



Guide to the Process for FMA Accreditation

Self-Study Report Performance-in-Practice Interview

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Data Sources Used in the Accreditation Process

The Florida Medical Association's accreditation process is an opportunity for an organization to demonstrate that its practice of CME is in compliance with ACCME/FMA's accreditation requirements and policies through three primary sources of data about the organization's CME program:

- 1. Self-Study Report:** Organizations are asked to provide descriptions, examples, and attachments to give FMA an understanding of CME practices.
- 2. Evidence of Performance-in-Practice Review:** Organizations are expected to verify that their CME activities are in compliance through the documentation review process.
- 3. Accreditation Interview:** Organizations are presented with an opportunity to further describe and provide clarification, as needed, on aspects of practice described and verified in the Self-Study Report or performance-in-practice review; to ensure that any questions regarding the provider's procedures or practices are answered and that complete information about the provider's organization is considered in the accreditation decision.

FMA's forms and documents used to facilitate the accreditation process are sent via email to the accredited provider or to the organization applying for accreditation and are available online. To access the forms and documents, go to the FMA website at www.flmedical.org. Click on Education/CME and choose For CME Providers from the drop-down menu.

Expectations for Materials

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

Information and materials submitted for accreditation (Self-Study Report, evidence of performance-in-practice, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Missing or Incomplete Information

Providers that meet all of the deadlines and submission requirements of the accreditation review process will receive an accreditation decision from FMA. Please note, if FMA is unable to render a decision due to missing or incomplete information, FMA reserves the right to request additional information, the expenses for which will be borne by the provider.

Decision-Making

Your organization's compliance findings and the outcome of the accreditation review are determined by FMA based on the data and information collected in the accreditation process. The data and information are analyzed by the surveyors and a report and recommendation is provided to the FMA Committee on CME & Accreditation. The committee (not the survey team) makes the final accreditation decision.

Self-Study Report – Data Source #1

Conducting Your Self-Study

The Self-Study Report process provides an opportunity for the accredited provider or an organization applying for initial accreditation to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education, analyze its current practices, identify areas for improvement, determine its future direction, and effectively present the results to FMA in the Self-Study Report.

The content of the Self-Study Report is specified by FMA, but the process of conducting a self-study is unique to an organization. Depending on the size and scope of the organization's CME program, the process may involve many or just a few individuals. Regardless of the size or nature of the program, the Self-Study Report is intended to address:

- The extent to which the organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting the CME mission, the organization produces CME that:
 - Incorporates the educational needs that underlie the professional practice gaps of its own learners (C2).
 - Is designed to change competence, performance, or patient outcomes (C3).
 - Includes formats appropriate for the setting, objectives, and desired results (C5). **Not required for initial accreditation.**
 - Is in the context of desirable physician attributes (C6). **Not required for initial accreditation.**
 - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-10).
- How implemented improvements helped the organization better meet its mission (C13). **Not required for initial accreditation.**
- The extent to which the organization is engaged with its environment (C16-22 or C23-38 Menu). **Not required for initial accreditation.**

Completing Your Self-Study Report

For **reaccreditation**, FMA will send the current version of the Self-Study Report form in the Notice of Reaccreditation email. The email is sent approximately 12 months prior to your organization's new accreditation decision/accreditation expiration.

For **initial accreditation**, if your organization is approved to complete the Self-Study Report, FMA will send the current version of the Self-Study Report form via email within six weeks of the submission of the Pre-Application and fee.

Submitting Your Self-Study Report

Ship **THREE** hard copies of the completed Self-Study Report form (Word document format) and labeled attachments to: Chandra Prine, Education Department, Florida Medical Association, 1430 Piedmont Drive East, Tallahassee, FL 32308. Hard copies of documentation should be **shipped** to: Chandra Prine, Education Department, Florida Medical Association, 1430 Piedmont Drive East, Tallahassee, FL 32308.

Evidence of Performance-in-Practice — Data Source #2

FMA's review of evidence of performance-in-practice allows providers to demonstrate compliance with the ACCME/FMA's expectations and offers providers an opportunity to reflect on their CME practices. In this process, you will present information and materials that you developed and utilized to ensure that your CME activities are in compliance with the ACCME/FMA's requirements. FMA uses ACCME's Program and Activity Reporting System (PARS) (pars.accme.org) to select activities for review. All FMA-accredited providers use the ACCME's Program and Activity Reporting System (PARS) to fulfill the ACCME's year-end reporting requirements.

Submission of CME Activity Data in PARS

Enter any activities that your organization has provided in the current year that have not already been entered in PARs and enter known information about CME activities that your organization will provide through the expiration of your current accreditation term under the umbrella of your FMA accreditation statement. For **initial accreditation**, do not enter activity information in PARS. FMA's Education Department will coordinate directly with the initial applicant.

Selection of Activities for Performance-in-Practice

Based on the CME activity data you provide to the ACCME's PARS, FMA will select up to 15 activities for review for **reaccreditation**. For **initial accreditation**, at a minimum, the required three activities completed within the 14-month period prior to the interview for initial accreditation will be selected for review.

FMA will email the organization's primary contact once the activities for performance-in-practice review have been selected. The email will be sent approximately **six weeks** prior to the survey/interview date. The email will include the list of activity files selected for review, and the current version of FMA's Performance-in-Practice Structured Abstract.

Submission of Evidence of Performance-in-Practice

Evidence of performance-in-practice must be submitted by using FMA's Performance-in-Practice Structured Abstract for each activity and submitted within the applicable timeline. **Providers are required to submit CME activity file evidence in an electronic format following the below instructions:**

1. Save the evidence for each activity as a separate PDF file in the following format:
 - a. Brief activity title_Date of activity
2. Create a cover page for your activity file with the following information displayed:
 - a. Name of organization
 - b. Activity title, date, and type, as submitted in PARS
3. Save EACH individual activity file as a single PDF, bookmarked for each of the attachments.
4. Send the bookmarked PDFs to the FMA via cprine@flmedical.org or if they are too large to email, contact the FMA at 800.762.0233 to discuss sending them via the FMA file sharing service.

Note: Submission in electronic format requires Adobe Acrobat version 8.0 or more recent.

For an **on-site or reverse survey**, organizations are expected to have **available at the site survey one hard copy** of the completed Performance-in-Practice Structured Abstracts with attachments for each activity. For an **electronic survey**, organizations are encouraged to have copies of the file material available to them in case there are questions about the materials provided.

Survey/Interview — Data Source #3

An FMA physician and an FMA CME staff member will review the Self-Study Report and completed Performance-in-Practice Structured Abstracts with attachments for the activity files selected, then will visit with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the ACCME/FMA accreditation criteria and policies. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

FMA surveyors will not provide feedback regarding compliance or the expected outcome of the accreditation review. Your organization's compliance, your findings, and the outcome of the accreditation process are determined by FMA's Committee on CME & Accreditation upon receiving a recommendation from the survey team.

Formats

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

FMA's Committee on CME & Accreditation will consider an electronic or reverse virtual format if circumstances result in a failure to negotiate an on-site meeting date or the location is difficult for surveyors to access.

Scheduling

For **reaccreditation**, information regarding the process of scheduling the interview is emailed by FMA staff. The email is sent approximately 6 months prior to your organization's new accreditation decision/ accreditation expiration. For **initial accreditation**, when it is determined that the Self-Study Report exhibits evidence that the program is likely to meet the accreditation requirements and policies, a site visit will be scheduled with the organization. FMA will confirm your assigned surveyor(s) and interview date and time in an email.

Sample Agendas

On-site: The survey is held at the provider's site; and involves a meeting between the representatives of the accredited provider and FMA survey team. The interview is usually scheduled for a 3 to 4-hour time block. The primary purpose of the survey is to allow the FMA time to interview and interact with the accredited provider's CME Committee Chair, staff, and administrator(s) regarding the organization's CME program and FMA accreditation requirements and policies. Sometimes a working lunch is included in the survey if the timing permits.

Electronic: The survey is typically held via conference call; and involves a conference call between the representatives of the accredited provider and FMA survey team. The interview takes approximately **90 minutes** (scheduled times vary because there is a more flexibility with a conference call). Again, the primary purpose of the survey is to allow the FMA time to interview and interact with the accredited provider's CME Committee Chair, staff, and administrator(s) regarding the organization's CME program and FMA accreditation requirements and policies.

Reverse: The survey features an in-person meeting between the CME leadership of the accredited provider and the FMA survey team at an agreed upon location (not the organization's site). The interview takes approximately **90 minutes** (scheduled times vary because there is a more flexibility with this type of survey).

Again, the primary purpose of the survey is to allow the FMA time to interview and interact with the accredited provider's CME Committee Chair, staff, and administrator(s) regarding the organization's CME program and FMA accreditation requirements and policies.

Fees

In addition to the annual reaccreditation fee of \$3750 or initial accreditation fee of \$3650, organizations being surveyed incur expenses related to the interview.

Reaccreditation and Initial Accreditation — On-site and Reverse Surveys: On-site and reverse interview expenses include the surveyors' actual travel, meal, and incidental expenses (incurred in accordance with FMA's policies regarding reimbursable expenses for volunteers).

Reaccreditation — Electronic Survey: Virtual interview expenses include a fee of \$50 and any surveyors' actual travel, meal, and incidental expenses, if any (incurred in accordance with FMA's policies regarding reimbursable expenses for volunteers).

FMA will invoice the provider for the survey team travel expenses and conference call fee (if applicable) within 30 days of the interview.

Overview of CME Reaccreditation Timeline (estimated) & Checklist

Before New Accreditation Decision/Expiration Date	Before Interview Date	After Interview Date
<ul style="list-style-type: none"> <input type="checkbox"/> Receive Notice of Reaccreditation email from FMA — email includes Self-Study Report forms (12 months before accreditation decision/expiration date) <input type="checkbox"/> Report known CME activity information in PARS (4 months before accreditation decision/expiration date) <input type="checkbox"/> Receive an email from FMA to schedule survey (at least 2 months before the accreditation decision/expiration date) <input type="checkbox"/> Submit Self-Study Report by the specified deadline 	<ul style="list-style-type: none"> <input type="checkbox"/> Receive an email from FMA confirming the survey (at least 1 month before the survey date) <input type="checkbox"/> Receive an email from FMA with the list of activity files selected for review — email includes FMA’s Performance-in-Practice Structured Abstract (at least 6 weeks before the interview date) <input type="checkbox"/> Review list of activity files for any errors <input type="checkbox"/> Complete Performance-in-Practice Structured Abstract for each activity selected for review <input type="checkbox"/> Submit activity files selected for review to FMA electronically (2 weeks before the interview date) <input type="checkbox"/> Prepare extra copies of the Self-Study Report and Performance-in-Practice Structured Abstracts with attachments for staff participating in the accreditation interview (by the day of the survey) 	<ul style="list-style-type: none"> <input type="checkbox"/> Submit additional materials (if requested by FMA survey team) <input type="checkbox"/> Receive an email from FMA regarding the accreditation decision (within 1 week of FMAFMA’s Committee on CME & Accreditation meeting) <input type="checkbox"/> Receive Accreditation Decision letter and Accreditation certificate by mail (within 4 weeks of FMA’s Committee on CME & Accreditation meeting)