cannot be resolved under Standard 2. Please see information regarding Standard 1: Independence, and the circumstances surrounding employees/owners of commercial interests in accredited CME in the previous section.*

**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 and 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 learners for 12 months.

---

**STANDARD 3: Appropriate Use of Commercial Support**

**Standard 3.1:** The provider must make all decisions regarding the disposition and disbursement of commercial support.
Standard 3.2: A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

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

COMMERCIAL SUPPORT: DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS

Note: In order to properly manage the receipt of financial or in-kind contributions from an ACCME-defined commercial interest as required by Standard for Commercial Support 3: Appropriate Use of Commercial Support, the provider must understand and apply the ACCME definition of commercial support. This policy also describes the ACCME and TMA requirements with regard to written agreements between accredited providers and commercial supporters.

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.

Written agreement documenting terms of support

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

Standard 3.5: The written agreement must specify the commercial interest that is the source of commercial support.

Standard 3.6: Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

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

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

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

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

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

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

**Accountability**

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

---

**STANDARD 4: Appropriate Management of Associated Commercial Promotion**

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

---

**COMMERCIAL EXHIBITS AND ADVERTISEMENTS**

*Note: This policy provides clarification about the difference between commercial support and commercial exhibits/ advertisements, which are promotional activities. It is relevant to Standard for Commercial Support 4: Appropriate Management of Commercial Promotion.*

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.

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

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For **computer-based** CME activities, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content. Also, TMA-accredited providers may not place their CME activities on a website owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of an TMA accredited provider to pharmaceutical and device manufacturers’ product websites 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.

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

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

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

**STANDARD 5: Content and Format without Commercial Bias**

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

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

**STANDARD 6: Disclosures Relevant to Potential Commercial Bias**

**Standard 6.1:** An individual must disclose to learners any relevant financial relationship(s), to include the following information:

➢ The name of the individual;
➢ The name of the commercial interest(s);
➢ The nature of the relationship the person has with each commercial interest.

**Standard 6.2:** For an individual with no relevant financial relationship(s) the learner must be informed that no relevant financial relationship(s) exists.

---

**VERBAL DISCLOSURE TO LEARNERS**

*Note: This policy provides guidance about how to document verbal disclosure to learners of the financial relationships of those who control CME activity content, such as planners, committee members, teachers, editors, and authors. The policy is relevant to Standard for Commercial Support 6: Disclosures Relevant to Potential Commercial Bias.*

Disclosure of information 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:
   - That verbal disclosure did occur; and
   - 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 and dated within one month of the activity.
Commercial support for the CME activity

Standard 6.3: The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners.

Standard 6.4: ‘Disclosure’ must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

Timing of disclosure

Standard 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

III. TMA Policies

TMA Policies supplement the TMA Accreditation Criteria. These policies offer more specific guidelines on areas including CME program and activity administration. In some cases, policies are developed to address emerging issues. Accredited providers must adhere to the policies that are relevant to their organizations, as well as to the Accreditation Criteria and Standards for Commercial Support.

1. Public and Confidential Information about Accredited Providers

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

- Names and contact information for accredited providers,
- Accreditation status of provider,
- Some annual report data submitted by the accredited provider, including for any given year:
  - Number of activities,
  - Number of hours of education,
  - Number of physician interactions,
  - Number of other learner interactions,
  - Number of designated AMA PRA Category I Credits™,
  - Competencies that activities were designed to address,
  - Accepts commercial support (yes or no),
  - Accepts advertising/exhibit revenue (yes or no),
  - Participates in joint providership (yes or no), and
  - Types of activities produced (list).
Note: The ACCME will not release any dollar amounts reported by individual accredited providers for income, commercial support, or advertising/exhibits.

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

2. TMA-Accredited Provider Logos

TMA-accredited providers that have achieved standard Accreditation or Accreditation with Commendation may use the TMA-accredited provider logos for educational and identification purposes. TMA-accredited providers may use the logo in announcements (e.g., publicizing their attainment of TMA accreditation), brochures, flyers, CME webpages, and other materials. TMA-accredited providers receive the appropriate logo at the time of accreditation.

3. Publicizing TMA Accreditation

TMA encourages CME providers to celebrate their success in achieving accreditation and communicate the value of their accreditation and accreditation-related accomplishments by informing their community, stakeholders, and the public through press releases, announcements, advertisements, brochures, and other online and print materials. The following wording is suggested for those wishing to publicly announce the standard (4 years), commendation (6 years) or provisional (2 years) accreditation of their organization (replace the << >> with the information requested):

The <<name of accredited CME provider>> has been reviewed by Texas Medical Association (TMA) and awarded <<accreditation status>> for <<number>> years as a provider of continuing medical education (CME) for physicians. TMA accreditation seeks to assure the medical community and the public that <<name of accredited CME provider>> delivers education that is relevant to clinicians’ needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence.

TMA employs a rigorous process for evaluating institutions’ CME programs according to standards that reflect the values of the educator community and aim to accelerate learning, inspire change, and champion improvement in healthcare. Through participation in accredited CME, clinicians and teams drive improvement in their practice and optimize the care, health, and wellness of their patients.

4. Accreditation Statement

The accreditation statement must appear on all CME activity materials and brochures distributed by TMA-accredited providers, except that the accreditation statement does not need to be included on the initial, save-the-date type of activity announcements. Such announcements contain only general, preliminary information about the activity such as date, location, and title. If more specific information is included such as faculty and objectives, the accreditation statement must be included. The accreditation statement identifies the TMA-accredited organization that is responsible for demonstrating the CME activity’s compliance with all accreditation requirements. There are two variations of the statement:

LOGO PLACEMENT AND LOGOS

On activity brochures, flyers, etc., the logo must be placed next to the accreditation statement.

Logo – Accreditation (4 years):

Logo – Accreditation with Commendation (6 years):
1. **Directly provided activities:** an activity is that is planned, implemented, and evaluated by the accredited CME provider. This definition and statement includes co-provided activities.\(^1\)

2. **Jointly provided activities:** an activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities (see next section).

The TMA accreditation statement is as follows (replace the << >> with the information requested):

**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(s)>>. The <<name of accredited provider>> is accredited by TMA to provide continuing medical education for physicians.

### 5. Joint Providership

TMA defines joint providership as the providership of a CME activity by one or more accredited and one or more non-accredited organizations. TMA-accredited providers that plan and present one or more activities with non-TMA- or ACCME-accredited providers are engaging in “joint providership.” TMA allows accredited providers and nonaccredited organizations, if they are not ACCME-defined commercial interests, to collaborate in the planning and implementation of CME activities through joint providership. In joint providership, either the accredited provider or its nonaccredited joint provider can control the following for an activity: identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control CME content, selection of educational methods, and evaluation of the activity.

The accredited provider is responsible for ensuring that jointly provided activities comply with all TMA rules and are accountable for demonstrating compliance during the reaccreditation process. If TMA initiates an inquiry about a jointly provided activity, the accredited provider will be responsible for responding to the inquiry. While the accredited provider is not obligated to enter into such relationships, the accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and the following requirements apply if it chooses to do so:

1. **Informing Learners:** The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. All printed materials for jointly provided activities must carry the appropriate accreditation statement (see previous section).

2. **Compliance/Noncompliance Issues:** TMA expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the TMA-accredited provider’s to be able to demonstrate through written documentation this compliance to TMA. Materials submitted that demonstrate compliance may be from either the TMA- or non-accredited provider’s files.

---

\(^1\) Co-provided activity is a CME activity presented by two or more accredited providers. 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 in terms of meeting ACCME/TMA and AMA requirements and reporting activity data to the ACCME. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. There is no “co-providership” accreditation statement. 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.
3. **Fees:** TMA maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

4. **Providers on Probation:** 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. Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. The provider must cease all joint providership even existing contracts. If the provider is found to be working in joint providership while under this probation, TMA will immediately change the provider's status to Nonaccreditation.

6. **Administrative Deadlines**

TMA-accredited providers and TMA are accountable for meeting ACCME administrative deadlines [e.g., annual reporting in the Program Activity Reporting System (PARS)]. Failure to meet administrative deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change of status to Nonaccreditation.

The data that accredited providers submit into PARS is used to support the process for initial accreditation, reaccreditation, and progress report reviews. It is also used for producing annual reports, submitting data to the certifying boards in support of CME that counts for MOC. TMA-accredited providers may access PARS at www.accme.org. Please contact the TMA CME office if you need assistance.

7. **CME Activity and Attendance Records Retention**

TMA-accredited providers must maintain specific CME activity records. Records retention requirements relate to the following two topics: **Attendance Records** and **Activity Documentation.** Maintenance of this documentation enables the provider to meet the requirements for annual end reporting and reaccreditation review.

**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. 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. Additionally, this policy may be of assistance to a provider should a Third-Party or TMA Initiated Concern be filed. If TMA receives or initiates a concern about an accredited provider, TMA may ask the provider to respond according to TMA’s Procedure for Inquiries. (See page 34.) As specified in the procedure, an accredited provider must be accountable for any Concern received or initiated by TMA for 12 months from the date an activity ended, or in the case of a series, 12 months from the date of the session which is in question. Providers are accountable for an enduring material during the period of time it is being offered for CME, and 12 months thereafter.

8. **CME Content: Definition and Examples**

**Definition:** 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.
The definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. **Examples** of topics that are included in the definition of CME content include:

- Management, for physicians responsible for managing a health care facility,
- Educational methodology, for physicians teaching in a medical school,
- Practice management, for physicians interested in providing better service to patients, and
- Coding and reimbursement in a medical practice.

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician’s nonprofessional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content by TMA.

9. **CME Clinical Content Validation**

Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. This policy is designed to ensure that patient care recommendations made during CME activities are accurate, reliable, and based on scientific evidence. Clinical care recommendations must be supported by data or information accepted within the profession of medicine. **Standard for Commercial Support 5: Content and Format without Commercial Bias** includes additional direction about CME content validity.

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.
3. 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for TMA accreditation.

10. **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 (if applicable), and
- The termination date.
11. CME Content and the American Medical Association Physician’s Recognition Award

This policy describes the shared requirements of the ACCME and the American Medical Association (AMA) with regard to CME activities that include the provision of *AMA PRA Category 1 Credit™*. The AMA is the owner of the Physician’s Recognition Award (PRA). 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.

12. Fees for TMA-accredited Providers

Non-payment of fees

TMA-accredited providers are accountable for timely submission of fees that are required to attain or maintain accreditation. Failure to meet deadlines 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.

Nonaccreditation or Voluntary Withdrawal of Accreditation

Providers that receive Nonaccreditation decisions are responsible for payment of all fees, including the Annual Accreditation Fee, and submission of all required documents until the effective date of Nonaccreditation. Failure to do so will result in immediate Nonaccreditation. No refunds will be given for Annual Accreditation Fees collected from providers requesting voluntary withdrawal or those not seeking reaccreditation.

Fees

The annual fee will be in place for two years; the TMA may change the fees after that time. If your organization was newly accredited, data was used from the most current year to determine your tier; TMA may change the 2021 fee for those organizations based on 2019 data reported in PARS.

<table>
<thead>
<tr>
<th>Standard Accreditation Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Application</td>
<td>$250</td>
</tr>
<tr>
<td>Self-Study Report for Initial Accreditation</td>
<td>$2,000</td>
</tr>
<tr>
<td>Self-Study Report for Reaccreditation</td>
<td>$3,000</td>
</tr>
<tr>
<td>Annual Fee</td>
<td></td>
</tr>
<tr>
<td>• Based on program size — the average number of activities or learner interactions, whichever falls into the higher tier</td>
<td>Tier</td>
</tr>
<tr>
<td>• Paid in January of each year</td>
<td>1</td>
</tr>
<tr>
<td>• Includes one registration for the annual Texas CME Professional Development Conference</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Site Interview or Virtual Interview</td>
<td>$500 surveyor honorarium + travel expenses</td>
</tr>
<tr>
<td>Other Fees</td>
<td></td>
</tr>
<tr>
<td>Progress Report (per report)</td>
<td>$200</td>
</tr>
<tr>
<td>Accreditation Extension</td>
<td>$500</td>
</tr>
<tr>
<td>Focused Resubmission (initial applicants only)</td>
<td>$500</td>
</tr>
</tbody>
</table>
13. HIPAA Compliance Attestation

Every provider applying for either initial accreditation or reaccreditation must attest to the following: “The materials we submit for (re)accreditation (Self-Study Report, activity files, and other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.” The attestation is included in the form that an organization completes for initial- or re-accreditation.

14. CME Program Business and Management Procedures

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

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; and
- Decision to begin joint providership with non-accredited organizations.

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.

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 – 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. 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.

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:

- 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.
- Established procedures for central control and approval of all commercial support for CME activities within the system.
- Appropriate procedures for training and supervision of staff to which CME duties are delegated within component facilities and defined back-up for continuity during staffing changes.
- A well-organized system of communication between component facilities.
- Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities.
- Procedures and policies to maintain centralized attendance records for all activities held within the system.

**CME Consortia**

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, and
➢ 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 – 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. 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, and
➢ 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.

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.

Mergers or Acquisitions Involving CME-Accredited Organizations

There may be occasions when providers accredited by 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 four 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 Self-Study Report 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 Self-Study Report 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, and
➢ 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 on-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 Self-Study Report review team to recommend a waiver of the on-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 Hospital 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.

**Communication Mediums and Acknowledgement Process for Policy Nos. 15 and 16**

The process for submitting to and receiving communication from TMA, and vice versa are conducted in accordance with the following procedures:

1. Third-Party or Provider Communicating to TMA

   **Mediums**
   
   Email: Send to Casey Harrison, Director of CME, casey.harrison@texmed.org and copy Paige Green, CME Program Manager, paige.green@texmed.org
   
   or
   
   Mail: Send to Texas Medical Association, Continuing Medical Education Department, Ste. 100, 401 W. 15th St., Austin, TX 78701
   
   **Acknowledgement**
   
   TMA CME staff will acknowledge receipt of an email within two business days and mail within five business days of the date the third-party or provider mailed communication. If you do not receive an acknowledgement, please contact Casey Harrison (512) 370-1446 or Paige Green (512) 370-1447.

2. TMA Communicating to Third-Party or Provider

   **Medium**
   
   TMA will communicate by email, unless stated otherwise.

   **Acknowledgement**
   
   If the Provider does not acknowledge receipt of an email within two business days, TMA will call the provider. If the Provider does not respond to a call, then the communication will be sent by certified mail.
15. Procedures for Inquiries and Allegations of Noncompliance

TMA has a multi-tiered accreditation process for evaluating a Provider’s compliance with TMA’s CME Rules. As an additional safeguard, this TMA Policy Regarding Inquiries and Allegations of Noncompliance is implemented in response to concerns about Providers’ compliance with TMA’s CME Rules.

Definitions

**TMA Initiated Concern.** A concern identified by TMA, including without limitation as a result of communications with third parties.

**TMA CME Policies.** All policies made available to Providers by TMA.

**TMA’s CME Rules.** TMA CME Policies, Standards for Commercial Support, and accreditation criteria required by the TMA.

**Adverse Action.** A reduction of a Provider’s accreditation to Probation or Nonaccreditation.

**Delivery** or **Delivered.** The date that TMA sends a notification to a Provider by email or mail.

**Notice of Alleged Noncompliance.** A notification which explains why the Provider is in violation of TMA’s CME Rules.

**Notice of Inquiry.** A notification which states that a Provider may not be in compliance with TMA’s CME Rules and, to the extent known, which aspects of the Provider’s activities or conduct may not comply with TMA’s CME Rules.

**Notice of Noncompliance.** A notification that includes the following: The Committee on Continuing Education found the Provider in noncompliance; corrective action required of the Provider, if any; any Adverse Action or other action described in 7. B of this Policy; and a statement that if the notice includes an Adverse Action, the Provider has the right to request a reconsideration of the change in accreditation status pursuant to the Reconsideration and Appeal Policy.

**Provider.** TMA-accredited provider.

**Reconsideration and Appeal Policy.** TMA Procedures for Reconsideration and Appeal of Adverse Actions.

**Third-Party Concern.** Concerns raised by third parties in writing regarding a Provider’s compliance with TMA’s CME Rules.

**Inquiry Process**

Third-Party Concerns regarding organizations accredited by Texas Medical Association must be submitted by email or mail to TMA. Anonymous concerns will not be considered. The origin of the concern will remain confidential to agents of Texas Medical Association’s Accreditation Program. Upon receipt of a properly submitted concern, the following procedures will be observed:

1. CME Department staff will review Third-Party Concerns or TMA Initiated Concerns.

2. If TMA determines that a Third-Party Concern or a TMA Initiated Concern does not relate to a Provider’s compliance with TMA’s CME Rules, then the matter will be closed, and TMA will notify any third parties that submitted Third-Party Concerns that it will not open an inquiry.

3. If TMA determines that a Third-Party Concern or a TMA Initiated Concern merits further review,

   A. TMA will notify any third parties that submitted Third-Party Concerns that it will open an inquiry. TMA will not communicate further with third parties concerning the status or results of the inquiry other than to inform a third party that a matter has been resolved without indicating the resolution. Confidentiality of the individual or organization initiating the complaint will be protected in all communications with the Provider or related parties.
B. TMA will send the primary contact of the Provider a Notice of Inquiry, which will include information regarding the Third-Party Concern, or state that the issue being addressed is a TMA Initiated Concern. The name of the third party that submitted the Third-Party Concern will not be disclosed to the Provider. The Notice of Inquiry may request that the Provider transmit information to TMA. The Notice of Inquiry shall include a copy of this Policy and the Reconsideration and Appeal Policy.

4. The Provider shall transmit any information requested by TMA in the Notice of Inquiry within 21 days of Delivery of such Notice of Inquiry. If TMA requests further information, the Provider shall provide such information within 14 days of Delivery of such further request. At any time during an inquiry process, the Provider may send TMA a notice stating that the Provider did/does not comply with one or more TMA CME Rules identified in said notice, in which case TMA will have the right to take any of the actions described in No. 7. A and B; provided, however, that if TMA believes that the Provider may have violated TMA’s CME Rules other than those identified in the Provider’s notice, TMA may continue an inquiry.

5. As part of an inquiry related to TMA’s content validity policies, the Provider shall submit to TMA, or provide access to, an unaltered set of all CME materials (e.g., audio/video recordings, slides or other content outlines, program book or other handouts) related to the CME activity at issue.

6. The time period for initiation of a Notice of Inquiry or a Notice of Alleged Noncompliance is: (a) 12 months from the date an activity ended, or in the case of a series, 12 months from the date of the session which is in question, or (b) 12 months from the date that an enduring material expires; provided, however, that if a Notice of Inquiry is Delivered within the time period with respect to the matter, then a Notice of Alleged Noncompliance regarding such matter may be Delivered to a Provider even if it is after the end date set by the time period, and the proceeding regarding such Notice of Alleged Noncompliance may continue.

7. The Subcommittee on Accreditation will review the information/materials received from the Provider and submit its recommendations to the Committee on Continuing Education. Reviewers/members of the subcommittee and committee used will not have conflicts of interest with the Provider. The committee will take action with the following possible results:

A. If the committee makes a finding of compliance, TMA will notify the Provider of the finding and the matter will be closed.

Allegations of Noncompliance Process

B. If the committee concludes that a Provider is in noncompliance with TMA’s CME Rules, TMA will send the primary contact of the Provider a Notice of Alleged Noncompliance. TMA may send a Provider a Notice of Alleged Noncompliance without having conducted an inquiry as described in 4. of this Policy. If the alleged noncompliance relates to a violation of TMA’s content validity policies, the Notice of Alleged Noncompliance will include copies of any available reviews completed by committee members. The identity of members will be removed from the reviews. The Notice of Alleged Noncompliance will include a copy of this Policy and the Reconsideration and Appeal Policy.

8. The Provider will have the right to submit materials, which rebut the alleged noncompliance identified in the Notice of Alleged Noncompliance within 30 days of Delivery of the Notice of Alleged Noncompliance. At any time, a Provider may send TMA a notice by stating that the Provider did/does not comply with one or more of TMA’s CME Rules identified in said notice, in which case TMA will have the right to take any of the actions described in No. 7. A and B; provided, however, that if TMA determines that the Provider has violated TMA’s CME Rules other than those identified in the Provider’s notice, the TMA will send the Provider notice of such determination and shall continue the process described in this Policy with respect to a Notice of Alleged Noncompliance.

9. Materials received from the Provider as well as any content review reports will be submitted for review, recommendation, and decision by subcommittee and committee members. Reviewers/members of the
subcommittee and committee used will not have conflicts of interest with the Provider. The committee will take action with the following possible results:

A. If the committee makes a finding of compliance, TMA shall notify the Provider of the finding and that the matter will be closed.

B. If the committee makes a finding of noncompliance, TMA shall send the Provider a Notice of Noncompliance. TMA may also take the following actions when it sends the Provider a Notice of Noncompliance:

i. TMA may require the Provider to submit documentation of corrective action within 30 days of Delivery of the Notice of Noncompliance. If an activity is found to be in noncompliance with Standard for Commercial Support 1 (Independence), Standard for Commercial Support 5 (Content and Format without Commercial Bias), or the content validity policies, the Provider is required to provide corrective information to the learners, faculty and planners (the “Corrective Information”). The Provider shall submit a copy of the proposed Corrective Information to TMA for TMA’s approval or modification prior to providing such Corrective Information to the learners, faculty and planners, and TMA will determine the content of the Corrective Information. In addition, TMA shall have the right to direct that learners, faculty and planners be informed by the Provider that in the opinion of TMA, certain information presented to the learners does not meet the TMA standards for content validity, and that in TMA’s opinion a learner should not rely upon such information.

ii. TMA may require the Provider to submit a monitoring progress report at a time determined by TMA.

iii. TMA may declare that a Provider no longer is accredited with commendation.

iv. TMA may take an Adverse Action, in which case the Provider shall be informed of its right to request a reconsideration pursuant to the Reconsideration and Appeal Policy.

10. If a Provider fails to convert noncompliance to compliance via documentation of corrective action and/or monitoring progress report, TMA reserves the right to take an Adverse Action, in which case the Provider will be informed of its right to request a reconsideration pursuant to the Reconsideration and Appeal Policy.

11. Any communication to a Provider of an Adverse Action, other than those described in Change in Accreditation Status due to Failure to Respond, Act, or Comply with a Course of Corrective Action or Monitoring Requirement, will include a statement that the Provider has 30 days from Delivery of the communication to the Provider to request reconsideration under the Reconsideration and Appeal Policy and that the change in accreditation status will not become effective until the end of the 30 day period if the Provider does not ask for reconsideration, or until the end of the process under the Reconsideration and Appeal Policy if the Provider does ask for reconsideration. When a Provider requests a reconsideration on a timely basis, then the Provider will not be required to perform any corrective action until the completion of the process under the Reconsideration and Appeal Policy.

12. At any point during any process described in this Policy, TMA reserves the right to require an immediate full or focused accreditation survey, including a full or focused Self-Study Report and interview.

13. TMA has the right to grant extensions with respect to any time requirement contained in this Policy.

**Change in Accreditation Status due to Failure to Respond, Act, or Comply with a Course of Corrective Action or Monitoring Requirement**

TMA shall have the right to take an Adverse Action with respect to a Provider without following any other process described in this Policy if a Provider is determined by TMA to: have not submitted information required by this Policy within ten days after the prescribed deadline; have not taken action required by this Policy within ten days after the prescribed deadline; have not submitted a monitoring progress report within ten days after the prescribed deadline; and/or have not submitted documentation of corrective action within
ten days after the prescribed deadline. Changes in accreditation status described in this paragraph shall not
entitle the Provider to review under the Reconsideration and Appeal Policy and shall not require review by
the subcommittee and action by the committee.

If a Provider submits documentation of corrective action but TMA determines that such action does not
demonstrate compliance with TMA’s CME Rules, or if a Provider submits a monitoring progress report and
TMA determines that the actions reported do not show compliance with TMA’s CME Rules, then TMA
reserves the right to take an Adverse Action. The Provider shall have the right to request Reconsideration
under the **Reconsideration and Appeal Policy** within 30 days from the Delivery of a communication to the
Provider of an Adverse Action under the circumstances described in the immediately preceding sentence.

**16. Reconsideration and Appeal of Adverse Accreditation Decisions**

**The Reconsideration Process**

1. A Provider’s request for Reconsideration must be submitted within 30 calendar days of the Provider’s
receipt of Notice of Adverse Action. Otherwise, the Adverse Action decision made by TMA becomes
final.

2. Requests for reconsideration should be filed only under one or more of the conditions listed below. The
request must cite the condition(s) under which the request is being filed and provide 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.

3. The request must be based on documentation and conditions that existed at the time of the accreditation
review. 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.

4. The Provider’s request for Reconsideration must include all documents, data and information in support
of its request for Reconsideration, and all materials must be submitted to TMA.

5. A Reconsideration related to an accreditation review of a Provider will be based upon the Provider’s
entire continuing medical education program as it existed at the time of the Notice of Adverse Action.

6. 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.

7. 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 meeting. Within ten
working days of the committee’s action, the Provider will be notified of the committee’s decision which
either sustains, amends or reverses the Adverse Action decision. TMA will issue a Reconsideration
decision and send the Provider a Notice of the Reconsideration Decision.

8. 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.
Appeal of an Adverse Reconsideration 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 within 30 calendar days following the date of receipt of the Notice of Reconsideration Decision. If a request for an appeal is not received by TMA within 30 calendar days following the date of Provider’s receipt of the Notice of Reconsideration Decision, the Adverse Action of TMA will be final.

1. A request for appeal may be filed only under one or more of the conditions listed below. The request must cite the condition(s) listed below and include 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.

2. The Provider’s appeal may be based only on documentation and conditions that existed at the time of the accreditation review. 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.

3. 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.

4. Within 20 working days of receipt of the request for appeal, a list of four 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.

5. The names of the four potential members will be sent to the Provider. At its direction, the Provider may eliminate one name from this list, thus rendering this individual ineligible to serve. Within ten 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 four individuals as suitable members or specify the exclusion of one of these individuals.

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

7. 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 of the time and place of the hearing.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. Travel expenses of members of the appeals board will be equally shared by the appellant Provider and 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 Appeal Process.