



**2012**

**MSNJ Guide to the  
Accreditation Process:  
Demonstrating the 2006  
Accreditation Criteria**

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## Overview and Background Information

### Conducting Your Self-Study

The Self-Study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *Self-Study report* is specified by the MSNJ, but the process of conducting a *Self-Study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the Self-Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12)
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12)
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
  - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2)
  - Is designed to change competence, performance, or patient outcomes (C3)
  - Includes content matched to your learners' current or potential scopes of practice (C4)
  - Includes formats appropriate for the setting, objectives, and desired results (C5)
  - Is in the context of desirable physician attributes (C6)
  - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10)
- How implemented improvements helped your organization better meet its mission (C13-C15)
- The extent to which your organization is engaged with its environment (C16-C22)

### Resources to Support the MSNJ's Accreditation Process

The MSNJ's accreditation process is facilitated by your use of documents, available online at the MSNJ website: <http://www.msnj.org/contMedEducation/AccreditedProviders.aspx>

Please refer to "Reaccreditation 2012". You will find the following documents in that section:

1. 2012 MSNJ Guide to the Accreditation Process
2. Demographic Form – online
3. Budget Form – online
4. Summary of CME Activities Form - online
5. CME Activity List Form - online
6. Performance-in-Practice Review Labels 2012 – Template online

## **Accreditation Timeline and Provider Milestones**

### ***Reaccreditation Timeline –***

The timeline is a key resource in your organization's preparation of its Self-Study materials. Refer to the timeline provided in your notification letter.

## Data Sources Used in the Accreditation Process

The MSNJ's accreditation process is an opportunity for each provider to demonstrate that its practice of CME is in Compliance with the MSNJ's accreditation requirements through three primary sources of data about the provider's CME program:

- 1. Self-Study Report:** Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to MSNJ Criteria and Policies. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include descriptions and/or attachments.
- 2. Performance-in-Practice Review:** Organizations are asked to verify that their CME activities are in Compliance with MSNJ Criteria and Policies through the documentation review process. The MSNJ will select up to 15 activities from the current accreditation term for which the organization will be expected to present evidence of performance-in-practice to the MSNJ for documentation review.
- 3. Accreditation Interview:** Organizations are presented with the opportunity to further describe the practices presented in the Self-Study report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors who are colleagues from the CME community, trained by the MSNJ.

### ***Expectations about Materials***

The materials submitted to the MSNJ, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (Self-Study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

### ***Missing or Incomplete Information***

Meeting all of the deadlines and submission requirements of the reaccreditation review process will result in an accreditation decision before your current term of accreditation expires. Please note, if the MSNJ is unable to render a decision due to missing or incomplete information, the MSNJ reserves the right to request additional information.

## Expectations for Regularly Scheduled Series (RSS)

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission, fulfills the MSNJ requirements, and potentially demonstrates the provider's engagement with the system in which it operates – just like any other activity type.

The MSNJ defines RSS as an educational activity that is presented as a **SERIES** of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

RSS will be included as part of the performance-in-practice review process. To demonstrate Compliance with RSS selected for performance-in-practice review, providers must present:

- 1) Using all of the performance-in-practice review labels for **each annual series selected\***,
  1. **Documentation of how the series was planned** (C2 – C7 SCS1)
  2. **Documentation from the implementation of the series** to demonstrate compliance with the MSNJ's expectations for the Standards of Commercial Support (C7 SCS2 – C10)
  3. **Documentation from the series** to demonstrate the data generated about learner change (C11).

**\*Note: This is a change in MSNJ's approach from reviewing individual RSS sessions.**

# Self-Study Report for MSNJ Accreditation: Contents, Structure and Format

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## Contents of the Self-Study Report for MSNJ Accreditation

### I. Introduction

#### A. Self-Study Report Prologue

1. **Describe** a brief history of your CME Program.
2. **Describe** the leadership and structure of your CME Program.
3. **Describe** your organization's process and timeline for transitioning to the MSNJ's 2006 Accreditation Criteria during the current term of accreditation.
4. **Attach** a completed Summary of CME Activities for each year of the current accreditation term.
5. **Attach** a completed CME Activity List (a list of your all CME activities for the current term of accreditation as submitted electronically to MSNJ and updated, if necessary)
6. **Attach a list** of the current members of your CME Committee.
7. **Attach a list** of the dates of all CME Committee Meetings held during the current accreditation term.
8. **Attach** copies of the meeting minutes. (You may make reference to the meeting minutes as evidence whenever necessary.)
9. **Attach** a CME Program **budget** for each year of the current accreditation term.

### II. Essential Area 1: Purpose And Mission (Criterion 1)

- A. **Attach** your CME mission statement. Identify and highlight each required component (i.e.,(1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. (C1) Note: MSNJ requires the CME Mission Statement to be approved not only by your CME Committee, but by your organization's Board of Trustees.

### III. Essential Area 2: Educational Planning (Criteria 2-7 SCS1) and MSNJ Policies

The next set of items is designed to gather information on your educational planning process. **Describe** the following components of your planning process:

- A. **How** you identify the professional practice gap(s) of your own learners. (C2)
- B. **How** you identify the educational needs of your learners that underlie the professional practice gap(s) that you have identified. (C2)
- C. **That** you incorporate these needs into CME activities.(C2)
- D. **What** your activities are designed to change: competence, and/or performance, and/or patient outcomes? (C3)
- E. **How** your organization matches the content of your activities to what your learners currently or may do? (i.e., their current or potential scope of practice). (C4)
- F. **What** educational formats (i.e., activity type and methodology) you use and why you use them. (C5)

- G. **How** the formats are appropriate to the setting, objectives, and desired results of an activity. (C5)
- H. **That** your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6)
- I. **How** your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a.) identification of needs; (b.) the determination of educational objectives; (c.) the selection and presentation of content; (d.) the selection of all persons and organizations in a position to control the content; (e.) the selection of educational methods, and (f.) the evaluation of the activity. (C7 SCS1)
- J. **Include two activity examples** that illustrate all of the steps of the planning process you have described. For both of the activity examples, explicitly identify and/or describe:
  - (1) The problem, or professional practice gap, the activity was addressing (C2)
  - (2) The educational need that was underlying this gap for your learners (C2)
  - (3) What the activity was designed to change (competence, performance, or patient outcomes) (C3)
  - (4) That the activity matched the current or potential scope of practice of your learners (C4)
  - (5) The format of the activity (C5)
  - (6) The desirable physician attribute associated with the activity (C6)
  - (7) That the activity was designed to ensure independence from commercial interests (C7 SCS1.1)
- K. **Describe** the mechanism your organization uses to **record, verify physician participation and credit awarded** for six years from the date of your CME activities.
- L. Include **one example** that demonstrates your practice to **record, verify physician participation and credit awarded**.

#### IV. Essential Area 2: Educational Planning: MSNJ Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 & SCS6)

- A. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled content) has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization's mechanism(s) for disqualifying individuals who refuse to disclose. (C7 SCS 2.1, 2.2)
- B. **Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. (C7 SCS 2.3)
- C. **Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. (C7 SCS 2.3)
- D. **Describe** your organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, including "in-kind" support, if applicable. (C7 SCS 6.1-6.5)
- E. **Include two activity examples** that illustrate your descriptions above. For each activity example, explicitly show and/or describe:

- (1) Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff) (C7 SCS 2.1)
- (2) That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; (C7 SCS 2.1)
- (3) The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity; (C7 SCS 2.3)
- (4) Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. (C7 SCS 6.1, 6.2, 6.5)
- (5) If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including “in-kind” support, from commercial interests. (C7 SCS 6.3-6.5)

**V. Essential Area 2: Educational Planning: MSNJ Standards for Commercial Support – Management of Funds (Criterion 8)**

**NOTE: ALL ORGANIZATIONS must respond to items A - B, regardless of whether or not your organization accepts commercial support.**

- A. **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. (C8 SCS 3.7-3.8)
- B. **Describe** how you ensure that social events do not compete with or take precedence over educational activities. (C8 SCS 3.11)

**NOTE: If your organization accepts commercial support, respond to C - F; if not, go to Section VI.**

- C. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1)
- D. **Describe** how you ensure that all commercial support is given with your organization’s full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. (C8 SCS 3.3; 3.9)
- E. **Attach** a completed written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. (C8 SCS 3.4-3.6)
- F. **Attach** a copy of your Commercial Support Policy (MSNJ Policy)

**VI. Essential Area 2: Educational Planning: MSNJ Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criteria 9-10)**

**NOTE: ALL ORGANIZATIONS must respond to this section, regardless of whether or not your organization accepts commercial support or arranges for commercial exhibits or promotion in your activities.**

- A. Do you organize **commercial exhibits** in association with any of your CME activities? If yes, **describe** how your organization ensures that arrangements for commercial exhibits do

not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)

- B.** Do you arrange for **advertisements** in association with any of your CME activities? If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)
- C.** **Describe** the planning and monitoring your organization uses to ensure that:
- (1) The content of CME activities does not promote the proprietary interests of any commercial interests. (C10 SCS 5.1) (*i.e., there is not commercial bias*)
  - (2) CME activities give a balanced view of therapeutic options. (C10 SCS 5.2)
  - (3) The content of CME activities is in Compliance with the MSNJ's content validity value statements<sup>1</sup>. (*Policy on Content Validation*)

## VII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

- A.** What were the conclusions you drew from your analysis of changes in learners competence, performance, or patient outcomes achieved as a result of your overall program's activities/educational interventions. (C11)
- B.** Provide a summary of the data upon which you based your analysis of changes in learners. (C11)
- C.** Based on your review of the data and information provided in the responses to questions A-B, **describe** your conclusions regarding your organization's success at meeting its CME mission, including the degree to which your organization has: (C12)
- (1) fulfilled its purpose
  - (2) provided CME on the content areas outlined in the mission
  - (3) reached its target audience
  - (4) produced the types of activities stated in the mission
  - (5) achieved its expected results, in terms of competence, performance, or patient outcomes.
- D.** As a result of your program-based analysis, what changes did you **identify** that could help you better meet your CME mission? (C13)
- E.** Based on the changes you identified that could be made, **describe** the changes to your program that you have **implemented** (C14)?
- F.** How have you **measured** the impact of these implemented changes on your organization's ability to meet its CME mission? (C15)

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<sup>1</sup> MSNJ's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for MSNJ accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

### VIII. Essential Area 3: Engagement with the Environment (Criteria 16-22)

**NOTE:** The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation.

- A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)
- B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)
- C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20)
- F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)

## Organizing your Self-Study Report

There are two requirements for organizing your Self-Study Report.

- 1) The Self-Study report must include a Table of Contents. Use the Self-Study outline on pages 7–11 of this guide as the basis for the Table of Contents. Include the page numbers of the narrative and attachments for each section.

### EXAMPLE TEXT FOR TABLE OF CONTENTS

<b>TABLE OF CONTENTS</b>	
	<u>PAGE</u>
V. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)	
A. <b>Attach</b> your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors (SCS 3.7-3.8).....	45
B. <b>Describe</b> how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.1).....	50

- 2) **The Self-Study report must be organized using divider tabs** to separate the content of the report in the eight sections of the Self-Study report outline on pages 7-11 of this guide. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

### TEXT FOR DIVIDER TABS

- I. Introduction
- II. C1
- III. C2-C7 (SCS 1) and MSNJ Policies
- IV. C7 (SCS 2 and SCS 6)
- V. C8
- VI. C9-C10
- VII. C11-C15
- VIII. C16-C22

## Formatting your Self-Study Report

1. **Provide required narrative and attachments** for each item indicated on the MSNJ Self-Study report outline.
2. **Put attachments in the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.
3. **Include a table of contents** that follows the Self-Study report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.
4. **Consecutively number each page** in the binder including the attachments. The name (or abbreviation) of your organization must appear with the **page number on each page**.
5. **Type with at least 1” margins** (top, bottom and sides), using **11 point type or larger**.
6. **Do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Copy pertinent excerpts to standard paper for inclusion in the binder.
7. **Use a three-ring binder no wider than two inches** to hold the Self-Study report. The rings may not be more than two inches in diameter, and the materials may not be more than two inches in thickness.
8. **Prepare THREE copies** of the Self-Study report for submission to the MSNJ. Keep a separate duplicate copy for your reference at any time during the accreditation process but especially at the time of the accreditation interview.

***Materials not submitted according to required specifications will be returned at the organization's expense. This may result in a delay in the accreditation review process, additional fees, and may impact your organization's accreditation status. Particularly important format considerations are size and pagination.***

# MSNJ'S Review of Performance-in-Practice Content, Structure and Format

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## Content of Your Performance-in-Practice Review Materials

The MSNJ's performance-in-practice review allows providers to demonstrate Compliance with the MSNJ's expectations and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate Compliance with the MSNJ's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the MSNJ's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify Compliance.

To facilitate the MSNJ's review of a provider's performance-in-practice, the following three stages of activity are required:

- (1) The provider's submission of CME activity data
- (2) The MSNJ's selection of activities for performance-in-practice review
- (3) The provider's submission of evidence of performance-in-practice for activities selected

### STAGE 1: Submitting your CME Activity Data

1. The list of activities must be submitted using the MSNJ's template, which is provided at [www.msnj.org](http://www.msnj.org) (see CME Activities List Form).
2. This list must include all activities that your organization has offered, or plans to offer, under the umbrella of your MSNJ accreditation statement during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in March 2008, your list should include all accredited CME activities offered, or scheduled to be offered, from April 1, 2008 through March 31, 2011.
3. **For activities that have not yet occurred**, please use the best available information or enter 'TBD' (To Be Determined) to complete all required fields. You will have the opportunity to update this information for inclusion with the Self-Study report.
4. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.
- NEW** 5. **Organizations that produce Regularly Scheduled Series (RSS) must list these activities by YEAR and SERIES (e.g. department)**. Do not list each daily, weekly, or monthly session.
  - The MSNJ defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your MSNJ accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.

- By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the MSNJ definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the MSNJ's definition of RSS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
  - **If you are not certain whether an activity should be categorized as an RSS, contact the MSNJ for assistance.**
6. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.

Column A: List the title of the activity.

Column B: List the date the activity occurred in "MM/DD/YYYY" format. If the activity is multi-day, provide the beginning date of the activity only. If the activity is an enduring material, provide the release date or date of most recent review.

Column C: List the activity's location in "City, ST" format. For enduring materials and Internet activities, please list your organization's home city and state or indicate not applicable.

Column D: Use the drop down menu to indicate if the activity was directly or jointly sponsored (Co-sponsorship is not a menu option). List only those co-sponsored activities for which your organization took responsibility.

Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.

Column F: List the number of maximum number of hours available for the activity.

Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your Self-Study report.

Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your Self-Study report.

Column I: Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are Yes and No.

7. Columns (J-Q) in the MSNJ's CME Activity List spreadsheet are highlighted in yellow.

Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.

Column K: List the number of commercial supporters of the activity. (If the activity has not occurred, estimate the number of commercial supporters expected).

- Column L: Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.
- Column M: Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.
- Column N: Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.
- Column O: Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.
- Column P: Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.
- Column Q: Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

**8. Please observe the following instructions:**

- Do not** alter the format of the MSNJ template in any way, such as shading cells, changing column names, or adding blank rows or columns. You may, however, temporarily resize column width to view cell contents;
- Do not** leave blank cells in the spreadsheet for columns A-I;
- Do not** send the spreadsheet to the MSNJ as a "zip file"; and
- Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

**9. Submit your list as an attachment via email to [rzarzycki@MSNJ.org](mailto:rzarzycki@MSNJ.org). Please include your organization's name and "activities list" in the subject line of the email and in the name of the attached file for identification purposes.**

## **STAGE 2: Selecting Activities for Performance-in-Practice Review**

Based on the CME activity data you provide to the MSNJ, the MSNJ will select up to 15 activities, across your accreditation term, for review. The MSNJ notifies providers via email of the activities selected for review. Your organization will be asked to confirm receipt of this communication. Providers are accountable for demonstrating performance-in-practice for all activities selected for performance-in-practice review. It is very important that you carefully review the list of activities selected by the MSNJ. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact MSNJ immediately to make any necessary corrections or adjustments to the sample of activities selected for performance-in-practice review.

## **STAGE 3: Submitting Evidence of Performance-in-Practice for Review**

The MSNJ utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the MSNJ's expectations. In addition, the MSNJ monitors the use of the designation statement for the American Medical Association (AMA). The requirements for assembling and submitting performance-in-practice materials to the MSNJ for the accreditation process are outlined in this section.

## Instructions for Preparing Materials for MSNJ Performance-in-Practice Review

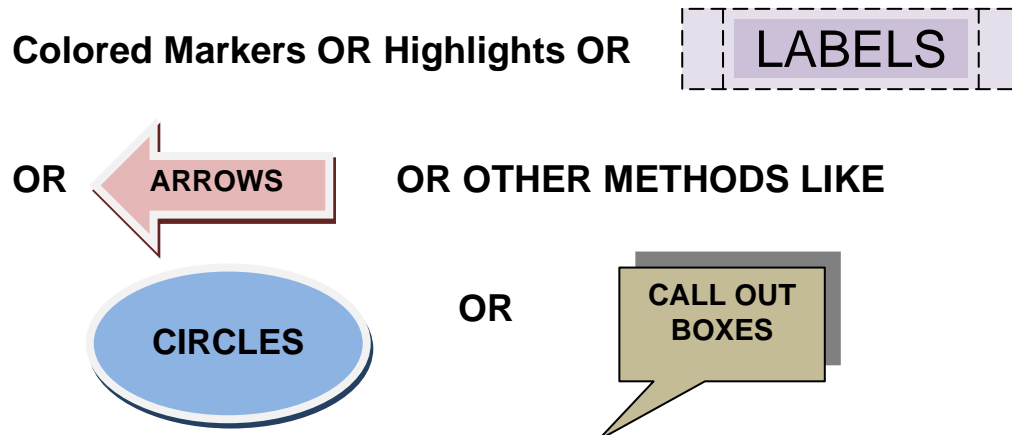
### **Step A – Downloading the Labels**

Download the MSNJ Documentation Review Labels. [Click here for the LABEL TEMPLATE](#). This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. White or color labels are acceptable.

### **Step B – Labeling Your Evidence to Support Compliance**

- Insert the corresponding label on the first page of the evidence or on a coversheet (when there are multiple pages) that supports each Criterion or Policy identified on the label.
- Present materials that you developed and utilized for the activity to help your organization demonstrate Compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Use discretion in selecting only evidence that relates specifically to Compliance criteria. The MSNJ does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in order to verify Compliance.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff.
- Submitting all related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons in control of content is the best strategy. If an activity has an extraordinarily large number of persons in control of content, and the paperwork involved would pose a challenge, alternate strategies may be applied. A large amount of documentation may be scanned and submitted on either a CD ROM or flash drive. The CD ROM or flash drive should be marked to clearly identify the label to which the evidence applies. It is also acceptable to apply a sampling strategy to your decisions about what documentation to include that will clearly demonstrate the implementation of your mechanisms. If you choose a sampling strategy, please insert a note into the file to indicate that you have chosen a sampling strategy along with a brief description of the sampling strategy that you have implemented. If there is any question about what actually occurred, all documentation may be requested as additional materials.
- If multiple criteria and/or policies are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document.
- *Blank forms and checklists alone do not verify performance-in-practice.*
- Evidence supporting Compliance for Regularly Scheduled Series is in the form of
  - 1) Using all of the performance-in-practice review labels for each annual series selected,
    1. Documentation of how the series was planned (C2 – C7 SCS1)
    2. Documentation from the implementation of the series to demonstrate compliance with the MSNJ's expectations for the Standards of Commercial Support (C7 SCS2 – C10)
    3. Documentation from the series to demonstrate the data generated about learner change (C11).

Once you have placed/inserted the label to the evidence or coversheet, **HIGHLIGHT with ...**



... to pinpoint in the materials your demonstration of Compliance. One sentence or paragraph within a five-page document may be your demonstration of Compliance. It is important that you use your evidence to demonstrate how and where you are in Compliance.

### **Expectations of Performance-in-Practice with Regard to the 2006 Accreditation Criteria**

The MSNJ expects that your organization has been transitioning to the 2006 Accreditation Criteria. The MSNJ's accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process and timeline.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

1. the date of the activity precedes your organization's implementation of the Criterion listed on the label; or
2. the Criterion is not applicable to the activity.

If you do not have evidence to demonstrate that the activity meets the Criterion, place the label for the Criterion on a sheet of paper and explain why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the 2006 Accreditation Criteria," or "No commercial support accepted for this activity."

### **Step C – Assembling an Activity File**

1. Labeled evidence for each activity selected must be submitted in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
  - Full name of organization (no acronym)
  - Activity title as submitted
  - Activity date and location as submitted; any variation must be explained
  - Type of activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS)
  - Directly or jointly sponsored activity
  - If commercial support was accepted

### **Step D – Enclose the CME Product**

Please submit the CME product in its entirety for each Internet, journal-based and/or enduring material CME activity selected, in addition to the labeled evidence for these activities. CME products are being requested to assess Compliance with the MSNJ policy requirements relative to the activity type.

Please make clear where the information supporting Compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.

For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived web site. If MSNJ surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation review.

## Submitting Materials to the MSNJ

- Organizations must ship the following materials to the MSNJ:
  - three Self-Study report binders
  - one set of your evidence of performance-in-practice for the identified activities
  - one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected
- Do not ship original documents. Activity files will **not** be returned.
- *Retain a duplicate set of materials including the Self-Study report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the MSNJ may ask for a second copy of a file or set of files.*

Materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address:

**Medical Society of New Jersey  
CME Accreditation Program  
2 Princess Road  
Lawrenceville, NJ 08648**

**Phone: 609-896-1766 x217**

## Accreditation Interview

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. MSNJ surveyors will be assigned to review the Self-Study materials you submit to the MSNJ. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure Compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies. At the interview, the surveyors will seek clarification about any questions they may have regarding the Self-Study materials you submitted to the MSNJ. You can expect MSNJ surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the MSNJ's Accreditation Criteria and Policies, and 3) communicate clearly and effectively with providers without offering consultative advice or feedback regarding Compliance or the expected outcome of the accreditation review.

### Interview Format

The MSNJ utilizes either an on-site meeting at your organization's offices or a reverse-site meeting at the MSNJ offices as its standard accreditation interview formats. Interviews typically average 90-120 minutes in length for reverse-site meetings and 3-4 hours for on-site meetings.

To ensure the validity of the process and based on circumstances and available resources, the MSNJ reserves the right to make all final decisions regarding the interview format, date, time, and/or composition of the survey team.

The MSNJ will provide information about the process of scheduling the accreditation interview. The MSNJ will confirm your assigned surveyor(s) and the interview date and time in advance via email. Your organization will be asked to confirm receipt of this communication.

## Decision Making Process

Your organization's Compliance findings and the outcome of the accreditation review are determined by the MSNJ based on the data and information collected in the accreditation process. The MSNJ will also consider data from Monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the Accreditation Review Committee (ARC). The ARC makes recommendations on findings and status which are forwarded for action by the MSNJ's Committee on Medical Education.

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of MSNJ decisions is also enhanced by the MSNJ's use of a criterion-referenced decision-making system.

Accreditation decision letters are sent to providers via mail within 30 days following the MSNJ Committee on Medical Education meeting.