



## Surveyor Report Form

Name Of Applicant Organization					
Address					
CME Director				Date of Survey	
CME Contact Person					
1 <sup>st</sup> Surveyor (Chairperson)				Present Accreditation Status	
2 <sup>nd</sup> Surveyor				Accreditation Term	
Format of Survey	On Site	Reverse	Televideo	Date of Last Survey	
Location of Survey (including address)					
<b><i>Recommended Accreditation Status:</i></b>					
Provisional Accreditation	Commendation	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		
<b>Program Overview:</b> Provide a capsule description of the program, including a brief history, a general description, and types of primary activities.					

**ALL NON-COMPLIANT FINDINGS MUST HAVE A COMMENT INDICATING THE REASON FOR THE FINDING.**

**Criterion 1**

**A CME Mission Statement that includes expected results articulated in terms of changes of competence, performance or patient outcomes that will be the result of the program.**

In the Self Study Report	Response	
Did the provider have a CME Mission Statement with the required components?	Yes	No
No Mission Statement		
<b>Or Component missing:</b>		
Expected Results		
Additional Materials requested?	Yes	No
<b>Interview Comments:</b>		

**Criterion 2**

**Provider identifies gaps between current practice or outcomes and desirable or achievable practice or outcomes (i.e., professional practice gaps). The provider deduces needs as the ‘knowledge causes,’ ‘strategy causes,’ or ‘performance causes’ of the professional practice gap(s). The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified. A common theme in the noncompliance descriptions is that the ACCME could not find in the description any evidence that a professional practice gap was identified.**

In the Self Study Report	Response	
Did the provider describe the incorporation into CME activities of the educational needs (knowledge, competence, performance) that underlie the professional practice gaps of their own learners?	Yes (go to C3)	No
<b>Provider’s description did not include:</b>		
Identification of professional practice gaps		
PPG of provider’s own learners		
Educational needs underlie PPG of learners		
Educational needs articulated in terms of knowledge, competence performance		
Educational needs incorporate into CME activities		
and/or Expected Results not articulated in terms of changes to C, P, PO		
Additional Materials requested?	Yes	No
Was this evidenced in activity files:	Yes	No
<b>Interview Comments:</b>		

### Criterion 3

**This criterion is the implementation of C 2 in the provider’s overall program of CME. In the planning of its CME activities, provider must attempt to change physicians’ competence, performance, or patient outcomes, based on what was identified as needs (that underlie a professional practice gap). The expectation is that the education will be designed to change learners’ strategies (competence), what learners actually do in practice (performance), impact on the patient or on healthcare (patient outcomes.) The ACCME affirms that “knowledge” is acceptable content for accredited CME. With respect to C3 and 11, even if the preponderance of a provider’s activities is focused solely on changing knowledge, provider must still show how these activities contribute to overall program’s efforts to change learners’ competence, or performance or patient outcomes.**

In the Self Study Report	Response
<b>Did the provider describe</b> the generation of activities/ educational interventions designed to change competence, performance or patient outcomes as described in the provider’s mission statement.	Yes (go to C4) No (see below)
<b>Provider’s description did not include:</b>	
Activities designed to change to C, P or PO	
Activities designed for change as described in CME mission statement	
<b>Additional Materials requested?</b>	Yes      No
<b>Was this evidenced in activity files:</b>	Yes      No
<b>Interview Comments:</b>	

### Criterion 5

**All activity formats are acceptable & must be chosen based on what the provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. ACCME is looking for demonstration that choice of educational format took into account the setting, objectives, and desired results of the activity.**

In the Self Study Report	Response
<b>Did the provider describe</b> the use of educational formats for activities/educational interventions appropriate for the setting, objectives and desired results of the activity?	Yes (go to C6) No (see below)
<b>Additional Materials requested?</b>	Yes      No
<b>Was this evidenced in the activity files:</b>	Yes      No
<b>Interview Comments:</b>	

### Criterion 6

**The ACCME is looking for an active recognition of “desirable physician attributes” in the planning process (e.g., “We have planned to do a set of activities that touch on professionalism and communications to address our patients’ concerns that they are not receiving complete discharge instructions – which is the identified professional practice gap.”). The simple labeling of an activity with a ‘competency’ is a start and provides the learner with information with which to choose an activity..**

In the Self Study Report	Response
<b>Did the provider describe</b> development of activities/educational interventions in the context of desirable physician attributes (e.g. IOM competencies, ACGME competencies)?	Yes (go to C7) No (see below)
<b>Additional Materials requested?</b>	Yes      No
<b>Was this evidenced in the activity files:</b>	Yes      No
<b>Interview Comments:</b>	

**Criterion 7 SCS 1**

**Accredited CME is always designed & presented in a manner whereby the provider retains control of the content of CME. Providers are expected to ensure activity planning & implementation is in the hands of the provider. The provider must obtain information from all those in control of content so as to allow for management & resolution of potential conflicts of interest. The provider must disclose to learners the relevant financial relationships of all those who control the content of CME.**

<b>In the Self Study Report</b>	<b>Response</b>
<b>Did the provider describe</b> its independence from commercial interests in planning, implementation and evaluation (SCS 1.1, 1.2)?	Yes <small>(go to C7 SCS2)</small> No (see below)
<b>Provider description indicated the following decision(s) are controlled by commercial interest(s):</b>	
Identification of needs	
Determination of Educational Objectives	
Selection and Presentation of Content	
Selections of all person or organizations in position to control content	
Selection of Educational Methods	
<b>Additional Materials requested?</b>	Yes      No
<b>Was this evidenced in the activity files:</b>	Yes    No    NA
<b>Interview Comments:</b>	

**Criterion 7 SCS 2**

<b>In the Self Study Report</b>	<b>Response</b>
<b>Did the provider describe</b> resolution of personal conflicts of interest, as outlined in SCS 2.1, 2.2, 2.3	Yes      No
<b>The Provider did not describe:</b>	
Everyone in a position to control content discloses relevant financial relationships to the provider (SCS 2.1)	
Individuals who refuse to disclose are disqualified from planning & implementation of CME (SCS 2.2)	
Implementing a mechanism to identify & resolve all conflicts of interest prior to presentation (SCS 2.3)	
<b>Additional Materials requested? Describe:</b>	Yes      No
<b>Was this evidenced in the activity files:</b>	Yes      No
<b>Interview Comments:</b>	

**Criterion 7 SCS 6**

<b>In the Self Study Report</b>	<b>Response</b>
<b>Did provider describe</b> disclosure to learners of RFRs & commercial support, in keeping with SCS 6.1 – 6.5?	Yes      No
<b>Provider did not describe disclosure:</b>	
Of relevant financial relationships included name of individual, commercial interest & nature of relationship (SCS 6.1)	
Was made when an individual had no relevant financial relationships (SCS 6.2)	
Source of all commercial support is made to learners, including “in-kind” support (SCS 6.3)	
Does not include use of trade names or product-group messages (SCS 6.4)	
Is made to learners prior to activity (SCS 6.5)	
<b>Additional Materials requested?</b>	Yes      No
<b>Was this evidenced in the activity files:</b>	Yes      No
<b>Interview Comments:</b>	

### Criterion 8 SCS 3

**If they chose to accept commercial support (CS), providers are expected to solicit, accept, & use CS appropriately & in accord with parameters of SCS 3 of ACCME Standards for CS. If provider does not accept CS, provider is still expected to have policies/procedures in place to govern honoraria & reimbursement for those involved in planning/presentation of their CME.**

In the Self Study Report	Response
Did the provider describe its written policies for honoraria and reimbursement of expenses?	Yes No NA
Does the provider accept commercial support?	Yes No
Did the provider describe appropriate use of commercial support as outlined in SCS 3.1-3.6 & 3.12	Yes No NA
<b>Provider did not describe that:</b>	
It makes all decisions regarding commercial support (SCS 3.1)	
It complies with SCS 3.2 ( <i>not accept advice/services of a commercial interest as condition of receiving support</i> )	
Commercial support is given with full knowledge and approval of provider (SCS 3.3)	
Written agreements outline terms, conditions and purposes of commercial support (SCS 3.4)	
Written agreements specify the source of commercial support (SCS 3.5)	
Written agreements are signed by both the provider and commercial supporter (SCS 3.6)	
No other payment is paid to anyone involved with the supported activity (SCS 3.9)	
It complies with SCS 3.12 ( <i>CS is not used to pay for expenses for non-teacher/author participants of CME activity</i> )	
Did provider describe meeting SCS 3.10/3.11 regarding honoraria payment & reimbursement of expenses	Yes No NA
Teacher/author expenses are paid for teacher/author role only when participating in a CME activity? (SCS 3.10)	
Social events/meals do not take precedence over the educational activity? (SCS 3.11)	
Additional Materials requested? Describe:	Yes No
Was this evidenced in the activity files:	Yes No NA
Interview Comments:	

### Criterion 9

**Providers must ensure their learners can participate in educational activities without seeing, reading or hearing promotional or marketing information from commercial interests. Further, accredited providers must ensure that the selling of advertising or exhibit space is a business transaction entirely separate from the acceptance of commercial support for accredited CME.**

In the Self Study Report	Response
Did the provider describe it does not use a commercial interest as the agent providing CME to learners (e.g. distribution of self-study CME activities or arranging for electronic access to CME activities)?	Yes No
Did the provider describe organizing exhibits OR advertising with any CME activities?	Yes No
Did the provider describe that it appropriately manages commercial promotion? (SCS 4.1 – 4.4)	Yes No NA
<b>Providers description indicates allowance of:</b>	
Commercial exhibits or ads to influence planning or interfere with presentation of CME (SCS 4.1)	
Commercial exhibits or advertisements to be condition of commercial support (SCS 4.1)	
Product-promotion or product-specific advertisement to occur during CME activities (SCS 4.2)	
Educational materials to contain advertising, trade name or product-group messages (SCS 4.2)	
Additional Materials requested? Describe:	Yes No
Was this evidenced in the activity files:	Yes No
Interview Comments:	

### Criterion 10

**Providers are expected to ensure that their CME programs and activities advance the public interest without bias that would influence health professionals to overuse or misuse the products or services of a commercial interest.**

In the Self Study Report	Response	
<b>Did provider</b> plan & monitor CME to ensure content & format are free of commercial bias? (SCS 5)	Yes	No
<b>Provider's description indicates that:</b>		
The content of CME activities promotes the proprietary interests of any commercial interest. (SCS 5.1)		
CME activities do not give a balanced view of therapeutic options. (SCS 5.2)		
Content of provider's CME activities are not in compliance with MSSNY's content validity value statements		
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Was this evidenced in the activity files:</b>	Yes	No
<b>Interview Comments:</b>		

### Criterion 11

**The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and information from each CME activity. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.**

In the Self Study Report	Response	
<b>Did the provider</b> include (1) a summary of data related to changes in learners' competence, performance or patient outcomes achieved as a result of overall program's activities and (2) an analysis of data	Yes	No
<b>Provider did not include:</b>		
Change data related to learners' competence, performance or patient outcomes		
An analysis of those data		
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Was this evidenced in the activity files:</b>	Yes	No
<b>Interview Comments:</b>		

### Criterion 12

**Provider is asked to integrate C11 information with a broader view of the CME program & organization – to determine the program's success at meeting all components of its own CME mission described in C1. Providers that review only activity measures of change (expected results) without looking at the other 4 components will not be found in compliance. Providers should consider that there are 5 components to an ACCME-defined mission statement & therefore have at least 5 components in the ACCME-defined "program-based analysis on the degree to which CME mission of the provider has been met." There are clear relationships between C11, C12, & C13-15 which relate to improvement plans based on this program-based analysis.**

In the Self Study Report	Response	
<b>Did the provider describe</b> the degree to which it has met the five components of its mission?	Yes	No
<b>Provider's did not describe the degree to which it met its:</b>		
CME Purpose		
Content Areas		
Types of Activities		
Target Audience		
Expected Results		
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Interview Comments</b>		

### Criterion 13

**The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.**

In the Self Study Report	Response	
Did the provider describe that it identifies, plans & implements needed or desired changes in the overall program required to improve on its ability to meet the CME mission?	Yes	No
<b>Provider did not describe:</b>	Identification of changes in overall program	
	Plans for making changes in overall program	
Additional Materials requested? Describe:	Yes	No

**Interview Comments:**

### Criteria for Accreditation with Commendation

**Responses of Yes and No require an explanation of examples AND...**

**If Yes** – WHY these examples are in keeping with the Criterion

**If No** – WHY these examples are NOT in keeping with the Criterion.

### Criterion 16

In the Self Study Report	Response	
<b>The onus is on the provider to show they have inserted CME into the processes to improve professional practice. Providers need to show their CME program has a presence, influence, or contributory role in practice improvement. The provider goes beyond activity planning to show that CME is used as one of the tools to improve professional practice. C16 can also be about the use of CME in facilitating systems based QI activities if the QI activity is about changing professional practice.</b>		
Did provider describe operating in a manner that integrates CME into process for improving professional practice	Yes	No
Additional Materials requested? Describe:	Yes	No

**Interview Comments:**

### Criterion 17

**ACCME is looking for evidence of use of strategies like rewards, process redesign, peer review, audit feedback, monitoring, reminders as tools to enhance or facilitate change. Some providers are concerned that some of these may be considered 'educational' as they potentially change what people 'know' or because they inform learners. ACCME is looking for tactics that go beyond the educational activity to broaden the range of tools they use to facilitate change.**

In the Self Study Report	Response	
Did provider utilize non-education strategies to enhance change as adjunct to its activities (reminders, etc)?	Yes	No
Additional Materials requested? Describe:	Yes	No
Was this evidenced in the activity files:	Yes	No

**Interview Comments**

### Criterion 18

**The provider has data and information that explains patient outcomes, beyond the performance of their learners. Here the provider demonstrates knowledge of the factors contributing to the health care 'quality gap' about which they are concerned.**

In the Self Study Report	Response	
Did the provider describe that it identifies factors outside its control that impact patient outcomes	Yes	No
Additional Materials requested? Describe:	Yes	No
Was this evidenced in the activity files:	Yes	No

Interview Comments:

### Criterion 19

**Provider has data & information on barriers to change applicable to its own learners & incorporates these insights into its CME program through activities. Provider shows activities are included in their educational program that are focused on 'overcoming barriers to physician change.'**

In the Self Study Report	Response	
Did provider describe that it implements educational strategies to remove, overcome or address barriers to physician change?	Yes	No
Additional Materials requested? Describe:	Yes	No
Was this evidenced in the activity files:	Yes	No

Interview Comments:

### Criterion 20

**Provider allies itself with other organizations or components of its own organization in a purposeful manner to achieve common interests. These collaborations may support any aspect of the provider's CME program in service of achieving its mission. ACCME does not consider joint sponsorship as a collaboration that will guarantee compliance with C20. However, joint sponsorship can be a byproduct of a larger collaboration and if this larger collaboration is described for ACCME, then it could result in compliance with C20. In C20, ACCME is looking for active engagement in collaborative & cooperative projects**

In the Self Study Report	Response	
Did the provider describe building bridges with other stakeholders through collaboration & cooperation	Yes	No
Additional Materials requested? Describe:	Yes	No

Interview Comments:

### Criterion 21

**Provider is focused on integrating and contributing to healthcare quality improvement. In C21, the provider has evidence that CME has become a part of institutional, or system, quality improvement efforts. 'System' can also include the network of other organizations in the health care 'system'. (Note: organizational self-assessment and improvement focused on improving the quality of the CME program are recognized and rewarded in C12-15, not in C21.)**

In the Self Study Report	Response	
Did provider describe operating within an institutional or system framework for quality improvement?	Yes	No
Additional Materials requested? Describe:	Yes	No

Interview Comments:



**Criterion 22**

**ACCME expects the provider to play a meaningful role in formation & direction of activities across its entire CME program.**

<b>In the Self Study Report</b>	<b>Response</b>	
<b>Did the provider describe</b> that it is positioned to influence the scope and content of its activities?	Yes	No
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Interview Comments:</b>		

**MSSNY Policies: RECORDS RETENTION**

<b>In the Self Study Report</b>	<b>Response</b>	
<b>Did the provider describe</b> a mechanism in place to record and, when authorized, verify participation of physicians for 6 years after date of activity?	Yes	No
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Interview Comments:</b>		

**MSSNY Policies: PHYSICIAN PARTICIPATION POLICY**

<b>In the Self Study Report</b>	<b>Response</b>	
<b>Was the provider able to produce</b> activity files for current accreditation period for MSSNY review?	Yes	No
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Interview Comments:</b>		

**MSSNY Policies: ACCREDITATION STATEMENT**

<b>In the Self Study Report</b>	<b>Response</b>	
Does the provider utilize the appropriate accreditation statements?	Yes	No
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Was this evidenced in the activity files:</b>	Yes	No
<b>Interview Comments:</b>		

**Enduring Materials**

<b>In the Self Study Report</b>	<b>Response</b>	
<b>Does the provider produce</b> Enduring Materials?	<u>Yes</u>	No
<b>Provider's did not consistently communicate the following to learners prior to the CME activity:</b>		
Principal faculty and their credentials		
Dates of original release and the most recent review of update		
Accreditation Statement		
Disclosure of RFR		
Disclosure of commercial support		
<b>Additional Materials requested?</b> Describe:	Yes	No
<b>Was this evidenced in the activity files:</b>	Yes	No
<b>Interview Comments:</b>		

<b>Journal-based Learning</b>	
<b>In the Self Study Report</b>	Response
<b>Does the provider</b> produce Journal CME?	Yes <b>No</b>
<b>Provider's did not consistently meet the following:</b>	
Reading of an articles	
Provider stipulated/learner directed phase	
Completion of a predetermined set of questions/tasks relating to the content of the material as part of learning process	
The educational content is within the MSSNY definition of CME	
Learner documents participation in that activity to the provider.	
Accreditation Statement	
Disclosure of RFR	
Disclosure of commercial support	
<b>Additional Materials requested?</b> Describe:	Yes No
<b>Interview Discussion and Surveyor Comments:</b>	

<b>Internet activities</b>	
<b>In the Self Study Report</b>	Response
<b>Does the provider</b> produce Internet CME?	Yes <b>No</b>
<b>Provider's did not consistently meet the following:</b>	
The Internet CME activity resides on a commercial interest's website	
If this Internet CME activity links to a commercial interest's website, there is no notification that the learner is leaving the website of the CME activity	
Links to a commercial interest's website are embedded in the educational content of the CME activity.	
There is advertising of any type within the content of the CME activity.	
<b>Additional Materials requested?</b> Describe:	Yes No
<b>Interview Discussion and Surveyor Comments:</b>	

Did the provider submit a progress report to clarify compliance with any of the elements at the time of this review?  yes  no  
 If yes, have they changed their performance in practice to become compliant?  yes  no

<b>Provider's "Planned Improvements" Worksheet</b>
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 to keep track of its list of 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.