



## Surveyor Report Form

Name Of Applicant Organization					
Address					
CME Contact Person				Date of Survey	
1 <sup>st</sup> Surveyor (Chairperson)				Present Accreditation Status	
2 <sup>nd</sup> Surveyor				Accreditation Term	
Format of Survey	On Site	Reverse Site	Televideo	Date of Last Annual Report	
Location of Survey (including address)					
Special Issues for Surveyors to note:					
<b><i>Recommended Accreditation Status:</i></b>					
Provisional Accreditation	Full Accreditation	Probation	Non Accreditation		
<b><i>Recommended Accreditation Term:</i></b>					
2 years		4 years		6 years	
<b><i>Progress Report:</i></b>					
No progress report			Progress Report in _____ year(s)		
<b>Overview of the Program:</b> Provide a capsule description of the program, including a brief history, a general description, and types of primary activities.					

## Essential Area 1: Purpose and Mission

**Element 1.1: The provider must have a written statement of its CME mission, that includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One	
Exemplary Compliance	The provider has a mission statement that includes all the basic components with a strong emphasis on assessment of results.		
Compliance	The provider has a mission statement that includes all the basic components.		
Partial Compliance	The provider has a mission statement, but omits one or more of the basic components.		
Noncompliance	The provider does not have a mission statement.		

Please indicate the data sources utilized to determine the provider's compliance. More than one box can be checked.

<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>				
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

**Survey Team**

## Essential Area 1: Purpose and Mission (continued)

**Element 1.2: The provider must demonstrate congruent with Hospitals CME Mission or parent organization, if a parent organization exists.**

**Check here if no parent organization exists**

Please indicate what finding is supported by the data and information supplied to MSSNY

Check One

Exemplary Compliance	CME is mentioned in the parent organization mission statement and supported by financial, facility, and human resources, plus promotion of the function; and the CME mission statement is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.	
Compliance	CME is mentioned in the parent organization mission statement and supported with financial, facility, and human resources; or the CME mission statement is reviewed and approved by the governing body of the parent organization on a regular basis.	
Partial Compliance	CME is mentioned in the parent organization mission statement but support is not provided; or CME is not mentioned in the parent organization mission statement but support is provided.	
Noncompliance	CME is not mentioned in the parent organization mission statement and support is not provided.	

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<b><i>Data and information was gathered verbally. Describe below.</i></b>	<i>Surveyor</i>	<b><i>Data and information was gathered from documentation in the self study on page number(s) _____.</i></b>			
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

<b>Survey Team</b>	
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## Essential Area 2: Educational Planning and Evaluation

**Element 2.1: The provider must use a planning process(es) that links identified educational needs with a desired result in the provision of all CME activities.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One	
Exemplary Compliance	Innovative and creative planning process(es) used consistently, with documentation that identified educational needs contribute to appropriate methodology and desired results for the offered activities.		
Compliance	Planning process(es) used consistently that links identified educational needs and desired results.		
Partial Compliance	Planning process(es) used inconsistently or does not reflect a link between identified educational needs and desired result.		
Noncompliance	Planning process(es) not used.		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<b><i>Data and information was gathered verbally. Describe below.</i></b>	<i>Surveyor</i>	<b><i>Data and information was gathered from documentation in the self study on page number(s) _____.</i></b>			
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

<b>Survey Team</b>	
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## Essential Area 2: Educational Planning and Evaluation (continued)

### Element 2.2: The provider must use needs assessment data to plan CME activities.

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One	
Exemplary Compliance	Needs assessment data from multiple sources are consistently used to plan and evaluate activities.		
Compliance	Needs assessment data are consistently used.		
Partial Compliance	Needs assessment data are inconsistently used.		
Noncompliance	Needs assessment data are not used.		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>			
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

<b>Survey Team</b>	
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## Essential Area 2: Educational Planning and Evaluation (continued)

**Element 2.3: The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One
Exemplary Compliance	Purpose or objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner.	
Compliance	Purpose or objectives of the activity are consistently communicated to the learner.	
Partial Compliance	Purpose or objectives of the activity are inconsistently communicated to the learner.	
Noncompliance	Purpose or objectives of the activity are not communicated to the learner.	

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

Surveyor	Surveyor				
<b><i>Data and information was gathered verbally. Describe below.</i></b>	<b><i>Data and information was gathered from documentation in the self study on page number(s) _____.</i></b>				

If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

<b>Survey Team</b>	
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## Essential Area 2: Educational Planning and Evaluation (continued)

**Element 2.4: The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One
Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health improvement.	
Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.	
Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.	
Noncompliance	Educational activities are not evaluated.	

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<i>Data and information was gathered verbally. Describe below.</i>	<i>Surveyor</i>	<i>Data and information was gathered from documentation in the self study on page number(s) _____.</i>			

If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

**Survey Team**

## Essential Area 2: Educational Planning and Evaluation (continued)

**Element 2.5: The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One	
Exemplary Compliance	Innovative and creative mechanism(s) are in place to measure the effectiveness of the program with evidence of improvements being made on a regular basis.		
Compliance	Mechanism is in place to measure effectiveness of the program, with evidence that improvements have been made.		
Partial Compliance	Mechanism is in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.		
Noncompliance	Mechanism is not in place to measure the program's effectiveness or make improvements.		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>				
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

**Survey  
Team**

### Essential Area 3: Administration

**Element 3.1: The provider must 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.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One
Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.	
Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.	
Partial Compliance	Organizational framework for the CME unit exists but all components of the Element (resources and support) are not present.	
Noncompliance	Organizational framework for the CME unit does not exist.	

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

Surveyor	Surveyor				
<b><i>Data and information was gathered verbally. Describe below.</i></b>	<b><i>Data and information was gathered from documentation in the self study on page number(s) _____.</i></b>				

If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

<b>Survey Team</b>	
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**Essential Area 3: Administration (continued)**

**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.**

Please indicate what finding is supported by the data and information supplied to MSSNY		Check One	
Exemplary Compliance	Innovative and creative business and management policies and procedures are in place to assist the CME administration to meet its obligations and commitments.		
Compliance	Business and management policies and procedures (as they relate to human resources, financial affairs, and legal obligations) are in place and are used by CME administration to meet its obligations and commitments.		
Noncompliance	Business and management policies and procedures (as they relate to human resources, financial affairs, and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>				
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If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?

yes  no, (If no, please explain)

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Noncompliance" with the Element.

**Survey Team**

Evaluation of the MSSNY's **Standard for Commercial Support**

Compliance with the MSSNY's **Standards for Commercial Support** is determined on the basis of compliance with each of the four areas within the *Standards*. This page gives you the opportunity to record your findings on each of these areas. Please complete these pages prior to determining your findings for the provider's compliance with the MSSNY's policies for disclosure and commercial support.

The Sub Elements of the Sections of the <b>Standards for Commercial Support</b>							
SCS Section Number	Evaluation Criteria	Not Applicable	Yes	Inconsistent	No	Unable to Assess	
3.3A	The provider discloses required information and relationships						
3.3A(1)	The provider discloses faculty or provider relationships with commercial supporters, or relationships with the manufacturer of any product/device that will be discussed, to participants prior to educational activities						
3.3A(2)	The provider discloses to participants receipt of funds from a proprietary entity.						
3.3A(3)	The provider requires the speaker to disclose when products are not labeled for use or are still investigational						
The provider...		<b>Exemplary Compliance</b> (Provider is compliant with all aspects of MSSNY's policies on disclosure and commercial support, and has implemented a range of <b>innovative and creative</b> practices)		<b>Compliance</b> (Provider Does <b>Consistently</b> )		<b>Noncompliance</b> (Provider Does <b>Not</b> )	
Discloses information and relationships							
Surveyor	<b>Data and information was gathered verbally. Describe below.</b>	Surveyor	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>				
<p>If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, (If no, please explain)</p>							
<p>Please explain <u>how</u> the provider has exceeded compliance if the finding for an area is "Exemplary Compliance." Please also explain the <u>reason(s)</u> for any "Noncompliance" findings.</p>							
Survey Team							

<i>The Sub Elements of the Sections of the Standards for Commercial Support, continued</i>						
SCS Section Number	Evaluation Criteria	Not Applicable	Yes	Inconsistent	No	Unable to Assess
3.3B	The provider maintains control of the educational content of the activity					
3.3B(1)	Educational design is free of commercial bias					
3.3B(2)	Educational materials do not advance the proprietary interests of supporting company					
3.3B(3)	Presentations mention multiple companies' trade names, if applicable					
3.3B(4)	Research reported of a proprietary company conforms to accepted practices of experimental design, data collection, and analysis					
The provider is...		<b>Exemplary Compliance</b> (Provider is compliant with all aspects of MSSNY's policies on disclosure and commercial support, and has implemented a range of <b>innovative and creative</b> practices)		<b>Compliance</b> (Provider Does <b>Consistently</b> )		<b>Noncompliance</b> (Provider <b>Does Not</b> )
In control of content						
Surveyor	<b>Data and information was gathered verbally. Describe below.</b>	Surveyor	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>			
<p>If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, (If no, please explain)</p> <p>Please explain <u>how</u> the provider has exceeded compliance if the finding for an area is "Exemplary Compliance." Please also explain the <u>reason(s)</u> for any "Noncompliance" findings.</p> <p><b>Survey Team</b></p>						

<i>The Sub Elements of the Sections of the Standards for Commercial Support, continued</i>							
SCS Section Number	Evaluation Criteria	Not Applicable	Yes	Inconsistent	No	Unable to Assess	
3.3C	The provider ensures that promotion and education are separate. <i>(This can be assessed through direct observation or through inquiry of the provider).</i>						
3.3C(1)	Exhibits do not interfere with CME activity presentations						
3.3C(2)	Exhibit placement is not a condition of support						
3.3C(3)	Exhibits are not displayed in the same room as the educational activity						
3.3C(4)	Proprietary company representatives do not engage in sales activities where the educational activity occurs						
The provider...		<b>Exemplary Compliance</b> (Provider is compliant with all aspects of MSSNY's policies on disclosure and commercial support, and has implemented a range of <b>innovative and creative</b> practices)	<b>Compliance</b> (Provider Does <b>Consistently</b> )		<b>Noncompliance</b> (Provider <b>Does Not</b> )		
Ensures that promotion and education are separate							
<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>				
<p>If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, (If no, please explain)</p>							
<p>Please explain <u>how</u> the provider has exceeded compliance if the finding for an area is "Exemplary Compliance." Please also explain the <u>reason(s)</u> for any "Noncompliance" findings.</p>							
<b>Survey Team</b>							

<i>The Sub Elements of the Sections of the Standards for Commercial Support, continued</i>						
SCS Section Number	Evaluation Criteria	Not Applicable	Yes	Inconsistent	No	Unable to Assess
3.3D	The provider demonstrates appropriate management of funds from commercial supporters					
3.3D(1)	Funds received are in an educational grant payable to the accredited provider					
3.3D(2)	The terms, conditions, and purposes of the educational grant are documented in a signed agreement between the provider and the supporter					
3.3D(3)	Honoraria and expenses for faculty are reasonable					
3.3D(4)	No other funds from a commercial source are paid to the director of the activity, faculty, or others involved with the supported activity					
The provider...		<b>Exemplary Compliance</b> (Provider is compliant with all aspects of MSSNY's policies on disclosure and commercial support, and has implemented a range of <b>innovative and creative</b> practices)	<b>Compliance</b> (Provider Does <b>Consistently</b> )		<b>Noncompliance</b> (Provider <b>Does Not</b> )	
Demonstrates appropriate management of funds from commercial supporters						
<i>Surveyor</i>	<b>Data and information was gathered verbally. Describe below.</b>	<i>Surveyor</i>	<b>Data and information was gathered from documentation in the self study on page number(s) _____.</b>			
<p>If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no, (If no, please explain)</p>						
<p>Please explain <u>how</u> the provider has exceeded compliance if the finding for an area is "Exemplary Compliance." Please also explain the <u>reason(s)</u> for any "Noncompliance" findings.</p>						
<b>Survey Team</b>						

**Summary of Compliance with MSSNY's Policies**

Observations

Evaluation Criteria	Compliance	Partial Compliance	Non compliance
Does the provider utilize the appropriate accreditation statements?			
Does the provider have a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity?			
Does the provider retain activity records/files for the current accreditation period or for the last twelve months, whichever is longer?			
<b>The provider does not produce Enduring Materials</b>	<input type="checkbox"/>		
If the provider offers enduring materials, does the provider consistently communicate all of the following to participants prior to the beginning of the educational activities?			
<ul style="list-style-type: none"> <li>▪ Principal faculty and their credentials</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Medium or combination media use</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Method of physician participation in the learning process</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Estimated time to complete the educational activity (same as the number of credit hours designated)</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Dates of original release and the most recent review of update</li> </ul>			
<b>The provider does not produce Journal CME</b>	<input type="checkbox"/>		
Journal CME,			
<ul style="list-style-type: none"> <li>• Does the activity include the reading of an article(s), a provider stipulated/learner directed phase, and a requirement for the completion by the learner of a predetermined set of questions or tasks relating to the content of the material as part of the learning process?</li> </ul>			
<ul style="list-style-type: none"> <li>• Is the educational content within the MSSNY's definition of CME?</li> </ul>			
<ul style="list-style-type: none"> <li>• The activity is not completed until the learner documents participation in that activity to the provider.</li> </ul>			
<ul style="list-style-type: none"> <li>• The learner does not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation material.</li> </ul>			

If the provider was asked in a progress report to clarify compliance with this element at the time of this review, have they changed their performance in practice to become compliant?  yes  no, (If no, please explain)

Please explain the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Policy.

**Survey Team**

## Provider's "Planned Improvements" Worksheet

The emphasis in the MSSNY's new system of accreditation, and its Essential Areas, Elements, and Decision-Making Criteria, is on the provider taking an active role in reflecting on the effectiveness of its CME activities and its overall CME program and identifying areas for improvements based on these reflections. Specifically, Element 2.5 states that the provider must "evaluate the effectiveness of its overall CME program and make improvements to the program.

In order to track these planned improvements for the benefit of the MSSNY's data collection and analysis process, but more importantly, for the provider so that the provider is able to keep track of its list of planned improvements and report back to the MSSNY on its progress toward those planned improvements, we ask that you record in the space below those planned improvements that are described within the application and/or during the interview process with the provider's representatives.

### List of Planned Improvements:

1.

2.

3.

4.

5.

6.