

GENERAL

PURPOSES OF ACCREDITATION

The major purposes of accreditation are to ensure the quality and integrity of the continuing medical education activities of accredited providers by

- Establishing criteria for evaluation of educational programs and their activities,
- Assessing whether accredited organizations meet and maintain standards,
- Promoting organizational self-assessment and improvement, and
- Recognizing excellence.

The MedChi, Maryland State Medical Society's Accredited Provider System (MAP System) Mission and Purpose Statement

The MedChi Accredited Provider System is governed by the oversight of the Continuing Medical Education Review Committee (CMERC). The MAP System is administered by the staff of the MedChi Department of Continuing Medical Education. The role of CMERC is to accredit, assure and promote, continuing medical education of the highest quality for physicians in the State of Maryland and the region.

The CMERC will accredit as intrastate Accredited CME Providers those local hospitals that primarily have continuing medical education programs limited to hospital staffs and physicians in the local community; medical organizations that do not have national scope, e.g., city, county medical societies; and local units of voluntary health agencies not under national administration for their continuing medical education programs. Such intrastate sponsors may offer one CME activity per year that is national or regional in scope, i.e. advertised to an audience that goes beyond Maryland and bordering areas of surrounding states, with the permission of the CMERC. When an organization anticipates offering multiple CME activities of a national scope CMERC recommends that they apply directly to the Accreditation Council for Continuing Medical Education (ACCME) to be a nationally accredited CME sponsor.

An organization is not eligible for accreditation through the MAP System if its program is devoted to the advocacy of unscientific modalities of diagnosis or therapy.

CMERC bases the decision to accredit an institution upon its determination that the institution is *substantially* meeting the requirements of the "Essential Areas and Their Elements" the ACCME Standards for Commercial Support (SCS) and the guidelines for awarding American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 Credit™. The "Essentials" and SCS are set forth by the Accreditation Council for Continuing Medical Education (ACCME) for the providers of continuing medical education. They are designed to ensure the quality and integrity of continuing medical education activities. The ACCME was created and is governed by seven sponsoring organizations. Those organizations are the: American Board of Medical Specialties, the American

Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Association for Hospital Medical Education, the Council of Medical Specialty Societies, and the Federation of State Medical Boards.

The AMA PRA recognizes physician participation in continuing medical education activities. This program, established in 1968, recognizes physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. AMA PRA Category 1 Credit™ offers a system to measure and track physician participation in certified CME activities. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards. In the state of Maryland physicians are required by the Maryland Board of Physicians (the state licensure governing body) to complete a minimum of 50 AMA PRA Category 1 Credits within the term of their license

RESPONSIBILITIES

The primary responsibilities of the MedChi are to

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- Certify that accredited providers are capable of meeting the requirements of the Essential Areas,
- Relate CME to medical care and the continuum of medical education,
- Evaluate the effectiveness of its policies,
- Assist providers in continually improving their programs, and thereby Assure physicians, the public, and the CME community that CME programs meet the MedChi criteria for compliance with the Essential Areas.

The primary responsibilities of an Accredited Provider are

- Abide by the standards and criteria set for providers of quality CME for physicians and related professionals,
- Maintain compliance with the Essential Areas and Their Elements,
- Provide CME that is within the establish definition of CME,
- To seek out new and innovative formats that meet the needs of physicians and delivery high quality, timely CME activities,
- To work to ensure that CME activities are free from bias and conflict of interest,
- To strive to provide CME that changes the practice behavior of physicians in directions justified by emerging evidence and, ultimately, to demonstrate that the outcome of patients improve.

Policies

The Definition of Continuing Medical Education

The Definition of Continuing Medical Education as stated by the Accreditation Council for Continuing Medical Education (ACCME) in policy 1982-B-03:

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

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

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

The ACCME accepted that the AMA's interpretation of the topic of coding and reimbursement fits within the definition of CME. (ACCME Policy 1998-C-02)

Definition of a Program of CME

Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the ACCME's Essential Areas and Elements, Criteria and Policies, MedChi Policies and Requirements (see MedChi MAP System Mission statement) and the AMA's requirements regarding the awarding of credit for CME. The Provider must exercise responsibility for all CME activities through its recognized CME administrative unit. The Provider should identify those CME activities within its overall program which meet the Essential Areas, Elements, Criteria and Policies.

Eligibility

Institutions and organizations not eligible for accreditation directly by the ACCME may seek accreditation from MedChi, The Maryland State Medical Society. To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. Organizations whose activities draw registrants in excess of 20% from areas outside of Maryland and its contiguous states are advised to seek accreditation from the ACCME. Once accredited, organizations are allowed to conduct **one activity per calendar year at which registrants can exceed the 20% rule, for that activity. If a provider finds it necessary to conduct more than one activity that would draw registrants in excess of 20% from outside Maryland and the region, a provider may appeal to CMERC for an exemption. Beyond the “one activity per calendar year” rule appeals are considered on a case by case basis.**

An organization is not eligible for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment which is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education. An organization is not eligible for accreditation if, in the judgment of MedChi's Continuing Medical Education Review Committee (CMERC), its program is devoted to advocacy of unscientific modalities of diagnosis, treatment or therapy.

MedChi does not accredit organizations that solely produce and/or market a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) or activities about a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration)

Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME and MedChi at the same time.

When a MedChi accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify MedChi, withdraw from the MedChi Accreditation Provider System (MAP System), and ask to be deleted from the MAP System listing of accredited providers of CME. Should an ACCME accredited provider change its role and become accredited by MedChi, a similar procedure must be followed.

Annual Report

Each accredited provider in the MAP System will provide MedChi with an Annual Report of the organizations CME activities for the last calendar year and respond to questions regarding the administration of the provider's CME program. MedChi will provide organizations with a report forms and instructions. Reports will be due within the first week of March, unless otherwise indicated in correspondence from MedChi.

Failure to submit an Annual Report will result in a fine of \$150.00 and could lead to the suspension of a provider's accreditation status.

MedChi is required by the ACCME to provide Annual Report data from all of its accredited providers.

TYPES OF ACCREDITATION IN THE MAP SYSTEM

FULL ACCREDITATION	<p><i>Standard Full Accreditation is for four (4) years. Full accreditation is awarded after successful completion of the self-study - site survey process and favorable action by the accreditation committee (CMERC). A provider must demonstrate compliance with Criteria 1-15 in this process. Four (4) years is the standard accreditation period.</i></p> <p>☛ <i>Providers who achieve compliance with all 22 Criteria (1-15 and 16-22) will be considered for Accreditation with Commendation. This carries an accreditation period of six (6) years.</i></p>
*PROVISIONAL ACCREDITATION	<p>(For Initial Accreditation Only) 2 years. Awarded to initial applicants after completion of the self study, site survey and favorable action by the accreditation committee (CMERC). Applicants must demonstrate compliance with Criteria 1-3 and 7-12. Provisional accreditation may be extended if warranted.</p>
*PROBATIONARY ACCREDITATION	<p>1 or 2 years, and may not be extended. Given when an accredited institution, at the time of re-accreditation self study and re-survey or during a period of accreditation, is determined to be in non-compliance with the Essentials to an extent that precludes continued accreditation in the absence of corrective actions by the institution.</p>
TRANSITIONAL ACCREDITATION	<p>This is accreditation given to an organization that had accreditation, in good standing, with another accredited provider, who has chosen to eliminate their program. Such a provider will be reviewed by CMERC using files and site survey data. Usually, an organization, whose credentials are in good order, is granted reciprocity and MedChi will honor the existing term of accreditation.</p>
NON-ACCREDITATION	<p>Given to an initial applicant, following a self study and site survey which results in a decision by the CMERC that the CME program is not in substantial compliance with the Essentials; or when an institution on Probationary Accreditation, following a self study, site survey and deliberation by the CMERC, is determined to be not in substantial compliance with the Essentials. <i>A period of Probationary Accreditation must precede non-accreditation of an accredited institution.</i> This stipulation does not apply to an institution with Provisional Accreditation.</p>

*Sponsors with provisional or probationary accreditation **may not act as a joint sponsor of continuing medical education activities or have activities outside of Maryland or that draw the majority of attendees from outside Maryland.** Sponsors may, however, jointly sponsor programs that were contracted prior to the onset of probationary status, with the consent of MedChi.

MedChi Accredited Provider System Fees*

MAP System Accreditation Fee	Amount
Initial Accreditation Application Fee	\$2500.00
Re-accreditation Application Fee	\$2000.00
Site Survey Fee (Initial or Re-accreditation)	\$500.00 Plus expenses. See explanation below.
Annual Fee	\$2100.00 [^]

All MedChi MAP System Fees are non-refundable

**All fees are current at time of printing. MedChi's Continuing Medical Education Review Committee (CMERC) reserves the right to make changes to fees and such changes may be made without advanced notice.
^ Beginning 2009*

MAP System policies regarding system fees

Submission of fees: Providers or initial applicants are required to submit payment of all required fees prior to any consideration of accreditation by the Continuing Medical Education Review Committee (CMERC). Failure to meet expected fiduciary obligations by a provider or initial applicant will result in deferral of accreditation consideration and a change in accreditation status to probationary accreditation. Further failure to submit payment will result in suspension of a provider's accreditation and rejection of an initial applicants request for accreditation.

Late Fees: When MedChi receives a re-accreditation application or annual report after the specified deadline for submission, it will assess the provider a late fee of \$150.00 for each 30 day period past the deadline. Any provider whose required documentation is later than 90 days will be assessed a penalty of \$500.00 and will be placed on immediate probation for not less than one year. Providers who fail to comply with requests for materials past 120 days will receive a \$1000.00 penalty and will have their accreditation suspend immediately. Failure to resolve late submission of materials after 6 months will result in non-accreditation. Providers who are non-accredited under this process are not eligible for accreditation again for 2 years.

Reversal of any action of probation or suspension of accreditation will require the submission of a new self-study for accreditation. All fees associated with the new self-study will apply.

Expenses for a Site Survey: Beginning in 2007, providers applying for initial accreditation or re-accreditation are **required** to participate in a Site Survey. In addition to the fixed fee for a site survey, providers will be billed for any expenses associated with a surveyor or MedChi MAP System representative participating in the Site Survey. These include actual travel, meals, accommodations and incidental expenses (occurred within the guidelines of MedChi's policies for Travel and Expenses). These expenses are invoiced separately from the invoices for Initial or Re-accreditation or the fixed site survey fee.

Providers can develop activities on their own (directly sponsored) or in collaboration with non-accredited providers (jointly sponsored). The use of the appropriate accreditation/designation statement will indicate the relationship of the providers involved and which provider is accountable to the MedChi for the content, quality and scientific integrity of the activity.

ACCREDITATION STATEMENT (ACCME Policy 94-A-28 and MedChi MAP AS1-2006):

All organizations accredited by the MedChi are required to use the following statement verbatim on all brochures, printed programs, announcements, and educational materials for CME activities. The only exception being those Jointly Sponsored activities a Provider chooses to engage in. (See the section on Jointly Sponsored Activities)

The [name of accredited provider] is accredited by MedChi, the Maryland State Medical Society to provide continuing medical education for physicians.

This statement should be preceded by the heading **Accreditation Statement for CME**

AMA PHYSICIANS RECOGNITION AWARD CATEGORY 1 DESIGNATION STATEMENT (AMA PRA Policy):

Credit for continuing medical education (CME) is provided through the AMA Physician's Recognition Award and credit system. Only accredited providers may designate activities for AMA PRA Category 1 credit. Accredited providers are responsible for informing participants of the **designation** of the category and amount of credit provided for activities they sponsor or jointly sponsor. The following designation statement must be used on all brochures, printed programs, announcements, and educational materials that are designated for AMA/PRA Category 1.

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

AMA PRA Category 1 Credit is a trademark of the American Medical Association. Accredited providers are required to use "*AMA PRA Category 1 Credit™*" whenever the designation statement is used. Please note that the phrase AMA PRA Category 1 Credit should be in italics and followed by the trademark symbol.

The designation statement should be preceded by the heading **Designation Statement.**

Providers should review and refer to the AMA Handbook for The Physician's Recognition Award and credit system.

MedChi strongly recommends that, whenever possible, the Category 1 Designation Statement, and statements of other organizations such as the American Academy of Family Physicians, appear on program materials and brochures separately from the Accreditation Statement. As an example:

Accreditation Statement for CME (MAP AS1-2006)

The [name of accredited provider] is accredited by MedChi, the Maryland State Medical Society to sponsor continuing medical education activities for physicians.

Designation Statement (AMA PRA Policy)

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

A "save-the-date" announcement (such as a card mailer with limited space) may indicate that AMA PRA credit will be provided without stating the exact amount, but only if the provider has already certified the activity for AMA PRA category 1 credit. The statement may read as follows: "This activity has been approved for AMA PRA credit."

At no time may a provider indicate in any brochure or announcement that "AMA PRA credit has been applied for."

MedChi expects that all providers will abide by this regulation. Failure to comply can lead to a change in the accreditation status for a provider.

JOINTLY SPONSORED ACTIVITIES (MAP-AS1-2006):

All printed materials for activities created according to the Essential must carry the following statement:

This activity has been planned and implemented in accordance with the Essentials and Elements of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of [insert name of MAP System accredited provider] and [insert name of non-accredited sponsor]. The [insert name of the MAP System accredited provider] is accredited by MedChi, The Maryland State Medical Society to provide continuing medical education for physicians.

RETENTION OF RECORDS AND DOCUMENTATION:

MedChi Policy APP-R10-2002:

MAP System accredited providers are required to retain records and/or files for activities for the entire term of accreditation.

ACCME Policy 98-B-8:

The provider has a mechanism in place to record, and when authorized, verify participation of participating physicians in activities for six (6) years after the date of the activity.

MedChi Policy Regarding the Disclosure of "Off-Label" Usage

A MAP System accredited provider is required to collect from all presenters, disclosure regarding any discussion of "off-label" /non-FDA approved usage of any products or devices. The provider must require that a presenter, indicating that such a discussion will occur during their presentation, make specific disclosure of the "off-label"/non-FDA approved usage to the learner prior to any such discussion.

MedChi & ACCME Policy Regarding Enduring Materials

A provider producing Enduring Materials must consistently communicate all of the following to participants *prior* to the beginning of the educational activities.

1. Principal faculty, their credentials and disclosures.
2. Medium or combination of media used
3. Method of physician participation in the learning process.
4. Estimated time to complete the education activity.
5. Dates of original release and the most recent review for updates.

MedChi & ACCME Policy Regarding Journal CME

Journal based CME activities must include the reading of an article (or adapted formats for special needs) a provider stipulated /learner directed phase (e.g., reflection, discussion or debate about the material contained in the article(s)) and a requirement of the completion by the learner of a predetermined set of questions or tasks relating to the content of the materials as part of the learning process.

The educational content must be within the ACCME's definition of CME.

The activity is not considered completed until the learner documents participation in the activity to the provider.

The learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.

ACCME & MedChi Policy Regarding Regularly Scheduled Series (RSS)

A provider must:

1. Describe and verify that it has a system in place to monitor its compliance with the ACCME Essentials, Criteria and Policies
2. Verify its system to monitor for compliance is based on actual performance data and information derived from RSSs that describe compliance in support of the ACCME Essentials, Criteria and Policies.

The provider must identify the accreditation requirements monitored. Performance data and information must be collected on all Essentials, Criteria and Policies; and from all series for each year of the accreditation term; and from at least 10%-25% of sessions within each series. The provider must show the sampling and monitoring methods used and provide a description and analysis of data collected. The provider must present its conclusions regarding compliance.

3. Verify its system to monitor for compliance results in improvement when called for by these compliance data in support of the ACCME Essentials, Criteria and Policies.
The provider must describe an action plan for or actual improvements made.

4. Verify its system to monitor for compliance ensures that appropriate ACCME letters of agreement are in place whenever funds are contributed in support of CME. (Standards for Commercial Support 3, 3.4, 3.5, 3.6)

5. Make available and accessible to the learners some form of an information management system 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 the activity, date of the activity, number of credits designated for the activity or claimed by the participant. The provider must ensure that use of its information management system results in an ability to retrieve the critical data and information elements.

AMA & MedChi Policy Regarding Performance Improvement (PI) CME

Performance Improvement (PI) activities describe structured, long term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measure prospectively over a useful interval, and re-evaluate their performance. To award AMA PRA Category I Credit for PI activities a provider must:

1. Comply with all AMA PRA, ACCME and MedChi standards for accrediting and awarding CME credit.
2. Establish an oversight mechanism that assures content integrity of the selected performance measures. These measures **must** be evidenced-based and well designed. Improvement activities may address and facet of a physician's practice with direct implications for patient care.
3. Provide clear instructions to the learner that define the education process of the PI activity and establish how they can claim credit.
4. Validate the depth of physician participation by a review of submitted PI activity documentation. Providers may award credit to U.S. licensed physicians for completing **defined** stages of a PI activity.
5. Provide adequate background information so that physicians can identify and understand:
a) the performance measures that will guide their PI activity, and b) the evidence base behind those measures. Providers may deliver this education through live activities, enduring materials or other means.

Providers must ensure that participating physicians integrate all three stages describe below to develop a complete, structured performance improvement activity.

Stage A: Learning from current practice performance assessment.

Stage B: Learning from the application of performance improvement to patient care.

Stage C: Learning from the evaluation of the performance improvement effort.

Credit for PI activities is assigned in the following manner:

1. Five (5) AMA PRA Category I Credits can be awarded for the completion of each of the three stages (A, B, C). Completion of the full PI Cycle is not required.

Physicians who complete in sequence all three stages (A-C) of a structured PI activity may receive an additional five (5) Category I credits.

AMA & MedChi Policy Regarding Internet Point of Care (PoC) CME

Internet Point of Care (PoC) CME describes structured, self-directed, online learning by physicians on topics relevant to their clinical practice. Learning for this activity is driven by a reflective process in which physicians must document their clinical question, the sources consulted and the application to practice.

Only accredited providers (ACCME or through State Medical Societies like MedChi's MAP System) may grant CME for PoC CME.

To award AMA PRA Category I Credit for this activity accredited providers must:

1. Comply with all standards for AMA PRA Category I Credit and the Essentials, Criteria and Policies regarding accreditation of the ACCME and MedChi.
2. Establish a process that oversees content integrity, with responsibilities that include, but are not limited to, the appropriate use and selection of professional, peer reviewed literature, and keeping search algorithms unbiased.
3. Provide clear instructions to the physician learner on how to access the portal/database, how their online activities will be tracked, and how the provider will award credit for their participation.
4. Verify physician participation by tracking the topics and sources searched. Implement reasonable safeguards to assure appropriate use of this information.
5. Provide access to some mechanism by which participants can give feedback on overall system effectiveness, and evaluate whether the activity met the participant's learning objectives, or resulted in a change in knowledge, competence or performance as measured by physician practice application or patient health status improvement.
6. Establish a mechanism by which participating physicians may claim credit for the learning cycle, provided they:
 - a. **Review original clinical question,**
 - b. **Identify the relevant sources from among those consulted, and**
 - c. **Describe the application of their findings to practice.**

Credit is assigned in the following manner:

1. Physicians conducting structured online searches on clinical topics may claim 0.50 Category I Credits for documented completion (either at the point of care or later) of the entire three-step learning cycle (a-c) defined under # 6 above.

For the purposes of obtaining an AMA Physicians Recognition Award, physicians may claim up to twenty (20) Category I Credits per year for this activity.

MEDCHI'S APPROACH TO ACCREDITATION

To maintain and monitor the MAP System, MedChi uses a criterion based system. Measurements have been developed for each Criteria within each Element in the Essential Areas these include evaluation for compliance with the Standards for Commercial Support. Measures are also developed for ACCME, AMA and MedChi policies, and for evaluation of Enduring Materials, Journal CME, Internet CME Activities, Point of Care Learning (PoC) and Performance Improvement (PI). This system collects, reviews, and analyzes data for the three Essential Area and their Elements and Criteria; ACCME, AMA and MedChi policies; and for Enduring Materials, Journal CME, Internet CME Activities, Point of Care Learning (PoC) and Performance Improvement (PI) and uses this information to determine a provider's accreditation status.

The three Essentials are: Purpose and Mission (Purpose), Educational Planning (Planning using needs, objectives and compliance with the Standards for Commercial Support) and Evaluation and Improvement (Activity Evaluation and Program Assessment).

- The Purpose and Mission Area describes why the organization is providing CME.
- The Educational Planning Area explains how the organization plans its activities using needs assessment, learner scope of practice, gap analysis, adult learning principles, objectives and the Standards for Commercial Support
- The Evaluation and Improvement Area defines how a provider evaluates each activity for effectiveness at meeting the identified needs and how the organization evaluates how well its program is accomplishing its mission and purpose in providing CME activities.
- Each Essential Area contains required Elements and Criteria for compliance. A provider demonstrates through narrative, documentation and evidence of performance in practice that it is in compliance for each Criteria, Element and Essential.
- The Elements and Criteria are descriptors of performance in the Essential Areas.

To make accreditation decisions, the MedChi will review the data collected for the three Essential Areas and the Elements to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

It should be noted here that MedChi views the accreditation of providers as a process of learning and development. While specific requirements and regulations are necessary and important to the development, delivery and maintenance of high quality, evidence based continuing medical education, MedChi strives to work with providers, within reason, to aide them in achieving compliance in their CME activities. The staff of the MedChi Department of Continuing Medical Education and the members of the CMERC committee are readily available to MAP System providers for questions, assistance and consultation.

THE ESSENTIAL AREAS, ELEMENTS and CRITERIA

The MedChi recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The MedChi also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements. The Essential Areas, their Elements and Criteria, and ACCME, AMA and MedChi policies, are designed to encourage providers to consider the needs, scope of practice, and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Essential Areas their Elements and Criteria, and ACCME, AMA and MedChi policies the MedChi Accredited Provider System has identified certain components of structure, method and organization which contribute to the development of effective continuing medical education. The Essential Areas, Elements and Criteria, and ACCME, AMA and MedChi policies are the requirements that a provider must meet for accreditation. They provide a valuable resource for physicians planning their own CME and for providers designing CME activities and programs.

THE ACCME's ESSENTIAL AREAS AND THEIR ELEMENTS

Essential Area 1: Purpose And Mission

The provider must,

- Element 1** *Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.*

Essential Area 2: Educational Planning

The provider must,

- Element 2.1** *Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.*
- Element 2.2** *Use needs assessment data to plan CME activities.*
- Element 2.3** *Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.*
- Element 3.3** *Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.*

[NOTE: The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All materials can be found on www.accme.org.]

Essential Area 3: Evaluation and Improvement

The provider must,

- Element 2.4** *Evaluate the effectiveness of its CME activities in meeting identified educational needs.*
- Element 2.5** *Evaluate the effectiveness of its overall CME program and make improvements to the program.*

Compliance with the following will be determined at Pre application and, as required, during the provider's term of accreditation. MedCHI will gather this information as part of the Annual Report process.

Administration

The provider must,

- Element 3.1** *Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists*
- Element 3.2** *The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.*

2006 Updated Decision-Making Criteria

Relevant to the Essential Areas and Elements

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be 'In Compliance.'

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	<p>The provider must,</p> <p>E 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</p>	<p>C 1 The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</p>

Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
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[Note: Regarding E 3.3 and C7 to C10 - The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.]

Essential Area and Element(s)		Criteria for Compliance
Essential Area 3: Evaluation and Improvement	The provider must,	
	<p>E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions</p> <p>C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>
Accreditation with Commendation	In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.	
		<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM
Standards to Ensure Independence in CME Activities

STANDARD 1: INDEPENDENCE

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

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

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.¶

STANDARD 2: Resolution of Personal Conflicts of Interest

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

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

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

STANDARD 3: Appropriate Use of Commercial Support

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

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

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

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

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

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

Expenditures for an individual providing CME

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

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

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

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay

for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

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

STANDARD 4. Appropriate Management of Associated Commercial Promotion

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

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

- For *print*, advertisements and promotional materials will not be 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.
- For *audio and video recording*, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For *live, face-to-face CME*, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

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

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

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

STANDARD 5. Content and Format without Commercial Bias

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

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

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

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

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

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

Commercial support for the CME activity.

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

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

Timing of disclosure

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

Updated Criteria for Compliance with ACCME's Accreditation Elements

Criteria

		Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation with Commendation
Element				
1. The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	SCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. The provider appropriately manages commercial support (if applicable, SCS 3).		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. The provider maintains a separation of promotion from education (SCS 4).		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.	2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. The provider operates in a manner that integrates CME into the process for improving professional practice.				<input checked="" type="checkbox"/>
17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).				<input checked="" type="checkbox"/>
18. The provider identifies factors outside the provider's control that impact on patient outcomes.				<input checked="" type="checkbox"/>
19. The provider implements educational strategies to remove, overcome or address barriers to physician change.				<input checked="" type="checkbox"/>
20. The provider builds bridges with other stakeholders through collaboration and cooperation.				<input checked="" type="checkbox"/>
21. The provider participates within an institutional or system framework for quality improvement.				<input checked="" type="checkbox"/>
22. The provider is positioned to influence the scope and content of activities/educational interventions.				<input checked="" type="checkbox"/>

MEDCHI'S PROCESS OF ACCREDITATION

The process of accreditation and reaccreditation is data-driven and uses multiple data sources. It involves four phases: data collection, data review and analysis, decision, and notification of the provider.

DATA COLLECTION

The applicant/provider is responsible for providing a **narrative and supporting data** about its CME program. MedChi is responsible for **receiving, clarifying, and analyzing the data** provided so that valid inferences and reliable decisions can be made based on accurate and complete information. Four (4) data sources are primarily used by MedChi to accomplish its purpose and responsibilities. These are:

1. **The Initial Application or Reaccreditation Self –Study.** This allows MedChi to document compliance, accomplishments and improvements.
2. **The Site Survey**
 - a) The Site Survey is the provider's opportunity to demonstrate **performance in practice**.
 - b) Organizational Review allows MedChi to determine responsibility for the CME program.
 - c) Document Review allows MedChi to assure appropriate documentation.
 - d) Activity Review allows MedChi to review application of the Essential Areas
3. **The Progress Report**

Allows the provider to demonstrate improvement in areas of partial and non-compliance identified during initial or reaccreditation review.
4. **Annual Report**

Allows MedChi to review the scope of provider activities, financial support of a providers program and note any changes in a providers program. It is **required** that MedChi share information from the Annual Report with the ACCME, for use in evaluating the system of continuing medical education across the nation.

MEDCHI'S PROCESS OF ACCREDITATION

Initial Accreditation

1. Review of potential applicant's qualifications, experience, and appropriateness will occur when initial inquiry is received.
2. Applicant will be asked to complete an application.
3. Application will be reviewed/screened to determine completeness of application.
4. Application will be peer reviewed for compliance with criteria for accreditation.
5. Opportunities for additional data collection through survey and activity review will be arranged.
6. Reports from application reviews, survey and activity review will be presented to the Continuing Medical Education Review Committee for accreditation decision.

Reaccreditation

1. At an appropriate time prior to the end of the accreditation period, the provider will be notified of a need to submit self-study to the MedChi.
2. Prior to the end of the Provider's accreditation period, and in coordination with the closest quarterly meeting of CMERC, the provider will submit the self-study to the MedChi and data collection opportunities (site survey, activity review and interview) will be arranged and completed.

DATA REVIEW AND ANALYSIS

All data collected from the application/self-study, annual reporting/monitoring summaries, and the site visit (organization, document and activity reviews) will be reviewed and analyzed by the CMERC to make a recommendation for a final decision. To make the recommendation, the CMERC will review compliance with each Criteria within the Essential Areas, and all MedChi, ACCME and AMA policies

Criteria for Selection of an Accreditation Status

1. To achieve provisional accreditation, the applicant must be found compliant for Criteria 1-3 and 7-12.
2. For accredited providers seeking full accreditation from provisional or reaccreditation from full accreditation, compliance must be demonstrated for Criteria 1-15. Partial or Noncompliance with any Criteria will result in the requirement for a Progress Report and/or focused or full survey. Failure to demonstrate compliance in the Progress Report may result in Probation.
3. For accredited providers seeking full accreditation from probation, noncompliance with any one of the Criteria will be cause for nonaccreditation.

A decision could be one of four options:

- Accreditation
- Provisional Accreditation
- Probation
- Nonaccreditation

NOTIFICATION OF THE PROVIDER

Within four weeks of the CMERC decision on an accreditation application, the CMERC will send a letter of notification of action to the applicant/accredited provider. The letter will include the following:

- Decision of the CMERC regarding status of the provider,
- Areas where provider exceeds compliance,
- Areas of noncompliance and
- Requirements for follow-up in areas where change or improvement is necessary.

MEDCHI'S PROCESS OF ACCREDITATION

THE PROGRESS REPORT

GOAL

The goal of the Progress Report is to communicate information about the changes accomplished by the accredited provider to validate its compliance with the Essential Areas and Elements that were perceived in partial compliance during the most recent accreditation review.

FORMAT

This structured report will include the following:

- Listing of the Criteria from the Essential Areas and the Policies of MedChi, ACCME and AMA that were noncompliant on the last review.
- Indication of changes made to correct or improve the compliance with the Criteria and Policies.
- Documentation providing evidence that changes have been made.

The Progress Report will be reviewed by a surveyor, who will formulate a decision recommendation that will be forwarded to the CMERC for a decision.

DECISION CRITERIA

The same procedure for determining compliance, for each Criteria in the Essential Areas and MedChi, ACCME and AMA policies, will be used to assess the Progress Reports.

DECISION OPTIONS

The CMERC has the following options:

Accept: If the Progress Report is accepted, the provider has corrected the Criteria or Policies that were noncompliant.

Clarification Required: If the Progress Report requires clarification, the provider has corrected most of the Criteria or Policies that were noncompliant, but some additional information is required to be certain the provider is in compliance. An additional Progress Report may be required.

Reject: If the Progress Report is rejected, the provider has not corrected the Criteria or Policies that were noncompliant. Either a second report or a focused accreditation survey may be required. The CMERC will retain the right to place a provider on probation or nonaccreditation as the result of findings on a Progress Report.

MEDCHI'S PROCESS OF ACCREDITATION

THE FOCUSED PROVIDER SURVEY

PURPOSE

To collect data about a specific problem that has been reported or has not been corrected as a result of the Progress Report.

FORMAT

A trained surveyor, who has been briefed about the condition that needs to be reviewed, will conduct a one-day visit. The problem will be reviewed with the provider and the provider will have an opportunity to present evidence that the condition has been changed/corrected and that the provider is now in compliance or has a plan to reach compliance. The surveyor will conclude the visit with a summary of what was learned to be sure that the provider's position can be reported accurately to the CMERC.

DECISION CRITERIA

Same as Accreditation. Findings are reported in the context of "exceptional compliance" through "not in compliance."

DECISION OPITONS

Same as Accreditation. A provider can have its accreditation status changed to probation as a result of a focused survey. A Provider already on Probation may be moved to Non-Accreditation.

Policy and Procedure for Accreditation Decision Appeals

MedChi defines an accreditation decision to deny, withdrawal accreditation or to place a provider on probation as an unfavorable decision.

MedChi recognizes that there may be times when a provider in the MAP System or an initial applicant will feel that an unfavorable decision regarding accreditation is unwarranted. To address such circumstances, MedChi has in place the following policy and procedure to allow for re-examination of a decision.

The MAP System accreditation appeals process is applied in two steps. The first step is a request for reconsideration of an accreditation decision. The second is a request for an appeal hearing before the MedChi Operations Council.

RECONSIDERATION

When the Continuing Medical Education Review Committee reaches an unfavorable decision regarding a MAP System provider or initial applicant, the provider or applicant shall promptly receive a notification letter which will explain the decision and advise the recipient of their right to request reconsideration. A written request from the provider or applicant, filed within thirty (30) days of notification of an unfavorable decision, will automatically stay the unfavorable decision. The accreditation status of a provider during the process of reconsideration, will remain as it was prior to the unfavorable decision.

RECONSIDERATION PROCESS

1. MedChi must receive a written request for reconsideration within thirty (30) calendar days of receipt of notification of an unfavorable decision. This letter should specify the reasons for the request for reconsideration. Failure to comply with this process will result in the decision of CMERC being final.
2. Reconsideration will be based upon the entire continuing medical education program of the provider as it existed at the time of the review. **Only material available to the reviewers at the time of the review can be offered as additional evidence as part of the case for reconsideration.** If a provider or applicants program has undergone significant or substantial changes since the self study and review, said provider or applicant should submit these changes as part of a new application for accreditation, rather than as part of a request for reconsideration. A provider or applicant can contact MedChi Department of Continuing Medical Education (DCME) staff for assistance with any questions they may have regarding filing a request for reconsideration.

3. MedChi will conduct and complete a reconsideration review in no later than 120 days after it receives the request for reconsideration. Following the CMERC meeting at which the reconsideration decision is made the provider or applicant will be notified promptly and advised of its right to request an appeal hearing should the unfavorable decision be upheld.

APPEAL HEARING

In the case where the CMERC upholds an unfavorable decision regarding the accreditation of a provider or applicant, said provider or applicant may request an Appeal Hearing before the MedChi Operations Council. A written request for such a hearing must be made to the Chairperson of Operations Council within thirty (30) days of receipt of notification of the request for reconsideration outcome. This request must contain a statement of reasons for the request. A request for an appeal hearing must be based on the following: 1. the decision of the CMERC was not in accordance with the accreditation standards and procedures of the MAP System or 2. not supported by substantial evidence. The accreditation of the provider shall remain as it was prior to the unfavorable accreditation decision during the Appeal Hearing process.

APPEAL PROCESS

1. MedChi must receive a written request for an appeal hearing within thirty (30) days of notification of the decision regarding reconsideration. This letter should site the specific reasons that the provider or applicant has for requesting an appeal hearing.
2. Within ten (10) days of receipt of a request for an appeal hearing MedChi will send, via certified letter, the provider or applicant a confirmation of the receipt of the request for an appeal hearing. This letter will include guidelines and information about the hearing process and the right of the provider or applicant to have counsel present at such a hearing.
3. Upon receipt of a proper request for an appeal hearing MedChi will schedule a special appeal session of the Operations Council. This session will be held within 90 days of receipt of a request for an appeal hearing. The provider or applicant requesting the hearing will be notified no later than sixty (60) days in advance of the hearing of its time and place. Such notification will be done using Certified Mail, Return Receipt Requested
4. The appealing provider or applicant has the right to request information from their file on which the CMERC decision was based. The provider or applicant can supply additional information, for clarification purposes only. The provider or applicant cannot describe or make reference to any new components or changes made subsequent to the initial action of the accreditation. The provider or applicant may submit written statements to the Operations Council prior to the hearing, at the hearing, or within in fifteen (15) business days following the hearing.

5. At any appeal hearing before the MedChi Operations Council, a provider or applicant and their representatives 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 MedChi reviewers or DCME staff appear as witnesses to be examined with respect to the subject of the appeal. Requests for such testimony must be made in writing thirty (30) days prior to the hearing.
6. MedChi may appoint representatives to attend the hearing and may examine the appellant representatives. The purpose of this hearing is to assemble as much information as is practical regarding all aspects of the appeal so that MedChi Operations Council is provided with the "best evidence" for its considerations. The hearing does not need to be conducted according to formal rules of law regarding the examination of witnesses or the presentation of evidence. Therefore the MedChi Operations Council will 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 Chair of the MedChi Operations Council shall make all determinations on procedural matters and all determinations regarding the admissibility of information to be presented.
7. The self-study and site survey review, any additional information provided as a result of a request for reconsideration together with formal presentations at the appeal hearing and any and all transcripts of proceedings of the hearing as well as any statements submitted under the conditions outline above shall be the sole basis for the finding of the Appeal Hearing of the MedChi Operations Council.
8. Within forty five (45) days of the hearing the MedChi Operations Council will make a final decision regarding the appeal. Notification of the decision will be sent to the provider or applicant via Certified Mail, Return Receipt Requested at that time. The decision of the MedChi Operations Council regarding the accreditation status of the provider or applicant shall be final
9. The expenses for the Appeal Hearing will be divided equally between the appellant and MedChi. Expenses for any witnesses, representatives or staff of the provider or applicant shall be the responsibility of the provider or applicant. The expenses of the MedChi Operations Council, CMERC, MedChi staff or representatives will be the responsibility of MedChi. Any expenses associated with the appearance of CMERC or MedChi staff on behalf of the appellant shall be the responsibility of the appellant. Any and all arrangements for travel and expenses for witnesses or representatives of the appellant shall be the responsibility of the appellant.