Demonstrating Improvements and Compliance

The CMA expects organizations found to be in noncompliance with Criteria 1-13 or with relevant accreditation policies to demonstrate compliance through the progress report process. Descriptions of the specific performance issues that must be addressed in the progress report are provided in the decision report recently received from the CMA. Noncompliance findings in Criteria 16-38 should NOT be addressed in the progress report.

Contents of a Progress Report

For the specific performance issues described for noncompliance findings, providers must:

- describe improvements and their implementation; and,
- provide evidence of performance-in-practice to demonstrate compliance.

The Reporting Requirements for Accreditation Criteria/Policies are presented on pages 2-5 of the Guide to the Progress Report Process. This information should be considered in the context of, and limited to, the specific performance issue(s) identified in the recent CMA decision report. [NOTE: If a noncompliance finding is based on a specific type of activity, evidence must be presented that demonstrates improvements in that activity type (e.g., enduring materials, RSS, Internet CME, etc.).]

Expectations of Materials Submitted

All the materials submitted to the CMA in any format must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and must be the property of the organization. Materials submitted for accreditation (progress 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).
GUIDE TO THE PROGRESS REPORT PROCESS

Decision-Making

Providers will receive a decision from the CMA based on a review of all of the information and materials submitted as part of the progress report. A progress report review will result in the following feedback from the CMA:

- **All Criteria in Compliance:** The provider demonstrated that it has corrected the criteria or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all of the criteria or policies that were found to be in noncompliance.

If all criteria or policies that were found to be in noncompliance are not corrected, the CMA may require another progress report, a focused interview, and/or a change of status may result.

There may be circumstances when the CMA requires clarification at the time of the provider’s next review to be certain the provider is in compliance, or when a progress report is deferred to a future cohort, because, for example, a provider has not had sufficient time within the context of its CME program to implement improvements or to produce evidence to support compliance.

Reporting Requirements for CMA Accreditation Criteria/Policies

The information below provides a guide for determining the structure and content of the progress report to address noncompliance findings in Criteria 1-13 and/or the accreditation policies. Responses should be developed in the context of the specific performance issue(s) identified in the decision report recently received from the CMA. Please contact CMA staff if you have questions about what to include in your progress report.

<table>
<thead>
<tr>
<th>C1</th>
<th>Provide your CME mission statement with the expected results of the program articulated in terms of changes in competence, performance, or patient outcomes.</th>
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</table>
| C2 | Describe the process you use to identify the professional practice gap(s) of your own learners and the educational needs of your learners that underlie the professional practice gap(s).  
   For each activity selected, state the professional practice gap of the learners and educational need that you determined was the cause of the gap. |
| C3 | Describe how your activities are designed to change physician competence, performance, or patient outcomes.  
   For each activity selected, state what the activity was designed to change in terms of the learners’ competence or performance or patient outcomes. |
| C5 | Describe how your activities are designed to ensure that the educational format(s) are appropriate for the setting, objectives, and desired results of the activity.  
   For each activity selected, explain why the educational format is appropriate for the activity. |
### C6
**Describe** how you develop activities in the context of desirable physician attributes (e.g., IOM Competencies, ACGME Competencies).
For each activity selected, **indicate** the desirable physician attribute(s) this activity addresses.

### C7 (SCS 1)
If your organization has included employees or owners of ACCME-defined commercial interests in the planning, development or presentation of CME activities*, please:

**Describe** the factors you consider in determining an appropriate role for an ACCME-defined commercial interest employee in planning and/or presenting accredited CME and the mechanisms you implement to ensure independence in these situations.

For each activity selected, **provide**:

1. The activity topics/content, e.g., agenda, brochure, program book, or announcement.
2. A list of all individuals in control of content, specifying their role(s), for example, planner, faculty, content reviewer, etc. in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship), and the nature of that relationship.
3. If any employees or owners of ACCME-defined commercial interests controlled content, describe how their participation met one of the three specific circumstances permitted by the ACCME and how you ensured the independence of the CME activity.

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*The use of employees or owners of ACCME-defined commercial interests as faculty and planners or in other roles where they are in a position to control the content of accredited CME is prohibited, except in 3 special-use cases where employees/owners of ACCME-defined commercial interests can have a specific, limited role in accredited CME activities. In each instance, the expectations of ACCME/CMA’s Accreditation Requirements, including the Standards for Commercial Support, must be met.

1. Employees/owners of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the CME activity is not related to the business lines or products of their employer/company.
2. Employees/owners of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the accredited CME activity is limited to basic science research (e.g., pre-clinical research, drug discovery) or the processes methodologies of research, themselves unrelated to a specific disease or compound/ drug. In these circumstances, the accredited provider must demonstrate that it has implemented processes to ensure employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer/company.

3. Employees/owners of ACCME-defined commercial interests can participate as technicians in accredited CME activities that teach the safe and proper use of medical devices. In this circumstance, the accredited provider must demonstrate that it implements processes to ensure that employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical recommendations concerning the business lines or products of their employer/company.

**C7 (SCS 2.1)**

Describe the process(es) and mechanism(s) your organization uses to identify the relevant financial relationships for everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content).

For each activity selected, provide:

4. The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content.

5. A list of all individuals in control of content, specifying their role(s), for example, planner, faculty, content reviewer, etc. in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship), and the nature of that relationship.

**C7 (SCS 2.3)**

Describe the process(es) and mechanism(s) your organization uses to identify and resolve all conflicts of interest prior to an activity.

For each activity selected, provide:

1. A list of all individuals in control of content, specifying their role(s), for example, planner, faculty, content reviewer, etc. in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship), and the nature of that relationship.

2. Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity.
| C7 (SCS 6.1, 6.2, 6.5) | **Describe** the process(es) and mechanism(s) your organization uses to disclose to learners the presence or absence of all relevant financial relationships of all persons in a position to control educational content.

For each activity selected, **provide:**
1. A list of all individuals in control of content, specifying their role(s), for example, planner, faculty, content reviewer, etc. in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship), and the nature of that relationship.
2. The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control disclosed to the provider. |

| C7 (SCS 6.3, 6.4, 6.5) | **Describe** the process(es) and mechanism(s) your organization uses to disclose to learners the source support from commercial interests including “in-kind” support.

For each activity selected, **provide:**
1. A list of commercial supporters by name of company and $ value of any monetary commercial support and/or indicate in-kind support.
2. The commercial support disclosure information as provided to learners. |

| C8 (SCS 3.1-3.6) | **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support).

For each activity selected **provide:**
1. A list of commercial supporters by name of company and $ value of any monetary commercial support and/or indicate in-kind support.
2. Each executed commercial support agreement.
3. An income and expense statement, including the receipt and expenditure of commercial support.
4. Or indicate, “We did not accept commercial support for this activity.” |

| C8 (SCS 3.7-3.8) | **Provide** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. [This submission is required only if your decision report specifically indicates that the evidence you previously submitted did not include your policies and procedures governing honoraria and reimbursement of expenses.] |

| C9 (SCS 4.1-4.4) | 1. Do you organize **commercial exhibits** in association with any of your CME activities?
If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with the presentation and 2) are not a condition of the provision of commercial support for CME activities.

2. Do you arrange for **advertisements** in association with any of your CME activities? If yes, **describe** how your organization ensures that advertisements or other product- promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements. |
and/or product promotion in each of the following types of CME activities: 1) print materials, 2) computer-based materials, 3) audio and video recordings, and 4) face-to-face.

| (SCS 5.1-5.2) | Describe the planning and monitoring your organization uses to ensure that: 1. The content of CME activities does not promote the proprietary interests of any commercial interests, i.e., there is not commercial bias. 2. CME activities give a balanced view of therapeutic options. |
| ACCME/CMA Policy on Content Validation/ACCME Definition of CME | Describe the planning and monitoring your organization uses to ensure that the content of CME activities is in compliance with the ACCME/CMA's content validity value statements* (Policy on Content Validation) For each activity selected **provide:** 1. The activity topics/content, e.g. agenda, brochure, program book, or announcement. For RSS: if the series was topic-based, upload a listing of the dates and topics of each session 2. If this activity is an enduring material, an internet enduring material, or journal-based CME, and available on the internet, please provide a direct link or URL and, if necessary, a generic username and password to login, allowing access to the activities from the point of submission and for the duration of the review period until the decision, OR attach the CME “product” (screen shots, PDF) if not available via the internet. |
| **C11** | 1. For each activity selected, **provide** the data or information generated about changes in learners’ competence or performance or patient outcomes upon which you based your program-level analysis of changes in learners. 2. **Provide** your analysis of changes in learners’ competence, performance, or patient outcomes achieved as a result of your overall program’s activities/educational interventions. |
| **C12** | Based on your organization’s review of information and data gathered on changes in learners’ competence or performance or patient outcomes, **provide** your program-based analysis explaining the degree to which you have achieved your CME mission through the conduct of your CME activities/interventions. |
| **C13** | **Describe** the needed or desired changes you identified, planned, and implemented, as a result of your program-based analysis, that are required to improve on the ability to meet your CME mission. |
| Accreditation Statement | For each activity selected, **provide** evidence to demonstrate that the appropriate accreditation statement was used. |
| Physician Participation | **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities. Include one example that demonstrates your practice to record and verify physician participation. |
**Activity Documentation**

**Describe** the mechanism(s) your organization uses to ensure the retention of activity records/files for the current accreditation term or for the last twelve months, whichever is longer.

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**Format Requirements and Submission Instructions**

Make all required submissions according to the CMA’s specifications and by established deadlines. Failure to do so may result in a delay in consideration of your progress report and/or a change of your organization’s accreditation status. Your submission must include:

a) a narrative cover document describing improvements made in specific areas of noncompliance; and,

b) evidence of performance-in-practice for each activity selected, if applicable.

- Address only those criteria or policies found to be in noncompliance at the time of your last review and only the specific performance issues cited for those criteria or policies in your last decision report. [*NOTE: Do NOT address noncompliance findings in Criteria 16-38]*

- If the activity sample does not offer your organization an opportunity to present evidence that reflects the improvements you have implemented to ensure and demonstrate compliance, please contact the CMA to discuss possible options in the sampling process.

- Do NOT use original documents, because the materials will not be returned.

**Instructions for Submission**

a) Progress reports must be submitted in electronic format as a bookmarked PDF.

b) Save narrative cover document and evidence of performance-in-practice as a single, paginated, and bookmarked PDF file. The file you create should appear as a single document when opened. Do not use the Acrobat option to make a PDF “portfolio” style file.

c) Create the following bookmarks in the PDF file:
   i. Narrative
   ii. For each activity selected, if applicable, bookmark by activity title and activity date
   iii. Within each activity bookmark evidence by the criterion or policy to which it pertains.

d) Provide two (2) USB flash drives for the PDF to California Medical Association, CME:
   1201 K Street, Suite 800, Sacramento CA 95814

Please contact CMA staff by email at CME@cmadocs.org if you have any questions about the progress report review process.