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#### **Progress Report Performance-in-Practice Structured Abstract**

#### **for 2022**

#### **CME Activity Information**

**In this instrument, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with uploaded documents to verify that your CME program meets the MMA and ACCME’s requirements. Complete one form for each of the selected activities. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Only provide attachments where indicated. You will only be providing information for those criteria found to be in noncompliance.**

**(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.)**

**Please save a copy of this document as (Year)\_(Provider Name or Acronym)\_ProgressReportPIP\_(Activity ID)**

*Example:* 2022\_MMET\_ProgressReportPIP\_201293276

A copy will need to be made for each activity being reviewed. Please refer to the spreadsheet sent with this form that identifies the activities selected for review for your organization.

#### **Activity Information**

#### **(Information in this section should be populated with the selected activity information from PARS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider ID:  |  | Provider Name: |  |
| ACCME Activity ID: |  | Activity Title: |  |
| Activity Date: |  | Activity Type: |  |
| Providership: (Joint or Direct) |  | Commercial Support Received for Activity?  | *Choose an item.* |

**Criterion 2**

*The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.*

***RESPONSE REQUIRED:*****State the professional practice gap(s) of your learners on which the activity was based.**

Enter Response Here

***RESPONSE REQUIRED:*****Check the educational need(s) that apply to this activity.**

[ ]  **Knowledge**

[ ]  **Competence**

[ ]  **Performance**

***RESPONSE REQUIRED:*****State the educational need(s) that you determined to be the cause of the professional practice gap(s):**

Enter Response Here

**Criterion 3**

*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*

***RESPONSE REQUIRED:*****Explain how this activity was designed to change competence, performance, or patient outcomes.**

Enter Response Here

 **Criterion 5**

*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity*

***RESPONSE REQUIRED:*****Explain why the educational format is appropriate for this activity.**

Enter Response Here

**Criterion 6**

*The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].*

***RESPONSE REQUIRED:*****Select the desirable physician attribute(s) this activity addresses. The list below includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization.**

**Patient Care and Procedural Skills: (Check all that apply)**

[ ]  **Medical Knowledge**

[ ]  **Quality Improvement**

[ ]  **Practice-Based Learning and Improvement**

[ ]  **Interpersonal and Communication Skills**

[ ]  **Professionalism**

[ ]  **Systems-Based Practice**

[ ]  **Provide Patient-Centered Care**

[ ]  **Work in Interdisciplinary Teams**

[ ]  **Employ Evidence-Based Practice**

[ ]  **Utilize Informatics**

[ ]  **Values/Ethics for Interprofessional Practice**

[ ]  **Roles/Responsibilities**

[ ]  **Interprofessional Communication**

[ ]  **Teams and Teamwork**

**Please list other competencies, if applicable:** Enter Response Here

**Criterion 7 (SCS 1)**

*The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6).*

*A CME provider must ensure that the following decisions were made free of the control of a commercial interest (see the definition of a*

*"commercial interest" on the ACCME website at this* [*link*](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)*). (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity. STANDARD 1.1*

*A commercial interest cannot take the role of non-accredited partner in a joint provider relationship. STANDARD 1.2*

***RESPONSE REQUIRED:*****Did employees or owners of ACCME-defined commercial interests control CME content for this activity (e.g., participate as planners, reviewers, faculty, authors, and/or others who control educational content)?**

*Choose an item.*

***RESPONSE REQUIRED (if yes):*****If Yes, describe how their participation met one of the three specific circumstances permitted by the ACCME and how you ensured the independence of the CME Activity.**

Enter Response Here

***RESPONSE REQUIRED:*****Did an ACCME-defined commercial interest take the role of non-accredited partner in a joint provider relationship in the activity?**

*Choose an item.*

***RESPONSE REQUIRED (if yes):*****Describe the circumstances in which the commercial interest took the role of a non-accredited partner in the activity.**

Enter Response Here

**Criterion 7 (SCS 2)**

*The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6).*

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

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

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

***ATTACHMENT REQUIRED:*****Attach a single completed example of the form(s), tool(s), or mechanism(s) used to identify relevant financial relationships of all individuals in control of content. If you use different form(s), tool(s), or mechanism(s) within your process, attach a single copy example of each version used. Do not submit more than a single completed example of each form used.**

**Label the documents: Attachment 1 – Relevant Financial Relationships\_(insert# if multiple tools are used)\_(Activity ID#)**

***REQUIRED:*****Download and complete the Performance-in-Practice Individuals in Control of Content spreadsheet linked** [**here.**](https://accme.org/publications/excel-spreadsheet-for-documenting-individuals-control-content-performance-practice)

In the spreadsheet, provide the information indicated in each of the five columns as follows. For everyone in control of content, list 1) the name of the individual, 2) the individual’s role(s) (e.g., planner, reviewer, faculty, author, and/or other roles in control of educational [content) in the activity, 3) the name of the ACCME-defined ineligible company(ies) (formerly commercial interest(s)) with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship(s)), 4) the nature of the relationship(s), and 5) the mechanism(s)](http://accme.org/accreditation-rules/policies/financial-relationships-and-conflicts-interest) implemented to resolve all conflicts of interest appropriate to the role(s) of the individuals in the activity.

PDF and Word files will not be accepted.

EXCEL spreadsheets formatted differently than the ACCME’s template, or with other information than the ACCME’s template, will not be accepted.

***ATTACHMENT REQUIRED:*****Attach the completed form as Attachment 2 – Performance in Practice Individuals in Control of Content\_(Activity ID)**

**Criterion 7 (SCS 6)**

*The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6).*

*An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual;*

*The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest. STANDARD 6.1*

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

*STANDARD 6.2*

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

*Disclosure must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest. STANDARD 6.4*

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

***ATTACHMENT REQUIRED:*****Attach the information for disclosure of the presence or absence of relevant financial relationships for all individuals in control of CME content, as presented to learners. Label each attachment: Attachment 3 – Financial Relationships Disclosure(insert#)\_(Activity ID)**

***RESPONSE REQUIRED:*****Was this activity commercial supported?**

*Choose an item.*

***ATTACHMENT REQUIRED (if yes):*****IF THIS ACTIVITY WAS COMMERCIALLY SUPPORTED:**

**Attach the commercial support disclosure information as presented to learners (C7 SCS 6.3-6.5). Label each attachment: Attachment 4 – Commercial Support Disclosure(insert#)\_(ActivityID).**

**Criterion 8**

*The provider appropriately manages commercial support (SCS 3).*

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

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

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

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

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

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

*STANDARD 3.6*

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

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

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

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

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

*The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner. STANDARD 3.12*

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

***RESPONSE REQUIRED:*****Did this activity receive commercial support?** *Choose an item.*

***RESPONSE REQUIRED:*****If your organization did not correctly enter in PARS whether or not this activity received commercial support, provide a brief exaplanation here. This is only applicable if your organization did not enter the commercial support correctly in PARS.**

Enter Response Here

**If the activity was COMMERCIALLY SUPPORTED:**

***RESPONSE REQUIRED:*****Complete the table below. List the name(s) of the commercial supporter(s) of this activity and the $ value of any monetary commercial support and/or indicate non-monetary (in-kind) support (C8 SCS 3.4-3.6). Use one row for each supporter.****Add rows as necessary.**

|  |  |  |
| --- | --- | --- |
| **Name of Commercial Supporter** | **Type of Support****Monetary or Non-Monetary (In-Kind)** | **Amount of Monetary Support, if any** |
| NAME |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**If the activity was COMMERCIALLY SUPPORTED:**

***ATTACHMENT REQUIRED:*****Attach each executed commercial support (monetary and non-monetary) agreement for the activity. Label each attachment: Attachment 5 – Commercial Support Agreement(insert#)\_(Activity ID).**

**Criterion 10 - CME Clinical Content Validation Policy**

*Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,*

*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 ACCME 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.*

*(CME Clinical Content Validation Policy )*

*The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).*

***ATTACHMENT REQUIRED:*****Attach the required documentation as described below based on the type of the activity. Label each document: Attachment 6 – Clinical Content Validation(insert#)\_(Activity ID).**

**If the activity is an Internet, Journal-Based and Enduring Material CME activities**: Attach the CME product itself, so reviewers may experience the activity as learners experience it. With your attachment, provide a **URL/link** to the activity and **generic login(s) and password(s)**, if necessary for access. The product must be available for review from the point of submission through the end of your current accreditation term. If internet activities are no longer available online, you may provide access to an archived website. If this is not an option, then screen shots are acceptable.

OR

**If the activity is a Regularly Scheduled Series (RSS):** Attach a listing of the dates and topics of each session.

OR

**If the activity is any other type of activity:** Attach the activity topics/content, e.g. agenda, brochure, program book, or announcement. The documentation must include the nature and the scope of the content of the CME activity.

**Criterion 11**

*The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.*

***RESPONSE REQUIRED:*****Describe the strategies used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity, including, for example, questions you asked the learner about changes in competence or performance or other change data such as quality improvement or patient outcomes.**

Enter Response Here

***ATTACHMENT REQUIRED:*****Attach the compiled or summative data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. Label the document: Attachment 7 – Learner Change Data(insert#)\_(Activity ID).**

**Accreditation Statement Policy**

*For directly provided activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”*

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

***ATTACHMENT REQUIRED:*****Attach evidence of the use of the appropriate accreditation statement for this activity, as presented to learners.**Label the document: **Attachment 8 – Accreditation Statement\_(Activity ID).**