

F.2.6.

To: MSSNY Council
From: John Maese, MD
Chair, MSSNY Committee on Continuing Medical Education
Date: September 19, 2019
SUBJ: MSSNY'S Annual-Reporting Policy for MSSNY-Accredited CME Providers

At its Friday, June 28, 2019 meeting, the MSSNY CME Committee voted in favor of formally adopting an update to MSSNY's Annual-Reporting Requirements, for MSSNY-accredited providers. Updates were made in order to ensure that MSSNY does not impose "extra" requirements on providers*, as this is not permitted under ACCME's Markers of Equivalency. The expectations of Markers of Equivalency are that all accredited CME providers, whether nationally accredited by ACCME or regionally accredited by an ACCME-recognized State Medical Society accreditor, are held to the same standards, criteria, and policies. ACCME routinely audits SMS Accreditors to ensure that Markers of Equivalency are achieved. The CME Committee asks that Council adopt the revised Annual Reporting Requirements as revised MSSNY policy.

ANNUAL REPORTING REQUIREMENTS

Annual Report:

Each MSSNY-accredited provider is required to submit a narrative annual summary of the Program, due in September of each year. It is appropriate that the provider's CME Department submit to the Governing Board of the approved institution an annual summary of activity.

Such a formal Annual Report will (a) assure that the Board of the institution is fully cognizant of and sensitive to the CME program effort; additionally, (b) it will be of assistance in assuring that issues of good CME planning and implementation are being appropriately addressed. The Annual Report should be approximately 300 to 500 words in length and address the following:

- Frequency of CME Committee meetings, if applicable (or equivalent method used for planning and implementation of activities and management of CME program)
- CME Activity Data
 - Total number of directly provided/jointly provided activities
 - Total number of physician credit hours provided for activities/series
 - Total annual attendance
- Approximate percentage of CME costs received from commercial industry.
- Overall summary statement of program evaluation by:
- Estimate of overall effectiveness of the annual program effort in addressing (a) mission statement goals and (b) educational objectives of individual activities or lecture series.
- Statement of any significant administrative changes, such as change in chairmanship or membership of the CME Committee or CME office staff.
- Address progress made in correcting concerns identified in last accreditation approval letter.
- Include with the Annual Report a copy of the CME Mission Statement
- Attach "Summary of Closed CME Activities for Reporting Year" exported from ACCME Program and Activity Reporting System (PARS)

Note: CME providers who have not submitted an annual report for the previous calendar year by September 30th will be assessed a monthly late fee of \$150 through December 1st up to a maximum of \$450. After December 31st, the matter will be referred to MSSNY's Committee on CME.

(FOR COUNCIL ACTION)

*Existing policy specifies: "Each CME provider accredited by MSSNY is required to designate a Chairman or Director of CME, who administers the program under the guidance of a formally established CME Committee." ACCME has no such requirement and expects that ACCME-Recognized accreditors not impose such a requirement on their providers. While the structure described is a valid and useful one that many if not most CME Providers utilize, it is within the provider's discretion to establish the structure that permits the organization in question to plan and implement a program of CME that complies with ACCME criteria and policies.
[MSSNY Policy 1999.3, Narrative Annual Reports of MSSNY Institutions]