



CONTINUING MEDICAL EDUCATION ACCREDITATION REQUIREMENTS

Introduction

The Rhode Island Medical Society (RIMS) recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. RIMS also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements. Accreditation criteria and policies, therefore, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

Accreditation Criteria are the requirements which a provider must meet for accreditation. They provide a valuable resource for physicians planning their own CME and for providers designing CME activities and programs.

Decision-Making Criteria

The accreditation criteria are divided into three levels. To achieve provisional accreditation, a two year term, providers must comply with criteria 1, 2, 3, and 7–12. Providers seeking full accreditation or reaccreditation for a four-year term must comply with criteria 1–13. To achieve accreditation with commendation, a six-year term, providers must comply with all accreditation criteria.

Criterion 1

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

Criterion 2

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

Criterion 3

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

Criterion 4

This criterion has been eliminated effective February 2014.

Criterion 5

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

Criterion 6

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

Criterion 7

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

Criterion 8

The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial SupportSM).

Criterion 9

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

Criterion 10

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

Criterion 11

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

Criterion 12

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

Criterion 13

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

Criterion 14

This criterion has been eliminated effective February 2014.

Criterion 15

This criterion has been eliminated effective February 2014.

ACCREDITATION WITH COMMENDATION

Criterion 16

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

Criterion 17

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

Criterion 18

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

Criterion 19

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

Criterion 20

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

Criterion 21

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

Criterion 22

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

Procedure for Initial Accreditation

Those institutions and organizations desiring accreditation from the Rhode Island Medical Society must demonstrate the following criteria:

1. Offer a program of continuing medical education for physicians on a regular and recurring basis with specific educational objectives and methods for review and evaluation.
2. The capacity to carry on the education of physicians in a medical or medically-related field must be documented.
3. A commitment to continuing medical education must be evident in their adopted policies.

If a provider meets the above requirements, it should send a request for an application to the Medical Society's CME Coordinator. Upon completion, the application along with supporting documents should be sent in triplicate to the Society's office. The application and supporting material will be reviewed by two CME Surveyors, members of RIMS CME Committee, to determine whether information presented is sufficient to justify scheduling a face-to-face interview with members of the organization's CME department/committee (this is called an on-site survey). The CME Coordinator notifies the applicant regarding scheduling and confirmation of a survey visit; usually at a time when a CME activity can be observed by the survey team. In order to allow sufficient time for the appointment of the survey team and the exchange of information, one to three months notice will be given prior to the time of the survey visit.

RIMS charges \$1000 for the initial application. Thereafter, if the institution is approved as a CME provider, RIMS charges a \$3350 annual accreditation fee.

Procedure for Continued Accreditation

According to the terms of previous accreditation, RIMS CME Coordinator will advise accredited providers when they may apply for continued or re-accreditation.

Those organizations seeking re-accreditation will follow the same procedure as that of initial accreditation. This requires submission of a re-accreditation/self-study application. The application and all supporting documentation must be submitted in triplicate. A site survey is scheduled once a provider's re-accreditation/self-study application has been reviewed by RIMS Survey Team.

After reviewing a provider's re-accreditation/self-study application and conducting a site survey, the survey team will determine if the provider demonstrates continued compliance with accreditation criteria and requirement policies. The survey team then submits its recommendations to RIMS' CME Committee. The full committee considers the Survey Team's recommendations and makes the final decision regarding the provider's re-accreditation status.

Review Procedure and Action on Accreditation

Applications are reviewed by an appointed Survey Team, consisting of two members of the RIMS CME Committee and the CME Coordinator. The team assesses the re-accreditation/self-study application and site survey visit for compliance with accreditation criteria. The survey team makes recommendations for the accreditation of the provider and cites deficiencies, weaknesses, or concerns, if any, with respect to conformity with accreditation criteria. RIMS CME Committee considers the recommendations of the Survey Team at its quarterly meetings and makes the final decision on accreditation. The provider is notified within two (2) weeks of the committee's decision. The CME Committee may grant one of the following: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probationary Accreditation, or Non-Accreditation.

The Decision Making Process

The decision making process begins with review of an institution's accreditation/self-study application; followed by the on-sight survey. A survey report is submitted to RIMS CME Committee and a vote is taken by the committee regarding the institution's accreditation status. This process provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of RIMS' decisions are also enhanced by RIMS' use of a criterion-referenced decision-making system.

The decision making process assesses providers' level of compliance with the Accreditation Criteria based on information furnished by the provider, via the Self Study Report or Progress Report, as well as information collected by RIMS' accreditation surveyors during the accreditation survey process. Compliance options for each individual Requirement include:

- Compliance (the provider meets the criteria)
- Non-Compliance (the provider does not meet the criteria)

Types of Accreditation

Initial and Re-accreditation Decisions

Based on the accumulated compliance findings for each individual Accreditation Criteria, RIMS makes a decision regarding the provider's accreditation status. This decision could be one of five options:

1. Provisional Accreditation (for initial applicants only),
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, or
5. Non-Accreditation.

1. **Provisional Accreditation:** Provisional Accreditation is the standard status for initial, or first-time, applicants, and is associated with a **two year term**. To achieve Provisional Accreditation, the applicant must be found Compliant in all nine (9) Level 1 accreditation criteria. RIMS may grant "Extended Provisional" accreditation to an already Provisionally accredited provider one time, for up to two years. Provisional Accreditation may also be granted when an accredited organization's CME program is so altered that it is essentially a new program.

2. **Accreditation:** Accreditation is the standard status for re-accreditation applicants, and is associated with a **four year term**. For accredited providers seeking Accreditation, Non-Compliance with any Accreditation Criteria will necessitate a Progress Report and/or focused or full survey. Failure to demonstrate compliance in the Progress Report and/or focused or full survey may result in Probation.

3. **Accreditation with Commendation:** Accreditation with Commendation is associated with a **six year term**, and is available only to re-accreditation applicants. To receive Accreditation with Commendation, a provider must be compliant in Criteria 1 through 22.

Accreditation with Commendation can also be awarded to a provider that is Non-Compliant in one criterion. RIMS will consider a provider eligible for a change in accreditation status (four years to six years) if the provider is able to demonstrate, through a Progress Report, that the issue in question was brought into Compliance within the first two years of the current accreditation term.

4. **Probation:** An accredited program that seriously deviates from Compliance with the Accreditation Criteria may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report.

Providers who receive Probation at re-accreditation receive the standard **four-year term of accreditation for two years, maximum**. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, validated, and accepted by RIMS.

Probation may not be extended. Therefore, providers on Probation that fail to demonstrate Compliance with all RIMS Criteria within two years will receive Non-Accreditation.

Note that Provisionally accredited providers cannot be put on Probation. Rather, Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation.

5. Non-Accreditation: Although decisions of Non-Accreditation are rare, RIMS reserves the right to deliver such decisions under any of the following circumstances:

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in Compliance with all Level 1 Accreditation Criteria. Initial applicants who receive Non-Accreditation may not be reviewed again by RIMS until one year from the date of the RIMS meeting at which the decision was made.
- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from Compliance will receive Non-Accreditation. These providers are not eligible for Probation.
- After a Progress Report. For accredited providers on Probation, Non-Compliance with any one of the criteria will be cause for Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the RIMS decision. RIMS will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is responsible for submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.

RIMS may refuse to grant accreditation to an initial applicant, if upon review of the application by a CME Committee member and the CME Coordinator, the applicant does not meet Accreditation Criteria and related Policies.

Any institution that is denied or has their accreditation withdrawn must wait a period of six (6) months before submitting a new application.

Duration of Accreditation

The awarded accreditation is effective on the date of decision by the RIMS CME Committee. The period of accreditation will extend from the effective date of accreditation until the provider's subsequent application for continued accreditation is acted upon. The date of non-accreditation of a formerly accredited provider will be determined by the RIMS CME Committee but will not be less than 60 days and not more than one year following the date of action.

The RIMS CME Committee may re-evaluate a provider at any time if information is received indicating that the provider may no longer be in compliance with the accreditation criteria.

Interim Evaluation Policy

It is standard practice to evaluate the effectiveness of an institution's CME program a few months prior to the expiration of its re-accreditation cycle. However, RIMS may require an accredited provider to undergo an interim evaluation any time during its accreditation term,

specifically when there are organizational, administrative, and/or programmatic changes and/or concerns.

RIMS requires accredited institutions to promptly inform the Medical Society's CME Committee whenever changes to their programs occur. Changes which must be reported include, but are not necessarily limited to the following:

- Turnover in CME Committee chair.
- Turnover in the institution'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 or scope of activities.
- Substantial changes to the program's financing or allocation of resources.

If accredited providers do not notify RIMS in a timely fashion regarding any of the above circumstances, or if there is concern that an accredited provider is not consistently demonstrating the capability to plan, present or evaluate quality CME activities, RIMS will make a formal inquiry. If the inquiry reveals non-compliance issues, RIMS will conduct an interim evaluation. This evaluation may require an accredited provider to submit another self-study and/or undergo another on-site survey. Results of an unsatisfactory survey may lead to a change in an institution's accreditation status.

Request for extension of Accreditation Term

If your organization cannot meet RIMS' accreditation process deadlines, you may request a one-time extension of your current accreditation term. If your request is approved, your current accreditation term will be extended four (4) months, and your accreditation review will be conducted in the subsequent decision timeframe. You will be required to meet the administrative deadlines applicable to the new decision timeframe. Requests for extensions must be made in writing (e-mail correspondence is acceptable) to RIMS. The request must be received and approved by the Rhode Island Medical Society's CME Committee prior to the provider's present accreditation term expires. Requests for extensions will not be approved if received after the provider's accreditation term expires.

Geographic Location of Meetings

A provider of continuing medical education which is accredited by RIMS as an intrastate provider of CME is assumed to be serving physicians in Rhode Island (plus bordering states). It is not appropriate for an intrastate accredited provider to act as the provider for CME activities which are directly advertised to physicians nationally, on a regular and recurring basis. If the provider wishes to advertise its CME activities nationally, it must apply to the ACCME for accreditation or seek joint providership with an ACCME accredited provider. **A provider which wishes, on occasion (i.e., not more than once per year), to provide a nationally advertised program must apply on an ad hoc basis to RIMS for approval.** This activity should be limited to a one-time, one location effort, i.e., not multiple offerings of the same activity (same material), over a period of time.

Listing of CME Activity Information on a "Home Page" on the Internet

State accredited providers are allowed to list CME activity information on a home page on the Internet. State accredited providers, however, are prohibited from advertising their CME activities on the Internet or through services that list on the Internet, unless they choose to do so for their one national activity per year.

Reports

Annual Report: The form of data collection that requires an annual submission of data from each accredited provider and allows RIMS to monitor changes in an individual accredited provider's program and within the population of accredited providers.

ACCME launched a new activity reporting system in 2010 called **Program and Activity Reporting System (PARS)**. It is a web-based portal designed that streamlines and supports ACCME's collection of program activity and annual report data directly from RIMS accredited CME providers. All RIMS accredited providers must use PARS to fulfill year-end reporting requirements.

Progress Report: A report prepared for RIMS by the accredited provider communicating changes in the provider's program to demonstrate compliance with the criteria that were found in non-compliance during the most recent accreditation review.

If any report indicates major deficiencies or non-compliance with the criteria and policies, RIMS CME Committee may initiate a resurvey prior to the prescribed resurvey period.

All accredited institutions are responsible for promptly informing RIMS 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 institution's ownership, CEO, president, or other administrator with
- Turnover, addition, or decrease in CME administrative personnel.
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources.

Designation of CME credit

The designation of CME credit relates to the requirements of credentialing agencies, certificate programs, or membership qualifications of various societies. An accredited provider is responsible to these agencies, programs, and societies in the matter of designation of credits and verifications of physician attendance. The designation of credit for specific CME activities is not within the purview of RIMS or the ACCME.

It is the responsibility of the director/coordinator of CME of an accredited institution or organization to comply with the rules and regulations of the appropriate credentialing and qualifying bodies regarding the designation of CME credit for specific activities and to ensure the proper wording of the designation statements in promotional literature. The following is an example of such statements:

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

Accreditation Statement

The Accreditation Statement is standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly provided activity --An activity planned and implemented by a RIMS accredited provider of CME.

The (name of the accredited provider) is accredited by the Rhode Island Medical Society to provide continuing medical education for physicians.

Jointly provided activity --An activity planned and implemented by one Rhode Island Medical Society accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with accreditation criteria.

This activity has been planned and implemented in accordance with the Accreditation Criteria and Policies of the Rhode Island Medical Society (RIMS) through the joint providership of {name of accredited provider} and {name of non- accredited provider}. {Name of accredited provider} is accredited by RIMS to provide continuing medical education for physicians.

Record/Activity File Retention

An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve (12) months, whichever is longer.

This policy does not take the place of, and should not be confused with, the requirement of the retention of physician participation records (attendance records) for at least six (6) years.

Definition of Terms

Accreditation: The decision by the Rhode Island Medical Society that an organization has met the requirements for a CME provider as outlined by the ACCME and adopted by the Rhode Island Medical Society. The standard term of accreditation is four (4) years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (MMC), and the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by RIMS to accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly provided activity --An activity planned and implemented by a RIMS accredited provider of CME.

The (name of the accredited provider) is accredited by the Rhode Island Medical Society to provide continuing medical education for physicians.

Jointly provided activity --An activity planned and implemented by one Rhode Island Medical Society accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Essential Areas and Policies.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Rhode Island Medical Society (RIMS) through the joint providership of (name of accredited provider) and (name of non- accredited provider).

CME activities that are jointly provided by two accredited providers should use the directly provided activity statement, naming just one of the accredited providers as the party responsible for the activity.

Accreditation Survey: A form of data collection by RIMS that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey is conducted on site, which is in-person at the site of the accredited institution/organization. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Accreditation Criteria and policies are applied.

Accreditation with Commendation: The decision by RIMS that an organization has exceeded the standards for a CME provider as outlined by RIMS. The standard term of accreditation is six (6) years.

Activity: An educational event for physicians, which is based upon professional practice gaps, identified educational needs, has a purpose or objectives, and is evaluated to assure the needs are met.

Activity Review: The form of data collection that allows RIMS to observe an activity, or review documentation related to a completed activity, in an effort to determine compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

Annual Report: The form of data collection that requires an annual submission of data from each accredited provider and allows the ACCME to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Classifications of Compliance: Using criteria, RIMS will determine the level of compliance with each criteria. The findings could be one of two levels: compliance or noncompliance.

Commercial Supporter: The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support.

Committee for Review and Recognition (CRR): The Committee for Review and Recognition, a working committee of the ACCME, recognizes state, or territorial, medical societies to accredit providers whose target audience is restricted to that state, or territory, or contiguous state, or territories. The CRR makes the determination of compliance about recognition on behalf of the ACCME. To be recognized by the ACCME, a state, or territorial, medical society (SMS) must meet the requirements for recognition as determined by the ACCME.

Compliance: The provider is always/consistently meeting the standard of practice for the required elements.

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

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for

physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

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

Credit: The “currency” assigned to hours of CME. Requirements for the designation of credit are determined by the organization responsible for the credit system. e.g.. AMA-PRA (Category 1 and 2 Credit). AAFP (Prescribed and Elective Credit), ACOG (Cognates). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The levels of performance and/or accomplishment required by the RIMS of an accredited provider.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

Documentation Review: The form of data collection that allows RIMS to determine if the required documentation of the standard criteria has occurred. This review occurs during an accreditation survey. Criteria: The descriptors of performance that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audiotapes, videotapes and computer assisted instructional materials which are used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Focused Accreditation Survey: A specially arranged survey of a provider to collect data about a specific problem(s) that has been reported or has not been corrected as a result of a progress report.

Joint Providership: Providership of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non- accredited institution, or organization and must use the appropriate accreditation statement. CME activities that are jointly provided by two accredited providers should use the directly-provided accreditation statement, naming just one of the accredited providers as the party responsible for the activity.

Monitoring: The form of data collection which allows RIMS to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Non-accreditation: The accreditation decision by RIMS that an organization has not demonstrated the standards for a CME provider as outlined by RIMS.

Non-compliance: The provider is not meeting the standard of practice for the required criteria.

Objectives: Statements that clearly describe what the learner will be able know or do after participating in the CME activity. The statements should result from the needs assessment data.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Organizational Review: The form of data collection that allows RIMS to determine responsibility for the program of CME and activities provided as part of the program. This review occurs during an accreditation survey.

Participant: An attendee, primarily physicians, at a CME activity.

Planning Process(es): The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: The accreditation decision by RIMS that an accredited provider has not met all the standards for a CME provider as outlined by RIMS. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly provider new activities.

Program of CME: The CME activities and functions of the provider taken as a whole.

Progress Report: A report prepared for RIMS by the accredited provider communicating changes in the provider's program to demonstrate compliance with the Elements that were found in non-compliance during the most recent accreditation review.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: The accreditation decision by RIMS that an initial applicant for accreditation has met the standards for a CME provider as outlined by RIMS.

Recognition: The process used by ACCME to approve state medical societies as accreditors of intrastate providers.

Supporter: See Commercial Supporter

Survey: See Accreditation Survey

Procedures for Conducting Site Surveys

The primary purpose of the site survey team is to determine whether an organization/institution applying for accreditation demonstrates the capability to plan, present, and evaluate quality continuing medical education. The recommendation for accreditation should reflect substantial compliance with 22 Accreditation Criteria, policies and Standards for Commercial Support.

The survey team will be selected by the CME Coordinator for each site visit and will be comprised of two members of RIMS CME Committee. The two designated survey team members and RIMS CME Coordinator will review the submitted application before the scheduled date for the site visit. The pre-survey review can serve to identify areas in the application which require clarification during the survey. One member of the survey team will serve as Chairman and be responsible for preparation and submission of the survey team report.

On the appointed day for the site visit, the survey team will be accompanied by the CME Coordinator to the organization/institution requesting accreditation. A typical schedule for the day will be as follows:

- Meet in a designated room with the individual(s) responsible for development and implementation of the CME program to review format of survey. All necessary files and documents of CME activities (minutes, planning folders, and attendance records) should be available here.
- For initial applicants, the survey team will observe a scheduled CME activity - this should be a typical program offered by the organization/institution. Brochures/announcements relative to the activity should be available for review.
- Post-survey review: this meeting provides the survey team with an opportunity to review the data compiled from the site visit. Observations from this meeting can be incorporated into the final survey report.
- Exit interview: On completion of the formal agenda of the site visit, an exit interview with the individual(s) responsible for planning and development of the continuing medical education program may take place. This session can provide the survey team with the opportunity to obtain additional data or to seek clarification of issues that may have surfaced during the site visit.

The survey team should not discuss their conclusions or recommendations with the institution/organization applying for accreditation. Information in the report is considered confidential. The survey report along with the application materials should be submitted to RIMS CME Committee. A recommendation for accreditation may also be included in the report. RIMS CME Committee will make a decision as to accreditation status at the next meeting. The said institution/organization will be notified promptly by the CME Committee Chairman of the accreditation status awarded.

Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions

Reconsideration Procedures

In the event of adverse action, i.e., non-accreditation or probationary accreditation, the applicant provider may request reconsideration. The decision by the RIMS CME Committee to deny or withdraw accreditation, or to place an institution or organization on probation, hereinafter referred to as an “adverse accreditation decision,” shall be transmitted promptly to the applicant in a notification letter, which shall include a list of areas of non-compliance with Accreditation Criteria, policies and Standards

for Commercial Support, and inform the institution or organization of the right to request reconsideration.

A written request for reconsideration shall be submitted to the Chairperson of the RIMS CME Committee by the provider within thirty (30) calendar days of receipt of the letter of notification of the adverse decision and shall specify the reasons for requesting reconsideration. Otherwise, the decision made by the RIMS CME Committee becomes final. A written request for reconsideration, timely filed, shall automatically stay the adverse accreditation decision until the reconsideration is completed. The accreditation status of the provider, during the process of reconsideration, shall remain as it was prior to the adverse accreditation decision.

The information upon which reconsideration is based must be that which pertained to the provider at the time of the survey and the initial consideration of the application by the RIMS CME Committee. New information based on data subsequent to the survey and initial review, and information representing changes in the program following an adverse decision, will not be considered by the RIMS CME Committee. If substantial changes have occurred subsequent to the initial survey and review, applicants should submit these changes as part of a new application for accreditation rather than as part of a request for reconsideration.

The RIMS CME Committee shall complete the reconsideration no later than 90 calendar days after it receives the request for reconsideration. If a provider considers that the subsequent decision of the RIMS CME Committee is not justified, it may request a formal appeal. Appeals may be based only on the grounds that the RIMS CME Committee's decision was (1) arbitrary, capricious, or otherwise not in accordance with the accreditation standards and procedures of the RIMS CME Committee, or (2) not supported by substantial evidence.

An application fee of \$250 will be charged to the provider requesting a reconsideration. The applicant provider shall provide RIMS with additional copies of the original application for accreditation.

Appeal Procedures

If, following the reconsideration, the RIMS CME Committee adheres to the initial adverse decision, the provider may request a hearing before an Appeal Board. If a written request for such a hearing is not received by the Chairman of the RIMS CME Committee within thirty (30) calendar days of receiving notice of the adverse accreditation decision, the decision of the RIMS CME Committee will become final. The request for a hearing shall include a statement of reasons for appealing the adverse decision.

An Appeal Board shall be comprised of three members from a list of (7) seven qualified individuals willing to serve as members of the Appeal Board. The list shall be prepared by the Chair under the direction of the CME Committee. RIMS CME Committee members may not serve on the Appeal Board. The accreditation status of the institution during the process of appeal shall remain as it was prior to the adverse accreditation decision.

Within twenty (20) calendar days of receipt of notification of the appeal, the list shall be sent by Certified mail to the institution requesting the appeal. The institution may eliminate up to (2) names from the list to make up the Appeal Board and shall notify the Chairman of the RIMS CME Committee of its eliminations within ten (10) calendar days of its receipt of the list. The Chairman of the RIMS CME Committee shall then select three (3) individuals from the names still remaining on the list that shall constitute the Appeal Board, and shall appoint one of the three to be chairperson of the Appeal Board. RIMS shall notify the institution of the names of the persons selected.

The Appeal Board shall develop its own rules for submission, notices, and hearings in accordance with standards of due process. The assistance of RIMS Legal Counsel will be obtained if needed.

Hearings, requested in conformity with these procedures, shall take place no later than sixty (60) calendar days following the appointment of an Appeal Board. At least forty-five (45) calendar days prior to the hearing, the applicant shall be notified of the time and place of the hearing as determined by the CME Coordinator. The applicant has the right to request and obtain the information in their file on which adverse actions were taken. Any additional information supplied by the applicant must be for clarification purposes only and cannot describe new components or changes within the program. Written statements may be submitted to the Appeal Board prior to the hearing, at the hearing, or up to fourteen (14) calendar days following the hearing, provided that a formal request to submit such statements is made to the Appeal Board.

The RIMS CME Committee may appoint representatives to attend the hearing. The purpose of the hearing is to assemble as much information as practicable regarding all material. The Chairman of the Appeal Board, shall make all determinations on procedural matters and all determinations on the admissibility of information sought to be presented.

The record of survey and review, together with formal presentations at the hearing, the transcript of proceedings of the hearing, and statements submitted under the provisions outlined above, shall be the basis for the findings of the Appeal Board.

Within thirty (30) calendar days of the hearing, or the receipt of written statements, whichever is later, the Appeal Board shall submit a recommendation on the accreditation status of the applicant to the RIMS CME Committee. The decision by the Appeal Board as to the accreditation status of the applicant shall be final.

If the Appeal Board decides that accreditation shall be denied, and the applicant was not an accredited institution or organization at any time during the two years before the survey, the applicant may, instead of accepting denial or taking appeal, elect to consider the survey a consultation and education visit that does not result in an accreditation decision. Such a request shall be made by so notifying the RIMS CME Committee in writing within thirty (30) days from receipt of the notice of the Committee's decision that accreditation shall be denied. The Appeal Board's Committee's decision shall be final, if notification of such request or of appeal is not made within thirty (30) days.

Expenses: Stipends for members of the Appeal Board shall be equally shared by the applicant provider and the RIMS. Any legal fees incurred as a result of the appeals process shall be the responsibility of the institution which incurred the expense. The applicant provider shall provide the Appeal Board with copies of the necessary material including the original accreditation application.

Processing Complaints/Inquires Concerning Accredited Providers

The following outline is a guide for processing complaints/inquiries received by the Continuing Medical Education Committee of the Rhode Island Medical Society which indicate that an accredited provider may not be in compliance with the Accreditation Criteria and Standards or may not follow established accreditation policies with regard to one or more of its activities. The length of time during which an accredited provider must be accountable for any complaints and inquiries received by the RIMS is twelve months from the date of the activity, or in the case of a series, twelve months from the date of the individual session of the activity which is in question.

I. RIMS CME Coordinator in consultation with the Chair of the CME Committee will review the complaint/inquiry to determine whether it relates to the manner in which the accredited provider complies with the Accreditation Criteria and Standards or follows established accreditation policies.

A. If the complaint/inquiry is judged not to relate to compliance with Accreditation Criteria and Standards or to established accreditation policies, the person initiating the complaint shall be notified by the RIMS CME Committee Chair.

B. If the complaint/inquiry is judged to be related to compliance with Accreditation Criteria and Standards or to established accreditation policies, the following shall be observed:

1. The confidentiality of the complaining/inquiring party shall be protected.
2. RIMS CME Chair shall provide the complaining/inquiring party with a copy of RIMS' letter of inquiry to the provider.
3. RIMS CME Chair shall notify by certified mail the accredited provider in question of the nature of the complaint/inquiry and shall request a response to the complaint/inquiry within thirty (30) days from receipt of RIMS request.

II. Upon receipt of the accredited provider's response, RIMS CME Coordinator in consultation with the Chair of the CME Committee shall determine whether additional information is necessary and may request such information. Should it be determined that the response is adequate, the following will be observed:

A. The complaint/inquiry materials and the accredited provider's response shall be sent to two (2) members of the CME Committee. Those members will review the materials and communicate their recommendations separately and in writing to RIMS CME Coordinator.

1. If the recommendations are compatible, the results will be communicated to the CME Committee Chair.
2. If the recommendations are in disagreement, the materials will be sent to a third reviewer and a conference will be held among the reviewers. If no consensus can be achieved, the full committee shall review the materials.
3. The members of the review team or the full committee may request additional materials from the state medical society if they determine that the materials they have are insufficient to allow them to render an opinion.

B. The following are the possible results:

1. Letter of Acceptance

The review team/committee is satisfied with the accredited provider's response. (For example, an isolated incident with good documentation or explanation.) There appears to be compliance with the Essentials and Standards regarding the issues presented.

The information will be filed and the inquiry letter and the Committee decision will be made available to the reviewers at the next review.

2. Letter of Concern

The review team/committee has questions about the accredited provider's reply. From the documentation submitted, the Committee is concerned regarding the extent to which there is compliance with specific Essentials and Standards.

The concern(s) will be enumerated in the decision letter to the provider, which, along with the inquiry letter and the provider's response, will be placed in the provider's file and will be made available to the reviewers at the next review.

The provider will be asked to address the concern(s) either (1) in a Progress Report or (2) at the time of the next review.

3. Letter of Reprimand

The review team/committee does not accept the provider's reply.

From the documentation submitted, the Committee has determined that the provider is not in compliance with the Essentials and Standards regarding the issues presented.

Areas of non-compliance will be enumerated in the decision letter to the provider, which, along with the inquiry letter and the provider's response, will be placed in the provider's file and will be made available to the reviewers at the next review.

The provider will be asked to provide documentation of corrective action at a time determined by the committee and will be notified that failure to correct the deficiencies may result in an immediate resurvey which may affect the provider's accreditation status.

4. Failure to Respond

If a provider fails to respond to a request for information, the Committee may require an immediate on-site resurvey which may affect the provider's accreditation status.

Policy on Accreditation of Merged Organizations

The Rhode Island Medical Society serves as the accrediting agency for intrastate providers of continuing medical education (CME). The purpose of this policy is to define (a) the responsibilities of RIMS Accredited CME providers that merge or affiliate with other RIMS accredited providers, CME providers accredited by the Accreditation Council for Continuing Medical Education (ACCME), or non-accredited organizations, and (b) the actions RIMS will take as a result of such mergers or affiliations.

1. It is the responsibility of RIMS accredited CME providers to notify RIMS in writing of any significant organizational changes affecting the CME program including mergers and affiliations with other organizations. Notification should be given within 30 calendar days after the change. The notification should include an estimate of time for adoption of new policies and procedures that would affect CME program accreditation or planning and implementation of activities.
2. Merged CME programs of two or more RIMS accredited organizations or mergers of accredited organizations with non-accredited organizations must submit a new application as a single entity if the newly created entity has a separate governing body/board of directors. The application must be submitted within six months after the merger takes place. During that six months, and until RIMS formally considers the new application, each institution will retain its existing accreditation status.
 - When the merger involves two or more RIMS accredited organizations, CME activities will continue to be provided under the names of the previously accredited organizations until the new entity is accredited.
 - When the merger involves a RIMS accredited organization and a non-accredited organization, the accredited organization will maintain its accreditation, and activities it provides for the non-accredited organization will be considered joint providership.

1. If RIMS accredited providers merge, but the entities maintain separate identities, they may opt to maintain separate accreditation. Entities that serve separate physician audiences are encouraged to maintain separate accreditation. Each site's accredited program must continue to separately meet all of the specific requirements of the Accreditation Criteria and Standards.
2. If the merger does not create a new governing body, the RIMS will decide on a case-by-case basis whether a merged organization must apply for accreditation as a new provider or whether it should be re-surveyed as an existing provider that has undergone significant change. Some of the factors to be considered in making this decision include:
 - degree of change or continuity in the new entity's CME committee
 - degree to which all physicians' needs are addressed by the new entity
 - past performance in documenting compliance with the essentials
 - separate vs. joint medical staff appointments
 - creation of/change of parent organization
1. If a RIMS accredited provider merges with an ACCME accredited provider, the newly created organization may choose to seek accreditation through either RIMS or ACCME. The new program will be subject to the policies of the ACCME or RIMS, whichever accreditation is sought. Upon accreditation of the new program, the providers' previous accreditation must be withdrawn.
2. New CME programs, created through the merger of two or more programs, must demonstrate to RIMS that a mechanism is in place to guarantee attendance records of past CME activities of each of the previously accredited organizations will be maintained for a minimum of six years and activity planning records/files until the next scheduled accreditation review.