CONTINUING MEDICAL EDUCATION (CME) ACCREDITATION REQUIREMENTS FOR PROVIDERS IN FLORIDA

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This manual contains information, policies, and procedures that describe how the Florida Medical Association (FMA) provisionally accredits and re-accredits organizations located in Florida to designate educational activities for AMA *PRA Category 1 credit™*. For purposes of this manual, the term "CME credit" refers to *AMA PRA Category 1 credit™*.

Within this document, the term "provider" is used broadly to signify an organization accredited to provide CME, including hospitals, health systems, professional societies, agencies, and other entities eligible to provide CME for physicians. The term "CME Program" generally refers to a provider's overall CME effort, while "CME Activity" refers to individual conferences, seminars, online courses, etc. These "activities" collectively comprise the "CME Program."

Justification:
The policies and procedures regarding accreditation of CME providers have been formulated to:

- Ensure that the FMA conforms to the *Markers of Equivalency* developed by the Accreditation Council for Continuing Medical Education (ACCME) in collaboration with Recognized State Accreditors;
- Provide for the efficient oversight and evaluation of CME activities offered by FMA-accredited providers;
- Assure that FMA-accredited providers have the requisite knowledge to achieve compliance with the Accreditation Criteria developed by the ACCME and adopted by the FMA to promote and encourage equivalency in accreditation across the national system.

GENERAL INFORMATION

DEFINITION AND PURPOSE OF ACCREDITATION

Accreditation is official recognition that an organization's CME Program meets established criteria for consistent educational planning and validity of content. The primary purpose of the accreditation system is to assure the quality of CME by establishing and maintaining educational standards for the development and implementation of formally structured educational activities. This process measures the ability of organizations to plan compliant CME activities and to maintain a CME Program in accordance with these standards. Much of the evaluation of CME providers is based on a review of documentation and policies.

Organizations, institutions, and other entities are accredited; individual seminars, conferences, educational materials or speakers may not be accredited. Conferences, seminars, and educational resources, however, may be designated for credit by an accredited provider.

FLORIDA MEDICAL ASSOCIATION (FMA) represents the interests of all Florida physicians and their patients. Our mission is "helping physicians practice medicine." In support of this mission, the FMA is committed to providing educational services to ensure that physicians have access to quality continuing medical education (CME). FMA is recognized by the Accreditation Council for Continuing Medical Education (ACCME) to accredit organizations in Florida to certify educational activities for AMA *PRA Category 1 credit™*.

ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) is the national organization responsible for maintaining the quality of continuing medical education (CME) in the United States. It is composed of representatives from the following organizations:

- American Medical Association
- American Hospital Association
- Association for Hospital Medical Education
- Association of American Medical Colleges
- Council of Medical Specialty Societies
- Federation of State Medical Boards.

ACCME functions include the following:

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

CME CREDIT MEANS *AMA PRA Category 1 Credit™*

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

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

AMA PRA Category 1 Credit™ is a type of educational credit that can be applied toward the AMA Physician's Recognition Award. The AMA awards the certificate to physicians who earn and

document 50 credits of continuing medical education for one year. The PRA was established by the AMA in 1968 to formally recognize and encourage physician participation in CME activities.

WHO CAN DESIGNATE ACTIVITIES FOR AMA PRA Category 1 Credit™?

Only organizations nationally accredited by the ACCME or organizations state accredited by an ACCME-recognized State Medical Association may designate an educational activity for *AMA PRA Category 1 Credit™*. Accredited providers are responsible for understanding AMA PRA credit requirements and have the authority to determine which of their activities meet these requirements. Review the AMA Physician's Recognition Award and credit system booklet for more information about the AMA PRA credit system.

CME CONTENT AND THE AMA PHYSICIAN'S RECOGNITION AWARD

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME accreditation requirements as well as all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the FMA accreditation process as verification of fulfillment of the FMA accreditation requirements. This policy describes the shared requirements of the ACCME, its recognized state medical society components, 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).

DEFINITION OF CME

The AMA defines CME as "educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public." (HOD policy #300.988)

The ACCME 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 ACCME 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
- 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 ACCME 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 the ACCME.

EDUCATIONAL CONTENT OF CERTIFIED CME

The AMA defines certified CME as:

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

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

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

ACTIVITIES INELIGIBLE FOR AMA PRA CREDIT

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

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

NECESSITY FOR CLINICAL VALIDITY OF CME CONTENT

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME (see page 5 of this manual), or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

NOTE: Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. The ACCME Clinical Content Validation policy as adopted by the FMA 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.

REQUIRED ACCREDITATION STATEMENT

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

REQUIRED AMA CREDIT DESIGNATION STATEMENT

An AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with AMA PRA Category 1 Credit™ requirements. The AMA Credit Designation Statement must be written without paraphrasing and must be listed separately from accreditation or other statements. The learning format listed in the AMA Credit Designation Statement must be one of the eight approved learning formats described within this manual. The AMA expressly prohibits the publication of promotional materials which state that CME credit "has been applied for" or is "pending." Review the AMA PRA Information Booklet for specific information relating to permissible language for "save the date announcements" (pg. 8).

Required Accreditation and Designation Statements

For Directly Provided Activities:

The [*name of accredited provider*] is accredited by the Florida Medical Association to provide continuing medical education for physicians.

The [name of 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.

For Jointly Provided Activities

This activity has been planned and implemented in accordance with the Essentials Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the [*name of accredited provider*] and [*name of unaccredited provider*]. The [*name of accredited provider*] is accredited by the Florida Medical Association to provide continuing medical education for physicians.

The [name of 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.

***For activities co-provided by two accredited providers*:**

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

DETERMINING CME CREDITS

AMA credit designated for live activities is determined by the actual clock hours of educational time. Time allocated for registration, breaks, lunch, social events, etc., is not applied toward the number of hours. The time it takes to participate in an activity may be rounded to the nearest quarter hour (.25) and credit should be awarded accordingly.

Designating and awarding credit for participation in an enduring material

- Credit designation for each enduring material must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician will take to complete the activity to achieve its purpose and/or learning objectives (e.g. the average time it takes a small sample group of the target audience to complete the material); credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.
- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

FLORIDA CME REQUIREMENTS FOR ALLOPATHIC AND OSTEOPATHIC PHYSICIANS

The Florida Department of Health in conjunction with the Board of Medicine and the Board of Osteopathic Medicine sets the CME requirements for physician licensure in Florida. Each Board specifies a certain number of hours, including mandatory topics, that must be completed within each two year license term. Half of Florida allopathic (MD) licenses expire January 31st of every even-numbered year and the other half expire January 31st of every odd-numbered year. All osteopathic (DO) licenses expire March 31st of every even numbered year. Visit **www.FLhealthSource.gov** to verify a Florida license or confirm a licensure expiration date.

The following charts depict the general CME requirements for MDs and DOs.

CME REQUIREMENTS FOR MDS (LICENSED IN FL)

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours*	38	Generally *AMA PRA Category 1 credit™*
Medical Errors	2	Course MUST include information regarding the five most mis-diagnosed conditions, in accordance with Rule 64B15-13.001, F.A.C.
Domestic Violence	2	Required every third biennium – Included in the 40 general hours for that term (can be home study)
TOTAL HOURS	**40**	

CME REQUIREMENTS FOR DOS (LICENSED IN FL)

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours*	20	20 must be AOA Category 1-A
General Hours*	15	AOA or AMA credit (only 8 can be home study)
Medical Errors	2	Must be live; Course MUST include information regarding the five most mis-diagnosed conditions, in accordance with Rule 64B15-13.001, F.A.C.
Ethics	1	Must be live
Florida Laws and Rules	1	Must be live
Federal & State Laws Related to the Prescribing of Controlled Substances	1	Must be live
Domestic Violence	2	Required every third biennium – Included in the 40 general hours for that term (can be home study)
TOTAL HOURS	**40**	

For more specific questions, check the Florida Administrative Code for the two Boards:

FL Board of Medicine – Ch. 64B8- 13.005, F.A.C.
https://www.flrules.org/gateway/ruleNo.asp?id=64B8-13.005

FL Board of Osteopathic Medicine – Ch. 64B5-13, F.A.C.
https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B15-13

Special Educational Requirement for Prescribers in Florida

Effective July 1, 2018, healthcare professionals registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822 is required to complete a board-approved 2-hour continuing education course on prescribing controlled substances offered by a statewide professional association of physicians in this state that is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 Credit or the American Osteopathic Category 1-A continuing medical education credit as part of biennial license renewal. The course must include information on the current standards for prescribing controlled substances, particularly opiates; alternatives to these standards; nonpharmacological therapies; prescribing emergency opioid antagonists; and the risks of opioid addiction following all stages of treatment in the management of acute pain. The course may be offered in a distance learning format and must be included within the number of continuing education hours required by law. The department may not renew the license of any prescriber registered with

the United States Drug Enforcement Administration to prescribe controlled substances who has failed to complete the course. The course must be completed by January 31, 2019, and at each subsequent renewal. This paragraph does not apply to a licensee who is required by his or her applicable practice act to complete a minimum of 3 hours of continuing education on the safe and effective prescribing of controlled substances.

GENERAL ACCREDITATION OVERVIEW

ELIGIBILITY FOR FMA ACCREDITATION

Organizations eligible for review and accreditation by the Florida Medical Association include hospitals, medical societies, medical professional associations, and other qualified research oriented organizations with professional memberships which are committed to providing continuing medical education for physicians.

To qualify for eligibility, an organization must demonstrate that it meets the following criteria:

- Located in Florida
- Is not a "commercial interest" which is defined as "any entity producing, marketing, reselling, or distributing healthcare goods or services used on or consumed by patients"
- Offers CME activities for physicians on a regular and recurring basis
- Presents activities that have "valid" content, that which promotes recommendations, treatment or manners of practicing medicine that fall within the definition of CME (may not present activities that promote treatments that are known to pose risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients
- Serves a target audience with no more than 30% of physician learners from beyond Florida and its bordering states of Georgia and Alabama. (organizations with a **proven** national audience over 30% should apply for ACCME accreditation – www.accme.org)
- Demonstrates an overall organizational commitment to the CME program, including physician leadership, adequate financial support, appropriate staffing, and record-keeping capabilities
- Demonstrates the capacity to comply with all FMA accreditation requirements and policies

PREREQUISITES FOR FMA ACCREDITATION

1. ESTABLISHING THE REQUIRED ORGANIZATIONAL STRUCTURE

- Develop an organizational structure for the CME Program that includes the following:
  - CME Committee (Chair, Vice Chair, and members who represent the interests and specialties of the target audience, plus other healthcare professionals such as Librarians, Risk Managers, Pharmacists, Nurses, etc.
  - Adequate budget and funding
  - Appropriate administrative staffing (minimally a designated CME Coordinator who can serve as the organization's primary point of contact for the FMA)

- Enable CME personnel to attend at least one CME Providers Conference offered by the FMA.
  - Periodic attendance at subsequent conferences is strongly recommended as accreditation requirements and policies are frequently updated and revised.

2. ESTABLISHING A TRACK RECORD OF ACCREDITED EDUCATION

The new program, once organized, should begin to develop CME activities appropriate for the designation of *AMA PRA Category 1 credit™*. To earn credit for the activities, the unaccredited program may engage in joint providership with a provider already accredited to offer *AMA PRA Category 1 credit™*. Joint providership is an important component of the provisional accreditation eligibility process since it enables the organization to work within the confines of an accredited program and establish a track record. It is required that an organization jointly provide at least three (3) activities for a minimum of 15-20 credits before applying for independent accreditation.

Once the program establishes an adequate track record and can demonstrate compliance with all required accreditation requirements and policies, the organization is eligible to submit a Pre-application for Accreditation and start the process of applying for provisional intra-state accreditation through the FMA.

COSTS OF ACCREDITATION

FMA accreditation fees have been established to defray the operational costs of the accreditation program. Standard accreditation fees include a pre-application fee, initial accreditation fee, annual reaccreditation fee, accreditation survey fees, and late fees. In cases where a resurvey is required because the FMA receives information that an accredited organization has undergone substantial change or may no longer be in compliance with accreditation guidelines, additional fees will apply.

Standard Accreditation Fees

Pre-Application Fee: $250

- Paid when a non-accredited organization submits a pre-application for accreditation to establish its eligibility for initial accreditation

Initial Accreditation Fee: $3650

- Paid when a non-accredited organization's initial application for accreditation is submitted

Annual Accreditation Fee: $3750 (combined annual fee and reaccreditation fee)

- Paid every calendar year a provider maintains its accreditation; due in March of every calendar year

Progress Report Fee: $1000

Survey Fees: Actual travel expenses incurred by FMA surveyors and a $50 fee for an electronic survey

- Paid immediately following the site survey for initial accreditation
- Paid immediately following the site survey for reaccreditation

Late Fee/ Penalty: $500

- Paid when a required report (including annual PARS reporting) or fee is not received by the specified deadline.

TYPES AND DURATION OF FMA ACCREDITATION

The FMA is recognized by the ACCME as the Florida accreditor of intra-state CME providers.

The FMA designates its Committee on CME & Accreditation (the Committee) to direct the intra-state accreditation process. Final accreditation decisions are made by this Committee. As a component committee of the Council on Medical Education, Science & Public Health, all actions and activities of the Committee are reported through the Council to the FMA Board.

The Committee conducts its activities in conformity with the *Updated Criteria*, all relevant philosophies and policies of the ACCME and the AMA, and the supplemental policies and procedures of the FMA. FMA's accreditation requirements and policies are equivalent to those of the ACCME. The Committee meets generally three times per year in order to discuss and review all matters pertaining to continuing medical education and accreditation of providers in Florida.

TYPES OF ACCREDITATION WITHIN THE FMA SYSTEM

The Committee on CME & Accreditation may make one of the following decisions regarding accreditation:

1. Provisional Accreditation
2. Accreditation
3. Accreditation with Commendation
4. Probation
5. Non-accreditation

PROVISIONAL ACCREDITATION

Demonstrate compliance with Criteria 1-3, 7-12 (Level 1) and all policies

Term: 2 years

Restrictions: No joint providership with unaccredited organizations

Comments: Upon first resurvey, a provisionally accredited provider must be given full accreditation, non-accreditation, or an extension which may be offered once for a maximum of 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.

ACCREDITATION

Demonstrate compliance with all mandatory Accreditation Criteria - 1-3, 5-13, (Level 2) and all policies

Term: 4 years

Comments: Non-Compliance with any Accreditation Criteria or policy will necessitate a Progress Report and/or additional Survey. Failure to demonstrate compliance in the Progress Report and/or during the additional survey may result in Probation.

ACCREDITATION WITH COMMENDATION

Demonstrate compliance with all mandatory Criteria (1-3, 5-13) plus compliance with Criteria 16-22 or compliance with at least 8 of the new Criteria for Commendation (with a least one compliance with a Criterion from the Achieving Outcomes grouping)

Term: 6 years

Comments: Not available for provisional applicants**.** If during a six-year term, a provider reports a significant change in structure or in staff, the Committee may request documentation to ensure continued compliance with all of the accreditation requirements.

* Providers scheduled to receive accreditation decisions after November 2019 must use the Menu of New Criteria for Accreditation with Commendation (C23-38) to seek Accreditation with Commendation. Criteria 16-22 will be retired after this date.

PROBATION: An accredited program that seriously deviates from Compliance with the accreditation requirements may be placed on Probation. Probation may also result from a provider's failure to demonstrate Compliance in a Progress Report or during a follow-up survey.
Term: Providers who receive probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all Criteria within two years will result in Non-accreditation. Accreditation status and the ability for a provider to complete its four-year term will resume once a second Progress Report is received and accepted by the FMA Committee on CME & Accreditation.
Restrictions: No joint providership with unaccredited organizations. Any jointly provided activities already planned may be provided.

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

NON-ACCREDITATION: Although decisions of Non-Accreditation are uncommon, FMA reserves the right to deliver such decisions under any of the following circumstances:

- Given to an initial applicant following formal review and site survey when the Committee on CME & Accreditation determines that the organization is not in compliance with all Level 1 accreditation requirements. Initial applicants who receive Non-Accreditation may not be reviewed again by the FMA until one year from the date of the meeting at which the decision was made.
- Given to provides on Probation that do not demonstrate that all noncompliance findings have been converted to compliance within a 2-year time frame.
- Given to providers with full accreditation which fail to pay accreditation fees or submit required reports.

Comments: A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. The FMA waives the requirement of a Pre-application for the provider that chooses to submit an Initial Self Study Report during the one-year time period prior to the effective date of Non-Accreditation. The process and standards for review of newly Non-Accredited applicants are the same as for all other applicants.

PROGRESS REPORTS

The final accreditation decision rendered by the FMA Committee on CME & Accreditation will include specific information as to whether or not a Progress Report is required. A Progress Report is required when a CME provider receives a finding of noncompliance for one or more of the Level 1 and Level 2 Accreditation Criteria or policies during its review for continued accreditation. The usual due date for a Progress Report is one year from the date of the original finding. The purpose of the report is to allow the provider the opportunity to complete a self-

assessment based on the Committee's findings and take corrective steps to achieve compliance with any criterion or area found to be out of compliance. The reporting process requires providers to describe the actions taken to achieve compliance and provide evidence of improvement. Providers will receive specific instructions and materials for completing the required Progress Report approximately 60 days in advance of the due date.

Progress Report Decisions: A decision regarding a provider's Progress Report includes one of the following options:

1. ***Accept****:* The Progress Report contains explicit evidence that the provider has corrected the Criteria or policies that were found to be out of compliance.

2. ***Accept with Clarification Required****:* Information in the Progress Report indicates that the area of noncompliance is mostly resolved, but some additional information is required to be certain the provider is in compliance. An additional Progress Report may be required.

3. ***Reject****:* The Progress Report does not contain evidence that the areas in noncompliance have been corrected in any way. Either a second Progress Report or a focused accreditation survey will be required. FMA can place a provider on Probation or Non-Accreditation as the result of findings on a Progress Report.

RECONSIDERATION AND APPEALS

A provider that receives a decision of Probation or Non-Accreditation may request Reconsideration when it feels that the evidence it presented to FMA justifies a different decision. Only material which was considered at the time of the review and site survey may be reviewed upon Reconsideration. If, following the Reconsideration, FMA sustains its original action, the organization may request a hearing before the Council on Medical Education, Science & Public Health. Refer to the Reconsideration and Appeals policies in this manual for all relevant information.

NON-PAYMENT OF FEES OR FAILURE TO SUBMIT REQUIRED DOCUMENTATION

FMA-accredited providers are accountable for meeting FMA deadlines for submission for fees and reports (Self Studies, Progress Report, PARS reporting). Failure to meet established deadlines may result in a late penalty of $500 plus an immediate change of status to Probation, and subsequent consideration by the Committee on CME & Accreditation for a change in status to Non-accreditation. Providers are encouraged to communicate with FMA staff about potential challenges to meet deadlines to avoid a change in accreditation status or disruptions in accreditation.

PROCEDURES FOR OBTAINING AND MAINTAINING ACCREDITATION

PROVISIONAL ACCREDITATION

Step 1: Pre-Application

The FMA has established a Pre-Application process for organizations seeking provisional accreditation. This abbreviated application is intended to ensure that the organizational applicant falls within one of the eligibility categories specified in this manual and that the organization has fulfilled all of the following pre-requisites:

(1) Establishment of a CME Committee to provide effective physician leadership
(2) Designation of a CME Coordinator with requisite knowledge and experience
(3) Allocation of necessary resources and financial support
(4) Interested physician attendees
(5) CME track record: Provision of at least three activities offered for 15-20 credits within the 24 months preceding the date of submission of the pre-application.

FMA staff and physician representatives are available for consultation and to assist with interpretation of accreditation requirements and materials. For assistance during the accreditation process, contact: FMA, Education Department, education@flmedical.org or 800.762.0233.

STEP 2: Preliminary Review of Pre-Application

Once the Pre-Application is submitted, FMA staff will review the materials 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 should be refined or more fully developed prior to the submission of a Self-Study Report.

A Self-Study Report must be submitted within eighteen (18) months of an accepted Pre-Application.

STEP 3: Submission of the Self Study for Provisional Accreditation

Upon successful completion of the Pre-Application process, the organization may start the process for submitting an FMA Self-Study Application for Provisional Accreditation. Once received, FMA Staff and committee members will review the application to determine if the materials are adequate and demonstrate that the organization is potentially prepared for accreditation.

If deficiencies are noted, the Self-Study will be returned with explanations and recommendations for improvement before a site survey can be scheduled. The goal is to avoid unnecessary survey fees if definitive improvements are needed before an organization is prepared to transition to independent accreditation.

STEP 4: Site Survey

Upon favorable review of the Self-Study Report, the organization will be contacted to schedule a site visit. At this time a survey team composed of selected FMA physicians and FMA staff will meet with physicians, CME staff, and administrative representatives of the applying organization and review documentation and CME files. FMA Site surveyors utilize standardized guidelines to conduct all surveys.

STEP 5: Committee Review and Final Decision

The results and recommendations of the FMA survey team will be presented to the Committee on CME & Accreditation at its next regular meeting. The Committee is charged with making an accreditation decision based on the survey report and materials submitted.

The applicant will be notified of the final accreditation decisions within 30 days. The final decision will include supporting explanations, including a finding for each Accreditation Criteria and policy. Action by the Committee may result in Provisional Accreditation of two years or Non-accreditation.

If a decision of Non-accreditation is reached, the organization will be given the opportunity to utilize the FMA's established procedures for Reconsideration and Appeal. Non-accredited organizations may reapply for provisional accreditation after one year.

RE-ACCREDITATION

Approximately twelve months prior to the expiration of their current accreditation, accredited providers are notified by e-mail of the need to complete a Self-Study Report and schedule a survey. Self-Study Report deadlines are determined by the dates of scheduled FMA committee meetings, typically February/March, June/July and October/November. A provider is asked to notify the FMA of its intent to apply for continued accreditation. Resurveys of accredited providers are conducted in accordance with the following procedures:

STEP 1: Review and Survey

Upon receipt of the Self-Study Report for Accreditation, the provider will be contacted to schedule a survey. At this time, a survey team composed of selected FMA physicians and FMA staff will meet with physicians, CME staff, and administrative representatives of the applying organization and review documentation and CME files. FMA Site surveyors utilize standardized guidelines to conduct all surveys. Previously accredited providers have the option to choose either an in-person survey or an electronic survey, unless there are extenuating circumstances that necessitate an in-person visit (e.g. providers completing probationary terms or providers which have demonstrated significant deficiencies during the term being completed).

STEP 2: Committee Review and Final Decision

The results and recommendations of the FMA survey team will be presented to the Committee on CME & Accreditation at its next regular meeting. The Committee is charged with making an accreditation decision based on the survey report and materials submitted.

The provider will be notified of the final accreditation decisions within 30 days. The final decision will include supporting explanations, including a finding for each Accreditation Criteria and policy. Action by the Committee may result in: (1) Accreditation with Commendation for six years; (2) Accreditation for four years; (3) Probationary Accreditation; or (4) Non-accreditation.

Decisions of Probation or Non-accreditation will be reported to the organization with notification that they may utilize the procedures for **Reconsideration and Appeal** of the decision. Organizations receiving Non-accreditation may later reapply as an initial applicant after one year from the date the decision was made.

APPLICATION EXTENSIONS AND LATE APPLICATIONS

The FMA is required to maintain an accreditation schedule that allows for reaccreditation decisions to be made before a provider's accreditation expires. For this reason, a provider is required to submit an application and have a site visit in a time frame that allows the CME & Accreditation Committee to meet and make a final decision before the provider's accreditation expires. If serious extenuating circumstances prevent a provider from submitting its Self-Study materials by the designated deadline,

the organization may request an extension of its current accreditation by submitting a written request to the Chair of the CME & Accreditation Committee. Requests for extension must be submitted at least two weeks in advance of the original deadline. The Chair may, on behalf of the Committee, recommend that the provider be granted an extension subject to the following: the extension shall not exceed eight months. The FMA will then notify the ACCME that the accreditation expiration date of the provider has been extended for the approved period of time.

EARLY SURVEY OR SPECIAL REPORT

The FMA may reevaluate a provider at any time less than the period specified for accreditation if information is received that indicates that it has undergone substantial changes and/or may no longer be in compliance with all accreditation requirements and policies.

Typical Time Frame for Accreditation

INITIAL APPLICANTS – 18 to 24 months

1. Organization contacts the FMA to determine the requirements
2. Organization completes the pre-requisites if necessary and establishes organizational readiness for accreditation including completion of a Pre-Application for Accreditation
3. Organization completes and submits the Self-Study Application for Accreditation
4. FMA and organization schedule a Site Survey
5. FMA CME & Accreditation Committee reaches a final accreditation decision and notifies the new provider

ACCREDITED APPLICANTS – 6 to 12 months

1. FMA notifies the provider to start the reaccreditation process
2. Provider completes and submits the Self-Study Application for Accreditation
3. FMA and provider schedule a Site Survey
4. FMA CME & Accreditation Committee reaches a final accreditation decision and notifies the provider

COMMITTEE ON CME & ACCREDITATION MEETING SCHEDULE *

- Usually meets three (3) times per year (Feb/March, June/July, and October/November)

* Contact the FMA Education Department at 800.762.0233 for specific meeting dates for each calendar year

GUIDE TO AN ACCREDITATION SURVEY

An accreditation survey provides an opportunity for the FMA to meet with representatives from the organization seeking provisional accreditation or continued accreditation.

Goals of the Survey

The goals of the survey are to gather data about the provider's organizational structure, resources and responsibilities; review documents as indicators of compliance with the *Accreditation Criteria* and FMA Policies; discuss monitoring data and identify commendation. The survey data will be combined with other data to provide a final overall accreditation recommendation.

Objectives of the Survey

To give the provider the opportunity to:

- Introduce their CME unit to the survey team;
- Clarify the information supplied in the application or self-study;
- Provide information about the CME Program that goes beyond the scope of the application or self-study but is in support of compliance with the ACCME/FMA *Updated Criteria* and Policies; and
- Demonstrate the adequacy of the CME Program's administrative structure and the resources that support the CME unit.

To give the FMA the opportunity to:

- Discuss and clarify information submitted in the Self-Study Application
- Observe whether activities have been implemented in compliance with accreditation requirements and policies;
- Discuss PARS reporting and other Monitoring Data; and
- Ensure that the survey team has sufficient information about the provider's organization with which to formulate a report to the FMA Committee on CME & Accreditation.

FORMAT OF THE SURVEY

The format for all surveys generally involves interviews between the representatives of the accredited provider and the FMA survey team. Standard components of the survey generally include the following:

- Introductions
- Organizational review, including interviews and discussions with CME Program's staff, administration, and physician leadership
- Documentation review
- Exit interview/closing comments

TYPES OF SURVEYS

The FMA currently conducts three types of surveys:

On-Site - This type of survey features an in-person meeting between the CME leadership of the accredited provider and the FMA survey team at the administrative offices or activity of the CME Program. This type of survey is required for initial accreditation surveys and for reaccreditation surveys when the provider is on probation/suspension or there is a significant change in the provider's ownership, mission, or volume of CME activities.

On site surveys may also be required during an accreditation term should the FMA discovers practices, conditions, and/or situations indicating that a provider may not be in compliance with accreditation requirements and policies.

Reverse Site - This survey features an in-person meeting between the CME leadership of the accredited provider and the FMA survey team at an agreed upon location.

Electronic - This survey features an electronic meeting between the CME leadership of the accredited provider and the FMA survey team utilizing telephone conference services, computer or tele-video equipment. A standard format similar to on-site and reverse surveys is followed.

Regardless of the type of survey conducted, specific CME files will be identified in advance for review by the survey team during a survey. The FMA reserves the right to review additional documentation, as is necessary for it to arrive at an accreditation decision.

The FMA reserves the right to determine the type of survey used for the provider. Initial surveys will be conducted on-site. Surveys for reaccreditation may be on-site, reverse, or electronic depending upon the circumstances presented.

Performance in Practice

An important part of the survey process is the opportunity for the FMA to review CME activity records and documentation that indicate evidence of compliance with the *Accreditation Criteria*. This type of review provides excellent information regarding the provider's actual **performance in practice**. A CME provider must be able to access a copy of the compliance documentation for any CME activity held during its current term of accreditation. In addition, CME providers are required to maintain attendance records for a minimum of six years. Hard copy or electronic files are acceptable. In an effort to assist providers in achieving compliance, the FMA has adopted a Structured Abstract Form that indicates the specific documentation that must be maintained in each CME activity file. Each provider completing the accreditation process is required to complete a file audit using this form.

SURVEYORS

Surveyors are selected on the basis of skill and knowledge of continuing medical education and the accreditation process. Members of the Committee on CME and Accreditation and the Council on Medical Education, Science & Public Health may serve as CME surveyors and reviewers. Additional qualified surveyors will be selected throughout the State of Florida and will be physicians and non-physicians experienced in the operation of an accredited CME program. The Committee on CME & Accreditation may from time to time appoint non-physicians to serve as adjunct surveyors. These non-physician surveyors will be chosen on the same basis as physician surveyors. They must have the requisite knowledge and experience necessary in the operation of an accredited CME program and must complete the same requirements. In addition, they must be willing to participate in the recognition and accreditation of organizations in Florida.

Surveyors will not be appointed to review institutions or organizations if any potential conflicts of interest exist (e.g. physicians who hold full privileges at an accredited hospital). If doubt exists about the surveyor's objectivity or the applicant objects to a particular surveyor based on an acceptable concern, a different surveyor will be assigned.

All surveyors will be members of the Florida Medical Association, unless he or she is a qualified non-physician.

FMA ACCREDITATION

INTRODUCTION

The FMA strives to increase physician access to quality, practice-based CME in the local community by identifying and accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the "FMA Accreditation Requirements and Policies," are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted on the basis of an organization's demonstrated ability to plan and implement CME activities in accordance with the accreditation requirements and policies.

The accreditation requirements and policies adopted by the FMA Committee on CME & Accreditation in November 2006 are derived from the accreditation requirements and policies developed by the Accreditation Council for Continuing Medical Education (ACCME) in September 2006. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

The accreditation system seeks to position CME providers to serve as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare system. The focus is on contributing to the physician's strategies for patient care (competence), their actual performance in practice, and/or their patient outcomes. Providers must establish a specific mission, provide education interventions to meet that mission, and then assess their program's impact at meeting that mission and improving their program.

ACCREDITATION CRITERIA

The Accreditation Requirements and their Criteria are organized as follows:

- Purpose and Mission Criterion - Describes why the organization is providing CME (C1).
- Educational Planning Criteria - Explain how the organization plans and provides CME activities, incorporating the ACCME Standards for Commercial Support℠ to ensure independence (C2-3, 5-10).
- Evaluation and Improvement Criteria - Evaluate how well the organization is accomplishing its purpose in providing CME activities and Identify opportunities for change and improvement in the CME program (C11-13).
- Accreditation with Commendation Criteria - Recognize an organization's engagement with the environment (C16-22) or (C23-38).

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

FMA POLICIES

FMA policies supplement the accreditation criteria and the ACCME Standards for Commercial Support℠: Standards to Ensure Independence in CME Activities. These policies offer more specific guidelines on areas including CME program and activity administration, educational activity formats, and compliance with the Standards for Commercial Support. In some cases policies are developed to address emerging issues.

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

Failure to meet FMA 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 CME & Accreditation for a change in status to Nonaccreditation.

FLORIDA MEDICAL ASSOCIATION ACCREDITATION CRITERIA

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

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

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

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

Criterion 6
The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

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

Criterion 8
The provider appropriately manages commercial support (if applicable, SCS 3).

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

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

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

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

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

ACCREDITATION WITH COMMENDATION - Optional

Option A (Available until November 2019)
7 criteria listed within this option. Provider is required to demonstrate compliance with all 7 Criteria.

Criterion 16
The provider operates in a manner that integrates CME into the process for improving professional practice.

Criterion 17
The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Criterion 18
The provider identifies factors outside the provider's control that have an impact on patient outcomes.

Criterion 19
The provider implements educational strategies to remove, overcome or address barriers to physician change.

Criterion 20
The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21
The provider participates within an institutional or system framework for quality improvement.

Criterion 22
The provider is positioned to influence the scope and content of activities/educational interventions.

Option B (Only option available to providers effective November 2019)
16 criteria listed within this option (five categories). To be eligible for commendation, providers must demonstrate compliance with any 7 criteria of their choice, from any category **PLUS** 1 criterion from the **Achieves Outcomes** category—for a total of eight criteria.

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

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.

STANDARD 1: INDEPENDENCE

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a 'commercial interest' and some exemptions.)

(a) Identification of CME needs;
(b) Determination of educational objectives;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the CME;
(e) Selection of educational methods;
(f) Evaluation of the activity.

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

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

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

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

STANDARD 3: Appropriate Use of Commercial Support

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

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

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

Written agreement documenting terms of support

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.

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

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

Expenditures for an individual providing CME

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

3.8 The provider, the joint 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.

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.

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

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

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-

author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

Accountability

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

STANDARD 4. Appropriate Management of Associated Commercial Promotion

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

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

- For ***print***, advertisements and promotional materials will not be interleafed within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For ***computer based***, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleafed 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.

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

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

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

STANDARD 5. Content and Format without Commercial Bias

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

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

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

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

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

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

Commercial support for the CME activity.

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

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

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

ALIGNMENT OF ACCME AND AMA EXPECTATIONS

The AMA Council on Medical Education and Accreditation Council for Continuing Medical Education (ACCME®) have aligned their expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™*.

Reflective of the AMA and ACCME's shared values, the alignment is designed to encourage innovation and flexibility, while ensuring that activities are independent and educationally appropriate. Accredited CME providers can introduce and blend new instructional practices and formats appropriate to their learners and setting, as long as they abide by the core requirements. CME providers may designate an activity format as "other" if it does not fall into one of the established format categories, without asking permission from the AMA. For these activities, providers can designate credits on an hour-per-credit basis, using their best reasonable estimate of the time required to complete the activity.

The alignment contains the following elements:

A. Core requirements for activities
B. A limited number of format-specific requirements

A. Core Requirements for Activities

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

B. Format-specific Requirements

An accredited provider must ensure that all ACCME required format-specific requirements are met plus meet a few additional format-specific requirements for enduring materials, journal-based CME, and PI CME as specified by the AMA.

See below for an explanation of all available formats:

- **Live activities** - An activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars. These may be offered through a variety of delivery mechanisms; examples include, but are not limited to, national, regional or local conferences, workshops, seminars, regularly scheduled conferences, journal clubs, simulation workshops, structured learning activities presented during a committee meeting and live Internet webinars. Faculty credit is a type of live activity for which physicians may earn AMA PRA Category 1 Credit™; there are two types of faculty credit:

- Accredited CME providers may choose to certify a live activity to award AMA PRA Category 1 Credit™ to faculty for an original presentation(s) at a live activity that is designated for such credit. If the providers choose not to offer faculty credit, physicians may claim this credit directly from the AMA.
  See AMA Physician's Recognition Award and credit system booklet for more information

- Accredited CME providers that are also accredited by either the Accreditation Council for Graduate Medical Education (ACGME) and/or Liaison Committee on Medical Education (LCME) may certify a live activity to award AMA PRA Category 1 Credit™ to faculty to recognize the learning that occurs in the preparation for teaching residents and/or medical students.
  See AMA Physician's Recognition Award and credit system booklet for more information

- **Enduring materials** – An activity that endures over a specified time and does not have a specific time or location designated for participation, rather, the participant determines whether and when to complete the activity. (Examples: online interactive educational module, recorded presentation, podcast.)
  - **Additional AMA requirement**: Provide access to appropriate bibliographic sources to allow for further study.

- **Journal-based CME** - An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.
  - **Additional AMA requirement**: Be a peer–reviewed article

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

- **Manuscript review (for journals)** – An activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

- **Performance improvement CME (PI CME)** – An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.
  Additional AMA requirements.
  - Have an oversight mechanism that assures content integrity of the selected performance measures. If appropriate, these measures should be evidence based and well designed.
  - Provide clear instruction to the physician that defines the educational process of the activity (documentation, timeline).
  - Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence behind those measures (if applicable).
  - Validate the depth of physician participation by a review of submitted PI CME activity documentation.
  - Consist of the following three stages:

- Stage A—learning from current practice performance assessment. Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism.
- Stage B—learning from the application of PI to patient care. Implement the intervention(s) based on the results of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).
- Stage C—learning from the evaluation of the PI CME effort. Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

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

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

FMA ACCREDITATION POLICIES

The following policies supplement the FMA accreditation requirements and Standards for Commercial Support.

I. PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS

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

1. Names and contact information for accredited providers
2. Accreditation status of provider
3. Some annual report data submitted by the accredited provider each year, including:
    a. Number of activities
    b. Number of hours of education provided
    c. Number of physician participants
    d. Number of non-physician participants
    e. Accepts commercial support (yes or no)
    f. Accepts advertising/exhibit revenue (yes or no)
    g. Participates in joint providership (yes or no)
    h. Types of activities produced (list)
4. Aggregated accreditation finding, and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session);
7. Any other data/information that ACCME believes qualifies as "public information."

Note: Neither the FMA nor the ACCME will release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

II. CME PROGRAM ADMINISTRATION: 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.

An accredited CME program can be effective only to the extent that it has adequate physician and administrative leadership, as well as overall organizational support. Therefore, responsibility for the oversight, daily operation, and continuity of the accredited 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.

Accredited providers must demonstrate the infrastructure described below

1. CME COMMITTEE

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a CME 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.

Membership of a CME Committee should primarily be composed of physicians who represent the interests and specialties of the target audience, plus other healthcare professionals who can inform the planning of educational activities, such as Librarians, Risk Managers, Pharmacists, Nurses, etc.

Accredited providers that do not have members or a medical staff must have a physician CME Advisory Committee composed of physicians who represent the target audience.

2. **ADEQUATE ADMINISTRATIVE SUPPORT**
   Each accredited provider must designate adequate administrative personnel to ensure the appropriate operation, continuity, and oversight for the accredited CME Program. At a minimum, an accredited provider must designate a CME Coordinator who has administrative responsibility for the CME Program and can serve as the primary point of contact for the FMA. The CME Coordinator is primarily expected to execute the details associated with planning and implementing CME activities and maintaining compliance documentation.

NOTE: Appropriate individuals from the CME program, such as the CME Committee Chairman, the Director of Medical Education, and the CME Coordinator are required to attend at least one CME Providers Conference provided by the FMA. To encourage providers to attend the CME Providers Conference every year, the FMA allocates a certain portion of the annual accreditation fees paid to cover one free registration for each accredited provider.

GENERAL PROGRAM UPDATES

Accredited providers are responsible for promptly informing FMA 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.

PROGRAM CONTINUITY

Each accredited provider should establish appropriate policies and procedures and demonstrate that they are followed as documented in a **CME Policy Manual**. It is crucial that providers plan for changes in staff and committee members so that the operation of the CME Program is not jeopardized or compromised during a transition in leadership and/or administration.

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, FMA requires providers to promptly inform FMA of any personnel or organizational changes that could impact the FMA's ability to contact the organization.

A provider may review and make necessary changes to their organization's contact information in the ACCME Program and Activity Reporting System (PARS). You may access PARS at http://pars.accme.org.

CME BUDGET

Each accredited provider must allocate specific resources to accomplish the stated CME mission and to maintain the CME Program in accordance with FMA accreditation requirements and policies. The provider must be prepared to document a system of accountability which clearly outlines the income received and the expenses incurred by the CME Program. CME income includes allocations from the accredited organization, registration fees, commercial support, other financial contributions, etc. CME expenses generally include cost of personnel responsible for providing CME services, food and beverage provided at CME activities, AV equipment, speaker expenses, and the costs associated with maintaining accreditation.

ACCREDITATION STATEMENTS

The accreditation statement identifies the accredited organization that is responsible for demonstrating the CME activity's compliance with all accreditation requirements. Refer to page 8 in this manual for additional information.

CME CLINICAL CONTENT VALIDATION

Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. The Clinical Content Validation 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 the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME (see page 5 of this manual), or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

REQUIRED RETENTION OF CME ACTIVITY AND ATTENDANCE RECORDS

1. **Attendance Records:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for **six years** from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The FMA does not require sign-in sheets.

2. **Activity Documentation:** An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. For guidance on the nature of documentation FMA will expect to review at the time of reaccreditation, refer to the Performance-in-Practice Structured Abstract.

REPORTS FOR CONTINUAL MONITORING

On-going evaluation of accredited providers is accomplished by utilizing the ACCME electronic reporting system (Program and Activity Reporting System - PARS) and sometimes by the mandatory submission of a Progress Report one to two years following an accreditation survey.

PARS REPORTING

FMA-accredited providers must submit annual data for their CME program to the ACCME online Program and Activity Report System (PARS) on ACCME's website by March 31 (unless otherwise notified). Providers will need to confirm/update organizational contact information and complete entry of activity and program summary data for the prior year. For example, the data due by March 31, 2018 will be for 2017 activity and program data.

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

FMA-accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation. FMA-accredited providers may access PARS at http://www.accme.org on the **For CME Providers** section of the ACCME website. You will access your account with your e-mail address and your Provider ID. Please contact the FMA CME office if you need assistance with this information.

CME ACTIVITIES HELD OUT OF STATE

Organizations accredited by the FMA hold intra-state accreditation and are thus expected to generally conduct CME activities within the state of Florida for the local physician audience. FMA is entrusted with the authority to grant intra-state accreditation for the benefit and convenience of physicians located in the state of Florida. The ACCME is responsible for accrediting organizations which conduct CME activities for a national audience. The ACCME and the FMA consider physicians from Florida's contiguous states of Alabama and Georgia to be a local physician audience.

ACCME policy specifies that providers who are serving registrants, more than 30% of whom are from outside the local area (the state and its contiguous states) must apply for national accreditation directly through the ACCME. This 30% rule refers to the accredited provider's **total audience** for ALL activities presented during the provider's entire accreditation term.

If an FMA-accredited provider elects to present activities outside the local area (either in-person or via the Internet) or to nationally advertise its activities, it is the provider's responsibility to monitor the attendance/participation for these activities and report to the FMA during the next accreditation survey. If the FMA determines that the accredited provider's total audience exceeds the 30% rule, then the FMA will instruct the accredited provider to seek national accreditation, as required by the ACCME. The provider will have the opportunity to transition from intra-state to national accreditation.

USE OF AN FMA CME LOGO ON MARKETING MATERIALS AND CME CERTIFICATES

FMA-accredited providers are asked to use the FMA-accredited branded logo for educational and identification purposes.

Providers may use the logo in announcements, brochures, flyers, continuing medical education (CME) web pages, CME certificates, and other materials.

CME staff is free to determine ultimate placement of the logo on marketing materials and certificates although the intention is that this logo will be featured in a prominent location along with the accredited organization's own logo and/or near the accreditation statement.

Accredited providers may email education@flmedical.org to request an electronic version of the FMA CME Logo:

III. POLICIES SUPPORTING THE STANDARDS FOR COMMERCIAL SUPPORT

SCS1 Ensuring Independence in CME Planning

A "**commercial interest**" is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (with the exemption of non-profit or government organizations and non-health care related companies).

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

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

- 501(c) Non-profit organizations that do not advocate for a "commercial interest"
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes

Definition of Commercial Interest as it relates to Joint Providership

In August 2007, the ACCME modified its definition of a "**commercial interest.**" As has been the case since 2004, commercial interests cannot be joint providers.

In joint providership, the accredited provider and its non-accredited joint provider must control 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 the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of these aforementioned items cannot be delegated to a commercial interest.

Commercial exhibits, sponsorship of non-educational aspects of CME activities, 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 '**commercial support'**. However, accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

The provider's **acknowledgment of commercial support** as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution. Acknowledgement may not include corporate logos and slogans.

The accredited provider may delegate the authority for receiving and disbursing commercial funds to an educational partner. However the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter. The letter of agreement must be signed by both parties and a copy retained in the CME activity file. The accredited provider must maintain and be able to produce a full accounting of the funds.

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

Verbal disclosure
1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
a) that verbal disclosure did occur; and
b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

Providers have the choice to use written or verbal disclosure methods. FMA requires that disclosure occur before an activity begins and that providers be able to verify that disclosure occurred. **Verbal verification that disclosure is done verbally is not compliance.**

Accredited providers should establish specific policies and procedures regarding disclosure and commercial support, including the use of Disclosure Forms and Letters of Commercial Support.

Other Relevant Definitions and Interpretations

Commercial Support. Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity *(relevant to Standard 3)*

Financial Relationships. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. *(relevant to Standard 2)*

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

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

Conflict of Interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. *(relevant to Standard 2)*

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

IV. JOINT PROVIDERSHIP POLICIES

The ACCME defines joint providership as the providership of a CME activity by one or more accredited and one or more nonaccredited organizations. Therefore, FMA accredited providers that plan and present one or more activities with non-ACCME accredited or non-FMA accredited organizations are engaging in "joint providership." This does not imply that a joint providership relationship is an actual legal partnership.

Before engaging in joint providership, it is the responsibility of the accredited provider to assure that it has the appropriate resources and personnel to perform the tasks required.

If an accredited provider decides to engage in joint providership during an accreditation term, the CME Coordinator should notify the FMA of its intent and provide documentation regarding the policies and procedures established to administer joint providership. The accredited provider's management of joint providership will be reviewed at the next scheduled survey.

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

INFORMING LEARNERS

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

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

COMPLIANCE AND NONCOMPLIANCE ISSUES

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

PROVIDERS ON PROBATION

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

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

The FMA 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 identification of CME needs, the determination of educational objectives, the selection and presentation of content, the selection of all persons and organizations that will be in a position to control CME content, the selection of educational methods, and the evaluation of the activity.

CO-PROVIDERSHIP

When two or more accredited organizations partner to offer an activity, each organization may participate in the process to ensure compliance with FMA Accreditation Criteria and policies. However only one provider can assume primary control over the activity so that it is clear to the participants which organization has officially approved the activity for credit. It is this organization that would report the activity in PARS.

V. MERGERS/CHANGES IN CORPORATE STRUCTURE

If an FMA-accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the FMA expects to be made aware of the change as soon as possible so that the FMA can provide adequate counsel and support for the organization during the merger. Each case will be reviewed on an individual basis with an intent to prevent disruption in the CME program during the transitional phase.

Because FMA accreditation was awarded to the original organization that sought accreditation and demonstrated compliance with accreditation requirements, a newly formed organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes significant organizational change, for example, becoming owned by a commercial interest, the FMA considers the provider to be significantly different than the organization that was accredited. The FMA will expect the provider to cease providing CME as an FMA accredited provider. The FMA will set a date of Nonaccreditation for these providers.

The FMA will also withdraw a provider's accreditation if the provider is dissolved or ceases to exist as a result of a merger, acquisition or dissolution.

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, the newly created system-wide CME program will be required to complete the process to achieve provisional accreditation.

New providers created through corporate change must submit an FMA Pre-application for Accreditation as a first step towards provisional accreditation.

WITHDRAWAL FROM ACCREDITATION

A provider that wishes to voluntarily withdraw from FMA accreditation must notify the FMA in writing of its intent to do so, indicating the specific date when withdrawal is to become effective and providing a brief explanation of the reason for withdrawal.

The FMA will immediately discontinue the process leading to a reaccreditation decision upon receipt of notification of intent to withdraw.

Payment of the annual fee and completion of year-end reporting requirements for the final year of accreditation is necessary to maintain accreditation in any portion of a calendar year subsequent to notification of withdrawal.

After the effective date of withdrawal: 1) The organization will no longer be accredited; 2) The organization's name will be removed from the FMA's list of accredited providers; and 3) The

organization may not use the FMA accreditation statement in association with any CME activity, either currently in circulation or planned for presentation or distribution.

It is the FMA's expectation that accredited providers will plan and execute withdrawal from FMA accreditation in a manner that meets all obligations and commitments to learners, educational partners, and all other stakeholders.

Organizations may apply for FMA accreditation at any time after withdrawal. The organization's application will be reviewed with the same considerations applied to other initial applicants and under the policies and requirements in effect at that time.

VI. COMPLAINTS AGAINST FMA PROVIDERS

The Committee on CME & Accreditation has devised the following procedures for the ethical and expeditious handling of complaints received concerning a provider accredited by the FMA.

Complaints regarding organizations accredited by the Florida Medical Association must be submitted in writing to the Education Department, FMA, 1430 Piedmont Drive East, Tallahassee, FL 32308 or via email to education@flmedical.org. Anonymous complaints will not be considered. The origin of the complaint will remain confidential to agents of the Florida Medical Association's Accreditation Program.

The Committee on CME & Accreditation, or the Chair, will review the complaint to determine whether it relates to the provider's compliance with the FMA accreditation requirements and policies or the manner in which the provider follows accreditation policies.

If the complaint is judged to be without merit or does not relate to the provider's required compliance, staff will notify the complainant in writing and the matter will be closed.

If the complaint is judged to be related to compliance with the accreditation requirements and policies or accreditation policy, the following steps will be taken:

- FMA staff will notify the accredited provider regarding the complaint received and the reason the complaint indicates the provider's failure to comply with policies and procedures established by the FMA/ACCME/AMA. The notification will be sent by certified mail with return receipt requested, and it will request the provider to conduct an investigation and make a report/response to the FMA within 30 days.

- The confidentiality of the complainant will be protected throughout the complaint process.

- Staff will provide the complainant with a copy of the letter to the accredited provider under review.

- Staff will request that the accredited provider under review submit any additional information required so that a thorough investigation may be completed.

Upon the receipt of the requested report, staff will ensure that the information contained within the report by the provider under review adequately addresses the complaint. If the report is acceptable, one of the following steps will be undertaken:

- If the provider under review is being considered for re-accreditation within three months, the complaint and subsequent report will be considered as part of the re-accreditation review and survey. **OR**

- If a re-accreditation review and survey is not forthcoming in the next three months, the complaint and subsequent report/response will be presented to two members and the Chair of the CME & Accreditation Committee for their recommendations. If the representative group of the Committee cannot reach a consensus decision, the material will be submitted to the Committee for a full review at its next regular meeting.

After reviewing the provider's report, the Committee or a representative group will recommend that one of the following actions be taken in response to the complaint:

1. **Letter of Acceptance**: This will indicate that based on the report/response submitted by the provider under review, there appears to be no violation of established accreditation policies and procedures. All documentation will be filed, and the information made available to the next survey team.

2. **Letter of Concern**: This will indicate that based on the report/response submitted by the provider under review, the Committee is concerned regarding the extent to which the provider may be complying with established accreditation policies and procedures. The letter will specifically explain the concerns and any recommendations for corrective action. The provider will be required to respond to the letter either in a Progress Report or during the next accreditation review. All documentation will be filed, and the information made available to the next survey team.

3. **Letter of Reprimand**: This will indicate that based on the report/response submitted by the provider under review, the Committee has determined that the provider is not in compliance with some aspect of the established accreditation policies and procedures. The letter will specifically explain the manner in which the provider is not in compliance and specific recommendations for corrective actions. The provider will be required to respond to the letter and submit documentation regarding actions taken to correct any problem situations. All documentation will be filed, and the information made available to the next survey team.

If the provider under review fails to respond to a letter of concern or reprimand within 30 calendar days, the provider's accreditation will be suspended until such time as the Committee is satisfied that any noncompliance has been resolved.

VII. FMA RECONSIDERATION & APPEALS PROCESS

In the event that an accredited provider does not agree with an adverse accreditation decision made by the FMA Committee on CME and Accreditation, the following procedures must be followed:

For purposes of this section, an adverse accreditation decision is defined as a decision by the FMA Committee on CME and Accreditation to **DENY** or **WITHDRAW** a provider's CME accreditation or to place a provider on **PROBATION.**

Step 1: Implementing the Reconsideration Process

A written request for reconsideration must be submitted in writing within 15 working days of the provider's receipt of notification of the adverse decision.

Requests for reconsideration should be filed only under one or more of the conditions listed below. The request must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.

- The provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies.

- The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.

The request must be based on written documentation and conditions that existed at the time of the application review and site survey.

Proposed changes to the program and changes or additional documentation created after the provider's survey may not be submitted or used in reconsideration of the Committee's decision.

If a request for reconsideration is properly filed, the provider's status will remain as it was prior to the adverse decision until the Committee has completed action on the request. Upon receipt of the request, two members of the Committee on CME and Accreditation, who were not members of the original survey team, will be asked to review the request. These reviewers will be provided with all material used in the accreditation decision as well as information and documentation submitted with the request for reconsideration. The review team will submit a report of its findings to full Committee on CME and Accreditation for action at their next regularly scheduled meetings. Within 10 working days of the Committee's action, the provider will be notified of the Committee's decision. If the adverse decision is sustained, the provider will be advised of its right to appeal this decision. If a request for appeal is not received within the defined deadline, the Committee's decision will be final and will be retroactive to the date of the original action.

STEP 2: Implementing the Appeals Process

Request for appeal will be accepted only in cases where the adverse decision is first upheld under the Reconsideration process. If the Committee sustains its adverse decision the provider may request a hearing before an Appeals board composed of at least four members of the FMA Council on Medical Education, Science & Public Health.

To file an appeal, a written request must be submitted within 15 working days of the provider's receipt of notification of the sustained adverse decision.

A request for appeal may be filed only under one or more of the conditions listed below. The appeal must cite the conditions listed below. The appeal must cite the conditions under which the request is being filed and provide written information and documentation to substantiate the request.

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.
- The provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies
- The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.

The provider's appeal may be based only on written documentation and conditions that existed at the time of the application review and site survey.

Proposed changes to the program and changes or additional documentation created after the provider's survey may not be submitted or considered in the appeals process. If a request for appeal is properly filed, the provider's status will remain as it was prior to the adverse decision until the Council on Medical Education has taken final action on the appeal.

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

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.

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 CME and Accreditation may submit written statements and additional clarifying data for consideration and may be present at the appeals board hearing to discuss findings of the review.

These rights shall be subject to the following condition: Additional information submitted and discussed may be used only to clarify conditions existing at the time of the provider's review. New information or conditions reflecting proposed changes to the program or changes made after the review and the adverse decision may not be considered in appeal.

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

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

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

The decision of the Council on Medical Education, Science & Public Health will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the Committee on CME & Accreditation.

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

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