



**CONTINUING MEDICAL EDUCATION ACCREDITATION PROGRAM
POLICY AND PROCEDURES MANUAL**

Updated: June 2016

This manual is intended as an overview of the policies and procedures of the LSMS Continuing Medical Education Accreditation Program (CMEAP) for intrastate CME providers. It is intended to clarify the operations of the LSMS CME Accreditation Program.

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Accreditation

- 10.99 The accreditation period for new applicants will commence upon the date the LSMS Continuing Medical Education Accreditation (CMEA) Committee approves the accreditation. The accreditation period for reaccreditation applicants will commence upon the date of the initial or prior accreditation term expiration date.
- 10.98 Accreditation decisions must be one of five options. Accreditation decisions are based on compliance findings relevant to the *Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME)* also referred to in this document as ACCME's Accreditation Requirements.
1. **Provisional Accreditation** will be the standard accreditation for initial applicants and will be for a period of 2 years. This type of accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program. Provisional Accreditation requires compliance with the ACCME's Accreditation Requirements, Criteria 1-3 and 7-12.
 2. **Continued Accreditation** may be granted for a maximum of 4 years to organizations that have passed the Provisional Accreditation period. Continued Accreditation requires compliance with the ACCME's Accreditation Requirements, Criteria 1-13.
 3. **Accreditation with Commendation** will be granted for a maximum of 6 years to organizations that have demonstrated compliance in all ACCME's Accreditation Requirements, Criteria 1-22. If a provider is found in compliance with (a) Criteria 1-13, and (b) all but one of the Criteria 16-22 and the policies measured during the accreditation process, then that provider is eligible to submit a progress report to be considered for a change in status to Accreditation with Commendation.
 4. **Probation** may be granted as a four year term with a maximum of two years on probation when a program has serious deviations from the ACCME's Accreditation Requirements. A two year probation term may not be extended. An initial applicant may not be awarded a probation status.
 5. **Non-Accreditation** may be rendered to an initial applicant or to an organization on Probation when it is determined that a CME Program is not in substantial compliance with the ACCME's Accreditation Requirements. A provider's accreditation is terminated or in the case of an initial applicant, accreditation is not awarded. An initial applicant that receives one or more noncompliance findings required for Provisional Accreditation automatically receives a decision of Non-Accreditation.

- 10.97 An LSMS accredited organization seeking reaccreditation of its CME program at the end of a probation period can be awarded a status of one of the following:
- Continued Accreditation
 - Non-Accreditation
- 10.96 LSMS CMEA Committee members will vote in favor for or against accreditation with a majority of votes being the final determinant.
- 10.95 LSMS CMEA Committee members vote to approve a 4 year term of accreditation when a provider has demonstrated compliance in 1-13 of the ACCME's Accreditation Requirements and a majority of votes being the final determinant. Committee members will vote to approve a 6 year accreditation term when a provider has demonstrated complete compliance in all 1-22 of the ACCME's Accreditation Requirements.
- 10.94 Intrastate accredited organizations may participate with another separate accredited entity without relinquishing individual accreditation status.
- 10.93 Accredited organizations placed on probation may, at the discretion of the LSMS CMEA Committee Chair, be required to have representatives, including the CME Coordinator and a member of the organization's CME committee, appear before the LSMS CMEA Committee at a designated time to report on the current status of their CME program.
- 10.92 The LSMS Committee on CME Accreditation may reevaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself or from other sources, which indicate it has undergone substantial changes and/or may no longer be in compliance with the ACCME's Accreditation Requirements.
- 10.91 When an application for accreditation (Self-Study Report) is submitted for Provisional Accreditation, if one or more of the required ACCME's Accreditation Requirements (Criteria 1-3 and 7-12) is evaluated as noncompliant, the applicant will be awarded Non-Accreditation.

If an organization is applying for Continued Accreditation and one or more of the required ACCME's Accreditation Requirements (Criteria 1-13) is evaluated as not in compliance, the organization will be required to submit a progress report within one year to demonstrate compliance with those criteria. If the organization does not demonstrate compliance in the required criteria within one year, a second progress report may be required within 6 months and a Probation Accreditation status may be awarded as determined by the LSMS CMEA Committee.

Providers may be awarded a finding of Compliance (provider meets criteria for compliance) or Noncompliance (provider does not meet criteria for compliance) for each criterion and applicable policies.

A noncompliance finding must result in an expectation of the demonstration of improvement by the provider. The improvement must be demonstrated via a progress report and/or focused survey and/or a full survey. If a provider fails to demonstrate compliance, a change in status to Probation must result.

Repeated failure to demonstrate compliance with all required criteria will result in a change in status. Providers on Probation must demonstrate that all Noncompliance findings have been converted to Compliance within not more than two years or the Accreditor must change the provider's status to Non-Accreditation.

10.90 Organizations which had been accredited, but whose accreditation has been allowed to lapse, are required to reapply in the same manner as first-time applicant organizations.

10.89 Policy and procedure on dual accreditation: A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.

10.88 Decisions of Probation and/or Non-Accreditation are not subject to the 'Reconsideration and Appeals Process' of the LSMS.

10.87 Accredited organizations with a Provisional or Probation status must submit brochures to the LSMS for review for each CME activity planned and/or presented during the Provisional or Probation accreditation term.

10.86 All organizations applying for accreditation or reaccreditation must have a written policies and procedures manual for the CME unit that includes policies on honorarium and reimbursement.

10.85 Accredited organizations must appoint one physician to serve on the LSMS Committee on Continuing Medical Education Accreditation (CMEA) per each year accredited. This physician must be a member of the LSMS.

Reports & Fees

20.99 All accredited CME providers must submit an annual report or summary of CME program data through the ACCME's online Program Activity Reporting System (PARS) by January 31st each year.

- 20.98 All required reports must be submitted within 30 days of their respective deadlines. Reports will not be accepted after that time and the institution will be placed on probation.
- 20.97 There will be no reimbursement of CME Accreditation or maintenance fees to accredited organizations that choose to discontinue their accreditation.
- 20.96 Accreditation fees not paid within 30 days of invoicing will result in a penalty of an additional 10% of the total amount due. Fees not paid within 90 days of invoicing will result in the lapse of the organization's accreditation.
- 20.95 All accredited organizations that submit reports or applications to the LSMS CMEAP past the stated deadline will be fined \$350.
- 20.94 Application fees will not be refunded after receipt by LSMS CMEAP but an organization may apply within one year of withdrawal of application, or self-study report, without being charged another application fee.
- 20.93 All organizations that remain accredited on January 1st each year are required to pay an Annual Provider Fee by January 31st each year. Fee amounts are determined and set forth by the ACCME and are subject to change.

Application for Accreditation (Self-Study Report)

- 30.99 The initial application, or self-study report, and related materials for LSMS CME accreditation must be received at least 120 days prior to the desired time of approval for accreditation.
- 30.98 All LSMS CME continued accreditation, or self-study report materials must be received at least 120 days prior to the expiration date of an institution/organization's current accreditation.
- 30.97 The applicant for CME accreditation must submit, in addition to an original application (self-study report), sufficient photocopies of the documents for LSMS CMEA committee members. An electronic copy of the application materials must also be submitted on a USB flash drive.
- 30.96 Organizations which do not apply at least 120 days before the expiration of their accreditation, that also experience a lapse in the accreditation term, will be considered only for provisional accreditation.
- 30.95 LSMS accredited providers may request an extension on their application, or self-study report deadline once in a six year period. Failure to meet the deadline with the granted extension will result in the provider's voluntary withdrawal from the LSMS CMEAP.

- 30.94 The Committee on CME Accreditation will evaluate accreditation applications using the Site Survey Report Form, modeled after that used by the Accreditation Review Committee (ARC) of the ACCME.
- 30.93 Applications will be reviewed by Director of Education or Medical Education Coordinator for completeness before establishing a site survey.
- 30.92 Definition of a completed application, or self-study report: An application or self-study report is considered complete when all questions have been answered and all required documentation has been submitted. If any questions have not been answered or documentation has not been submitted, the applicant is provided with written notification of the incomplete application, or self-study report.

If an initial application, or self-study report, is considered to be incomplete after review by staff it will be rejected. The materials may be revised and resubmitted within 60 days with no additional application fee. If an application, or self-study report, for continued accreditation is considered to be incomplete, the provider will then have two weeks to submit the required documentation. If after two weeks the information still remains incomplete, all materials will be given to the Chair or Vice Chair of the CMEA Committee for their review. The Chair or Vice Chair will then contact the accredited provider CME committee for a resolution.

Site-Survey

- 40.99 A site-survey will be arranged if the applicant submits a complete application or self study report. The site-survey will consist of the following:
1. Inspection of the CME program facilities and records
 2. Members of the site survey team will interview representatives of the applicant organization
 3. Observation of a CME activity
 4. Discussion among the entire site-survey team and at least one physician member of the applicant institution's CME committee. Other organizational representatives that are responsible for the day-to-day duties of the CME program may also attend.
- 40.98 A reverse site survey is conducted at the LSMS Headquarters rather than at the applicant organization's location. A reverse site survey for continued accreditation can be performed after the first continued accreditation period provided there have been no major changes in the program or CME personnel. A reverse site survey will be scheduled at the discretion of the LSMS CMEA Committee after a review of the applicant's materials. Required attendants on behalf of the applicant provider shall include, but not limited to, a minimum of the applicant provider's CME committee chairperson and CME coordinator.
- 40.97 Expenses of the site survey are to be paid by the organization applying for accreditation. Legitimate expenses include travel as well as food and/or lodging for the site-survey team as required.

- 40.96 No outside consultants for accredited providers or applicants are allowed to attend a site-survey.
- 40.95 Continued accreditation applicants may be allowed to substitute a DVD recording for a live observation of a CME offering.
- 40.94 The selection of members for a site survey team will be solely decided by the LSMS Committee on CME Accreditation.
- 40.93 In lieu of a formal site survey team attending the CME offering of an applicant, the CME offering could be reviewed by a staff person from the Society and/or one physician member of the LSMS CMEA Committee.
- 40.92 All new members of the LSMS CMEA Committee must serve as an observer at a site survey before serving as a voting member of a site survey team.

Providers/Coordinators

- 50.99 All newly hired CME coordinators must attend a workshop on the requirements of the LSMS CMEAP within 6 months of their date of hire, or a face to face meeting with the LSMS Director of Education and/or the LSMS CME Coordinator. Failure to comply may subject the accredited provider to a change in accreditation status to probation.
- 50.98 All accredited institutions must be represented by their CME Coordinator or a representative at CME conferences or workshops held annually at the LSMS headquarters. Failure to comply with this policy will result in the accredited organization being placed on probation.

CME Activity & Attendance Records Retention

- 50.95 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.
- 50.94 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.
- 50.93 The time limit for a provider to be held accountable for any complaints is 12 months from the date of the activity for which the complaint is received.

Required Statements on Promotional Materials

- 60.99 **LSMS Accreditation Statement:** The LSMS accreditation statement must appear on all CME activity materials and brochures distributed by accredited

institutions/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 LSMS accreditation statement is as follows:

For directly provided activities: “The [name of accredited provider] is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians.”

For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of [name of accredited provider] and (name of non-accredited provider). The [name of accredited provider] is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians.

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.

60.96 **AMA Credit Designation Statement:** The 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*TM requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements. The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

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

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity

Use of phrase “AMA PRA Category 1 Credit”™ The phrase “AMA PRA Category 1 Credit” is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase “Category 1 Credit” must never be used when referring to *AMA PRA Category 1 Credit*™.

60.95 **ADA Designation Statement:** As an organization accredited for continuing medical education (CME), [name of accredited provider], fully complies with the legal requirements of the Americans with Disabilities Act rules and regulations. If any participant is in need of accommodations, written request should be submitted to [contact information] no later than [date prior to event].

General

70.99 Copies of the CMEAP Reference Manual may be sold to the general public and potential applicants for a fee of \$50 each.

70.98 The LSMS accepts the AMA’s interpretation that the topic of “coding/reimbursement” fits within the definition of CME.

70.97 This policy outlines a mechanism for the evaluation of compliance for daily, weekly or monthly CME activities of LSMS accredited providers that are primarily planned by and presented to the provider’s professional staff (known as RSS or Regularly Scheduled Series).

The provider is required to describe and verify it has a system in place to monitor for compliance with the *Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME)*.

The Provider is required to verify its system to monitor for compliance:

1. Is based on real performance data and information derived from the Regularly Scheduled Series that describes compliance, and
2. Results in improvements when called for by this compliance, and
3. Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME.

The provider is required to make available and accessible to the learners some form of an information management system (examples include paper-, web-, or LAN-based systems) through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. (Note: The LSMS limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.)

70.96 **CME Clinical Content Validation:** 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 LSMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

70.95 The language of the “LSMS Press Release” may be used by providers for that purpose only.

FOR IMMEDIATE RELEASE

The has been (re)surveyed by the Louisiana State Medical Society (LSMS) and awarded accreditation for years as a provider of continuing medical education for physicians.

LSMS accreditation seeks to assure both physicians and the public that continuing medical education activities provided by meet the standards of the Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME).

The LSMS rigorously evaluates the overall continuing medical education programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME. These are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the Association for Hospital Medical Education; the Association of American Medical Colleges; the Council of Medical Specialty Societies; and the Federation of State Medical Boards.

70.94 The LSMS will recognize the names of accredited providers (e.g., lists) as public information. Accumulated data that does not specifically identify individual providers may also be made public. Therefore, any data which specifically relates to an accredited provider will remain confidential.

70.93 The LSMS may publish and release to the public, including on the LSMS web site, names of CME providers accredited by the LSMS and names of CME providers whose accreditation by the LSMS has been withdrawn. The LSMS may also publish and release to the public, including on the LSMS web site, accumulated data that does not specifically identify individual CME providers.

The LSMS will maintain the following as confidential, except as required for LSMS accreditation purposes, or as may be required by legal process, or as otherwise authorized by the CME provider to which it relates,

1. Information acquired by the LSMS from a provider during the accreditation process for that CME provider except for accumulated data that does not specifically identify individual CME providers;
2. Correspondence and memoranda within the LSMS relating to the accreditation process for a CME provider
3. Correspondence between LSMS and a CME provider relating to the accreditation process for the CME provider; and
4. LSMS proceedings relating to a CME provider. (1-4 collectively, “Confidential Information”)

In order to protect the Confidential Information, LSMS and its committee members and volunteers are required,

1. Not to make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any Confidential Information that the LSMS or its committee members receive or generate, or any part of it, except directly for LSMS accreditation purposes.
2. Not to use such Confidential Information for personal or professional benefit, or for any other reason, except directly for LSMS accreditation purposes.

70.92 LSMS conducts its affairs in English. LSMS standards do not require that providers conduct all their business or continuing medical education in English. However, LSMS does require that,

1. All written, or electronic communications or correspondence with LSMS (irrespective of medium) is in English.
2. Any application and/or self study reports for accreditation be submitted to LSMS in English.
3. LSMS is provided with English translations of any written materials requested by LSMS in the course of its accreditation or monitoring process.
4. Any LSMS on-site or reverse site accreditation survey be conducted in English, or have the services of an English translator, acceptable to LSMS, provided and paid for by the applicant organization.

Joint Providership

80.99 The LSMS defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, LSMS accredited providers that plan and present one or more activities with non-LSMS accredited providers are engaging in “joint providership”.

The LSMS expects all CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the LSMS accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to the LSMS. Materials submitted that demonstrate compliance may be

from either the LSMS accredited provider's files or those of the nonaccredited provider.

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.

- 80.98 The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of funds.
- 80.97 Accredited providers who decided to begin participating in joint providership activities must report such decisions to the LSMS CMEAP prior to the planning of such activities. [The accredited provider's policies and procedures for joint-sponsorship must be developed and forwarded to the LSMS CMEAP at that time.]
- 80.96 A provider which is placed on probation should provide information to the LSMS CMEAP on all existing joint providership relationships. The provider must notify its current contracted joint providers of its probationary status.
- 80.95 Initial applicants, during their period of provisional accreditation, may not act as joint providers of continuing medical education activities with non-accredited entities.
- 80.94 A provider, while on probation, may not act as a joint provider of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation.
- 80.93 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship. (See ACCME Standards for Commercial Support, Standard 1.2)

Standards for Commercial Support

- 90.96 Commercial Support is defined as 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.

When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities

Standard 1: Independence

- SCS 1.1 CME providers must ensure that the following decisions were made free of the control of a commercial interest. (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) 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.
- SCS 1.2 A commercial interest cannot take the role of a non-accredited partner in a joint provider relationship.

Standard 2: Resolution of Personal Conflicts of Interest

- SCS 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.
- SCS 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.
- SCS 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

- SCS 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
- SCS 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.
- SCS 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
- SCS 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.
- SCS 3.5 The written agreement must specify the commercial interest that is the source of commercial support.

- SCS 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.
- SCS 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- SCS 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.
- SCS 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.
- SCS 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.
- SCS 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- SCS 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.
- SCS 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

- SCS 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.
- SCS 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. (Supplemented February 2014; the information that follows previously appeared in ACCME

policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content. 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. (Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

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

- SCS 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.
- SCS 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

- SCS 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.
- SCS 6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- SCS 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.
- SCS 6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
- SCS 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

Financial Relationships and Conflicts of Interest

90.92 Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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. LSMS considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

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

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

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

The LSMS 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 LSMS considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Disclosure of Financial Relationships

- 90.90 Disclosure of financial relationships to the accredited provider: Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.
- 90.91 Verbal disclosure to learners: Disclosure of information about relevant financial 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 the ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:
1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - 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.

Commercial Exhibits and Advertisements

- 90.95 Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

Enduring Materials

- 100.99 In addition to all applicable LSMS requirements, providers of enduring materials must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal Faculty and their credentials
2. Medium or combination of media used
3. Method of physician participation in the learning process
4. Estimated time to complete the educational activity
5. Date of original release and most recent review or update
6. Termination Dates
7. ACCME Standards for Commercial Support and Proper Disclosure Statements
8. LSMS Accreditation Statement
9. AMA Designation Statement
10. Intended Target Audience
11. Course Objectives
12. Title of the Activity
13. Minimum passing score required for Post-Test

100.98 Internet CME

1. CME activities delivered via the internet are expected to be in compliance with all accreditation requirements.
2. There shall be no CME activities of an LSMS accredited provider on a pharmaceutical or device manufacturers' product website.
3. With clear notification that the learner is leaving the educational website, links from the website of an LSMS accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.
4. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
5. The accredited provider must indicate, at the start of each internet activity, the hardware and software required for the learner to participate.
6. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the internet CME activity.
7. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the internet.
8. The accredited provider must be able to document that it owns the copyright for, or has received permissions for the use of, or is otherwise permitted to use copyrighted materials within a CME activity on the internet.
9. The accredited provider must require the learner to take and pass a post-test at the conclusion of the internet CME.

100.97 Journal-based CME

The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined

set of questions or tasks relating to the content of the material as part of the learning process.

Educational content must be within the AMA and ACCME's definition of continuing medical education.

The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.

- 100.96 Accredited providers are required to review their enduring materials at least once every three (3) years, or more frequently if indicated by new scientific developments. Such review must be documented in the accredited provider's CME committee minutes.

Basic Precepts

- 110.99 The committee on CME Accreditation has adopted the following as the official guidelines for the LSMS CME Accreditation Program:
1. The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education (ACCME)
 2. ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities
 3. American Medical Association (AMA) Physicians Recognition Award (PRA) and Credit System
 4. AMA Ethical Opinion 8.061: Gifts to Physicians from Industry
 5. AMA Ethical Opinion 9.011: Continuing Medical Education

Screening

- 120.99 Eligible organizations that apply for LSMS initial accreditation or reaccreditation should be prepared to both describe and furnish evidence that demonstrates compliance with the accreditation requirements. Applicants will be screened by the LSMS Director of Education and/or the LSMS CME Coordinator for appropriateness of the applicant to apply for CME provider status using the following criteria:
1. Organizations applying for LSMS accreditation must plan, implement and evaluate at least two CME activities within approximately two years prior to the submission of materials for initial accreditation.
 2. Applicant must be appropriate for intrastate provider status.
 3. Applicant may not be an internal department of an institution.

4. Applicant may be a hospital, medical specialty organization, consortium, managed care organization or other appropriate entities.
5. Applicant (providing it is a free-standing facility) may apply for separate accreditation even if it is a part of a larger organization that is already accredited).
6. Applicant must have policies and procedures in place for Honorarium & Reimbursement
7. Applicant must have a formal CME committee with a majority of physician members. The chairperson of the CME committee must be licensed to practice medicine by the state board of medical examiners.
8. Applicant must appoint one physician to serve on the LSMS Committee on Continuing Medical Education Accreditation (CMEA) per each year accredited. This physician must be a member of the LSMS.

Structure

- 130.99 The Committee on CME Accreditation (CMEA) is a standing committee of the Louisiana State Medical Society and will follow the *Purpose and Charges* as approved by the Board of Governors.
- 130.98 The daily administrative operations of the CMEAP will be conducted by the Director of Education and/or the Medical Education Coordinator, under the direction of the Committee on CMEA and the Executive Vice President.

COMMITTEE ON CME ACCREDITATION

Purpose

To accredit the continuing medical education programs for physicians of hospitals/organizations within the states of Louisiana and Arkansas which seek to confer *AMA PRA Category 1 Credit(s)*TM in CME offerings they conduct. The criteria employed in determining accreditation status are “*The Accreditation Requirements and Descriptions of the Accreditation Council for Continuing Medical Education*” and the “*Standards for Commercial Support: Standards to Ensure Independence in CME Activities*” promulgated by the Accreditation Council for Continuing Medical Education (ACCME) and adopted by the LSMS Continuing Medical Education Accreditation Program (CMEAP), and the AMA Ethical Opinion 8.061: Gifts to Physicians and AMA Ethical Opinion 9:011: Continuing Medical Education.

Charges

The charges of the Committee are to:

- I. Oversee the functioning of the Louisiana State Medical Society CMEAP.
- II. To ensure that the LSMS CMEAP continues to be recognized as an Accreditor of CME Providers by ACCME's Committee for Review and Recognition.
- III. Act as a liaison between the Louisiana State Medical Society and ACCME and/or its Committee for Review and Recognition on issues affecting accreditation of interstate and intrastate CME providers.
- IV. Conduct initial and selected follow-up site surveys of hospitals/organizations applying for accreditation by the LSMS.
- V. Act as an educational resource for all continuing medical education providers in the states of Louisiana and Arkansas.
- VI. Help develop LSMS policies and positions regarding all aspects of accreditation of continuing medical education programs.

NOTE: Committee actions and recommendations do not become interim or official policy of the LSMS until acted upon by the Board of Governors and/or House of Delegates.

*Revised by LSMS CMEA Committee 6/25/2011
Approved by LSMS Executive Boards 7/01/2011*

CMEAP Complaint Policies and Procedures

The following policies and procedures have been developed to handle any complaints received by the Louisiana State Medical Society Committee on Continuing Medical Education Accreditation or the Continuing Medical Education Accreditation Program involving intrastate accredited providers of CME.

Types of complaints

Listed below are some of the common types of complaints received. This is not meant to be an inclusive list of complaints. The CMEAP will investigate all complaints received.

- Improper designation of CME credit
- CME offering does not meet the accreditation requirements
- Improper designation or accreditation statements on materials
- Program is not in compliance with the Standards for Commercial Support or the AMA Ethical Opinions
- Improper conduct by a commercial supporter or agency
- Joint-sponsorship activity that does not meet the requirements
- Activity that appears to be joint-providership but is not labeled as such
- Nationally advertised offerings without permission

Procedure for Initiating Complaint

It is preferable that the complaint be in writing with full details, names of individuals involved, and any supporting documentation. Complaints will also be received by phone. Complaints cannot be made anonymously, however the complainant's identity will remain confidential. The time limit for an accredited provider to be held accountable for violations is set at twelve months from the date of the CME activity.

Procedure for Handling Complaints

- All complaints should first be reported to the Director of Education at the LSMS headquarters.
- The Director of Education will investigate the complaint to determine validity and appropriateness to CMEAP purview.
- If the problem is minor, the Director of Education will handle informally with the CME Coordinator at the organization.
- More serious problems will be brought to the attention of the CMEA Committee Chair and to the full Committee.
- The outcome of the Committee's decision will be reported to the CME Committee at the organization.
- The individual making the complaint will be notified in writing of the actions taken.
- Documentation of the actions taken on all complaints will be kept in the files of the CMEAP at the LSMS headquarters.

All complaints involving ACCME Accredited organizations will be referred to the ACCME.

*Approved by the CMEAP April 1997
Reviewed July 2016*

Procedures for Reconsideration and Appeal of Adverse Accreditation Decisions

I. Reconsideration

- a. The decision by the LSMS Continuing Medical Education Accreditation Program (CMEAP) to deny or withdraw accreditation, or to place or continue an organization on probation, hereinafter referred to as an “adverse accreditation decision” shall be transmitted promptly to the organization in a notification letter, which shall include the basis for the decision and inform the organization of the right to request reconsideration. A written request for reconsideration, timely filed within 30 days of the decision, shall automatically stay the adverse accreditation decision until the reconsideration is completed. The accreditation status of the organization, during the process of reconsideration, shall remain as it was prior to the adverse accreditation decision.
- b. A written request for reconsideration shall be submitted to the LSMS Director of the CMEAP or the Medical Education Coordinator by an institution within thirty calendar days of receipt of the letter of notification of the adverse decision and shall specify the reasons for requesting reconsideration. Otherwise, the decision made by the CMEAP becomes final.
- c. The information upon which reconsideration is based must be that which pertained to the organization at the time of the survey and the initial consideration of the application by the CMEAP. New information, based on data subsequent to the survey and initial review, and information representing changes in the program following an adverse decision, will not be considered by the CMEAP.
- d. The CMEAP shall complete the reconsideration no later than 150 calendar days after it receives the request for reconsideration. Following the CMEAP meeting at which the reconsideration occurs, the organization will be promptly notified of the CMEAP’s decision and of its right to appeal an adverse decision.

II. Appeal Hearing

- a. If, following the reconsideration, the CMEAP sustains its initial action; the organization may request a hearing before an Appeal Board. If a written request for such a hearing is not received by the LSMS within thirty calendar days following the date of receipt of the letter of notification of the CMEAP’s adverse accreditation decision on reconsideration, the decision of the CMEAP will be final. The request for a hearing shall include a statement of reasons for appealing the decision of the CMEAP. Appeals may be based only on the grounds that the

CMEAP decision was: (1) arbitrary, capricious, or otherwise not in accordance with the accreditation standards and procedures of the CMEAP, or (2) not supported by substantial evidence.

b. The Appeal Board shall be composed of three members to be appointed by the President of the Louisiana State Medical Society according to the following procedures:

A list of seven (7) individuals who are not currently appointed to the LSMS Committee on CME Accreditation, qualified and willing to serve as members of the Appeal Board, shall be prepared under the direction of the President of the Louisiana State Medical Society. Within twenty (20) calendar days of receipt of notification of the appeal, the list shall be sent by Certified Mail to the organization requesting the appeal. The organization may eliminate up to two (2) names from the list to make up the Appeal Board and shall notify the President of the Louisiana State Medical Society of its selection within ten (10) calendar days of its receipt of the list. The President of the Louisiana State Medical Society shall then select the three (3) individuals from the names still remaining on the list who shall constitute the Appeal Board, and shall notify the organization of the names of the persons selected.

c. Hearings, requested in conformity with these procedures, shall take place no later than sixty (60) calendar days following the appointment of an Appeal Board. At least forty-five (45) calendar days prior to the hearing, the appellant shall be notified of the time and place of the hearing as determined by the CMEAP. The appellant has the right to request and obtain the information in the appellant's application file on which the CMEAP actions were taken. Any additional information supplied by the appellant must be for purposes of clarification only and cannot describe new components of the institution or changes made subsequent to the initial action.

Written statements may be submitted to the Appeal Board prior to the hearing, at the hearing, or up to fourteen (14) calendar days following the hearing, provided that a formal request to submit such statements is made to the Appeal Board.

d. At any hearing before the Appeal Board, the representatives of the appellant may be accompanied by counsel, make oral presentations, offer testimony, and present such information as the appellant deems proper to support its appeal. The appellant may request that a representative of the CMEAP appear as a witness to be examined with respect to the subject of the appeal. The appellant, at least thirty calendar days prior to any such hearing, shall request in writing the presence of a representative.

e. The CMEAP may appoint representatives to attend the hearing and may examine the appellant's representatives. The hearing need not be conducted according to the rules of law relating to the examination of witnesses or the presentation of evidence. The purpose of the hearing is to assemble as much information as practicable regarding all material aspects of the appeal and the Appeal Board shall be entitled to take into account any such information of the type normally relied upon by individuals of reasonable prudence in the conduct of important personal matters. The Chairman of the Appeal Board shall make all determinations on

procedural matters and all determinations on the admissibility of information sought to be presented.

The President of the Louisiana State Medical Society may appoint a non-voting Chairman of the Appeal Board to act as a Hearing Officer; this person may be in addition to the three (3) member Appeal Board.

f. Within thirty calendar days of the hearing, or the receipt of written statements, whichever is later, the Appeal Board shall submit a recommendation on the accreditation status of the appellant for consideration by the LSMS Executive Committee. The report of the Appeal Board will be on the agenda at the first Executive Committee meeting following receipt of the report. The resulting subsequent decision by the Executive Committee as to the accreditation status of the organization shall be final. The accreditation status of the organization, during the process of appeal, shall remain as it was prior to the adverse accreditation decision.

g. Expenses of the Appeal Board shall be shared equally by the appellant and the CMEAP. The expenses of witnesses requested by the appellant shall be the responsibility of the appellant. The expenses of the representatives of the CMEAP, who appear at the request of the CMEAP, shall be borne by the CMEAP. Expenses of any representatives of the CMEAP, who appear at the request of the appellant, shall be the responsibility of the appellant.

NOTE:

Letters to the LSMS CMEAP should be sent Certified Mail, Return Receipt Requested, and addressed to:

Louisiana State Medical Society
Continuing Medical Education Accreditation Program
6767 Perkins Road
Suite 100
Baton Rouge, LA 70808

*Last reviewed and amended by the CMEAP on October 11, 2000
Approved by the LSMS Board of Governors on December 13, 2000*