



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Glossary of Accreditation Terms

Please Note: The purpose of this glossary is to explain how the MMS and ACCME use terms, definitions, and references within the MMS and ACCME accreditation system. These terms may have other meanings outside the MMS and ACCME.

For items marked with an asterisk *, providers should refer to the American Medical Association's booklet: **The Physician's Recognition Award and credit system-Information for accredited providers and physicians**, 2010 revision for format-specific requirements for certifying activities for *AMA PRA Category 1 Credit*[™]. You may access the booklet at the AMA's website: <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/full-text-booklet.page>

MMS-accredited provider: An organization accredited by the MMS as a provider of continuing medical education. MMS-accredited providers represent a range of organizational types and offer CME primarily to serve physicians and other health care professionals, 70% or more of whom are from Massachusetts or contiguous state(s).

ACCME Recognized Accreditors: State and territory medical societies recognized by the ACCME as accreditors of intrastate providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the Markers of Equivalency. Massachusetts Medical Society is an ACCME Recognized Accreditor.

Accreditation: The standard, four-year term awarded to accredited CME providers that meet the appropriate MMS requirements. Accreditation is awarded by the ACCME or an ACCME Recognized Accreditor such as the Massachusetts Medical Society.

Accreditation Council for Continuing Medical Education (ACCME): A nonprofit corporation based in Chicago, responsible for accrediting US institutions that offer continuing medical education (CME) to physicians and other health care professionals. The ACCME also has a system for recognizing state medical societies as accreditors for local organizations offering CME. The ACCME's mission is to identify, develop, and promote rigorous national standards for quality CME that improves physician performance and medical care for patients and their communities. ACCME accreditation is a voluntary, self-regulatory system.

The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the United States (FSMB).

Accreditation Criteria: The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation. The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, accompanied by a two-year term, providers must comply with all Level I Criteria (1, 2, 3, and 7–12). Providers seeking full Accreditation or reaccreditation with a four-year term must comply with Level 2 Criteria (1–13). To achieve Accreditation with Commendation, Level 3, along with a six-year term, providers must demonstrate compliance with all Criteria (1-13 and 16-22).

Accreditation Decisions: The decisions made by the MMS concerning the accreditation status of CME providers. There are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation statement: The standard statement that must appear on all CME activity materials and brochures distributed by accredited providers. There are two variations of the statement; one for directly provided activities and for one jointly provided activities. See below:

For Directly Provided Activities:

The [name of accredited provider] is accredited by the Massachusetts Medical Society 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 Massachusetts Medical Society through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the Massachusetts Medical Society to provide continuing medical education for physicians.

Accreditation interview: One of the steps in the initial/reaccreditation process. After reviewing the CME provider's self-study report and performance-in-practice files, volunteer surveyors meet with the provider. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation with Commendation: The highest accreditation status, accompanied by a six-year term of accreditation. Accreditation with Commendation is

available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all Accreditation Criteria (1-13, and 16-22) to achieve Accreditation with Commendation.

Accredited CME provider: An organization accredited by the ACCME or an ACCME Recognized Accreditor. When the ACCME uses the term *accredited CME provider* in its documents and processes, it is referencing organizations accredited within the ACCME's accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies) such as the Massachusetts Medical Society.

Activity: A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the MMS Accreditation Criteria and accreditation policies.

Activity review: One of the requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation. An MMS volunteer surveyor observes one of the organization's CME activities, and then submits an Activity Review Form to the MMS, documenting the compliance that was observed.

Advertising and Exhibits Income: Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are **not** considered to be commercial support.

Alliance for Continuing Education in the Health Professions (ACEHP): ACEHP is a CME professional association that provides educational opportunities, professional development, information exchange, and supportive services for its membership from hospitals, medical schools, medical associations and societies, and pharmaceutical and device companies that are interested in adapting to the changing health care environment, improving CME activities offered to physicians and shaping the future of the CME field.

American Academy of Family Physicians (AAFP): The AAFP is the national association of family doctors. The AAFP requires its members to demonstrate that they have participated in 150 hours of approved continuing education every 3 years. This credit is divided into two categories "Prescribed" and "Elective." The academy reviews submitted CME programs on a course-by-course basis to award "Prescribed" credit.

American Board of Medical Specialties (ABMS): The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates two individuals for election to the ACCME Board of Directors.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates two individuals for election to the ACCME Board of Directors.

American Medical Association (AMA): The AMA is the largest non-profit professional advocacy and membership organization for physicians in the United States. In 1968, the AMA established the AMA Physicians Recognition Award (PRA) and the related AMA PRA credit system to recognize physicians who participate in CME activities to demonstrate their commitment to staying current with advances in medicine. It is a member organization of the Accreditation Council for Continuing Medical Education.

AMA Credit Designation Statement: The AMA Credit Designation Statement indicates to physicians that an activity has been certified by an accredited CME provider as being in compliance with *AMA PRA Category 1 Credit*[™] requirements. The following AMA Credit Designation Statement must be included on relevant announcements and activity materials:

The [name of accredited CME provider] designates this [learning format] for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMA Physicians Recognition Award (PRA): An award issued by the AMA to physicians who have completed 150 hours of continuing medical education during a consecutive three-year period. For a standard three-year certificate, 60 *AMA PRA Category 1 Credits*[™] are required, and the remaining 90 may be either *AMA PRA Category 1 or 2 Credit*[™].

Annual Report Data: Data that accredited providers are required to submit on an annual basis using ACCME's online Program and Activity Reporting System (PARS) describing their overall CME program. This information includes summary data about the numbers and formats of CME activities, the hours of instruction, the numbers of physician and non-physician participants, and some financial information. The MMS and ACCME analyze this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

Association for Hospital Medical Education (AHME): The AHME, founded in 1956, is a national non-profit professional organization involved in the continuum of hospital-based medical education: undergraduate, graduate, and continuing medical education. It is a member organization of the Accreditation Council for Continuing Medical Education.

Association of American Medical Colleges (AAMC): The AAMC is a non-profit association of medical schools, teaching hospitals, and academic societies. The AAMC seeks to improve the nation's health by enhancing the effectiveness of academic medicine. It is a member organization of the Accreditation Council for Continuing Medical Education.

Commercial Bias: Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.

Commercial Interest: A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME and MMS accreditation.

Commercial support: Monetary or in-kind contributions given by an ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. The ACCME Standards for Commercial SupportSM explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CME providers receive from advertising and exhibits are **not** considered commercial support.

Committee on Accreditation Review (CAR): The Committee on Accreditation Review, a special committee of the Massachusetts Medical Society (MMS), collects, reviews, and analyzes data from multiple sources about compliance with MMS accreditation requirements and makes a final decision about accreditation of an applicant/provider.

Committee Learning: A CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Compliance: The finding given when a CME provider has fulfilled the MMS requirements for the specific criterion in the Accreditation Criteria or policy.

Competence: The ACCME/MMS uses Miller's (1990) definition of competence as "knowing how" to do something. Knowledge, in the presence of experience and judgment, is translated into ability (competence) - which has not yet put into practice. It is what a professional would do in practice, if given the opportunity.

See **Miller GE.** The assessment of clinical skills/competence/performance. Acad Med. 1990; 65(9 Suppl):S63-7.

Conflict of interest: The MMS considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. See also *relevant financial relationships*.

Continuing Medical Education (CME): Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills,

and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. CME providers (i.e., organizations that produce CME programs for physicians) that are accredited by the ACCME or state medical societies recognized by the ACCME are authorized to certify CME activities for AMA PRA credit in accordance with PRA guidelines.

Co-provided activity: A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting MMS requirements and reporting activity data to the MMS. See also *directly provided activity*.

Course (live activity)*: A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.

Credit: The currency assigned to CME activities. Physicians and other health care professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Organizations that administer credit systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for more information.

Designation of CME credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verification of physician attendance.

Desirable Physician Attributes: Special skill sets and/or competencies within a given field of medicine or medicine in general. For example, the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), or the Institute of Medicine (IOM) competencies.

Directly Provided Activity: A directly provided activity is one that is planned, implemented, and evaluated by the accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Director of Medical Education: A physician appointed by a hospital or specialty society to direct the accredited provider's continuing medical education program. The Director of Medical Education chairs the Committee on Medical Education.

Documentation review: Data collection that allows the MMS to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey. See *performance-in-practice review*.

Enduring Material*: An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Sometimes providers will create an enduring material from a live CME activity. When this occurs, MMS considers the provider to have created two separate activities: one live activity and one enduring material activity. Both activities must comply with all MMS requirements.

Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. MMS would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.

Expenses: Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.

Faculty: The professionals responsible for teaching, authoring, or otherwise communicating the activity content.

Federation of State Medical Boards of the U.S., Inc. (FSMB): The FSMB is a national organization comprised of the 70 medical boards of the United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The FSMB's mission is to improve the quality, safety, and integrity of health care through the development and promotion of high standards for physician licensure and practice. It is a member organization of the Accreditation Council for Continuing Medical Education.

Financial relationships: See *relevant financial relationships*.

Hours of instruction: represents the total hours of educational instruction provided. For example, if a 1-day course lasts eight (8) hours (not including breaks or meals), then the total hours of instruction reported for that course is eight (8).

Income: Income received from any sources other than commercial support or advertising and exhibitor income, including government grants, registration fees, and internal allocations.

In-Kind Contributions: In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Internet Enduring Material Activity*: An internet enduring material activity is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the income and expense related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. MMS would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.

Internet (Live)*: An internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.

Internet Searching and Learning (Point-of-care learning)*: Internet searching and learning CME is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet **point-of-care learning**, as defined by the American Medical Association, in the category Internet searching and learning.

Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total

number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed.

For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and 0.5 hours of instruction.

Joint Providership: Providership of a CME activity by one accredited and one non-accredited organization. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint providership relationship.

Jointly Provided Activity: A CME activity that is planned, implemented and evaluated by an accredited provider and a non-accredited entity.

Journal-Based CME*: A certified CME activity in which an article within a peer-reviewed professional journal is certified for *AMA PRA Category 1 Credit™* prior to the publication of the journal. A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The MMS does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. Each article is counted as one activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity.

For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.

Learner: An attendee at a CME activity. See also *physician participant* and *non-physician participant*.

Learning from Teaching Activities*: Personal learning projects designed and implemented by the learner with facilitation from the accredited provider. Faculty may be awarded two (2) *AMA PRA Category 1 Credits™* for each hour they present at a live

activity designated for such credit. The Learning from Teaching label was developed by the ACCME to correspond to the *AMA PRA CATEGORY 1 CREDITS™* awarded directly to physicians for "Teaching at a live activity."

To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.

For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in two (2) hours. The accredited provider reports this as one learning from teaching CME activity with 10 physician participants and two (2) hours of instruction.

Manuscript review CME*: Manuscript review CME is based on a learner's participation in a manuscript's pre- publication review process.

When calculating the number of **manuscript review CME activities**, accredited providers report each journal for which the manuscript(s) is being reviewed as one activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed.

For example, an accredited provider publishes one journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent two hours on the review. The accredited provider reports this as one manuscript review CME activity with 25 physician participants and two hours of instruction.

Monitoring: The MMS monitors accredited providers between formal accreditation reviews by reviewing the program and activity data they submit on at least an annual basis. In addition, the MMS has a formal procedure for accepting and reviewing complaints from the public and the CME community about MMS-accredited providers' compliance with accreditation requirements.

Needs Assessment: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Non-accreditation: The accreditation decision by the MMS that a CME provider has not demonstrated compliance with the appropriate MMS requirements.

Noncompliance: The finding given when a CME provider does not fulfill the MMS' requirements for the specific criterion in the Accreditation Criteria or policy.

Non-physician participants: CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals.

Other Income: Other income includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's organization or other internal departments to pay for the CME unit's expenses.

Organizational framework: The CME provider's structure (organizational chart), process, support, and relationships used to conduct its business and meet its mission.

Participant: An attendee at a CME activity. See also *physician participant* and *non-physician participant*.

Performance: The skills, abilities and strategies one implements in practice.

Performance Improvement CME (PI CME)*: A CME activity in which an accredited CME provider structures a long-term three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over an interval of time, then reassess their practice using the same performance measures.

Performance-in-practice review: During the reaccreditation process, the MMS selects activities to review from the CME provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables MMS to ensure that accredited providers are consistently complying with requirements on an activity level.

Physician participants: CME activity attendees who are MDs or DOs.

Planning Process(es): The method(s) used to identify practice gaps and needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: Accreditation status given to accredited providers that have serious problems meeting MMS requirements. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to achieve accreditation status. While on probation, a provider may not jointly provide new activities. See also *progress report*.

Professional Practice Gap: The difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.”

Progress Report: A report prepared for the MMS by the accredited provider communicating changes in the provider’s CME program to demonstrate compliance with the Criteria or Policies that were found in noncompliance during the most recent accreditation review.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: A two-year term given to initial applicants that comply with Level 1 Accreditation Criteria (1, 2, 3, and 7–12).

Recognition: The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.

Regularly scheduled series (RSS): A regularly scheduled series (RSS) is a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Accredited providers report each RSS as one (1) activity. In addition, accredited providers follow the following guidelines:

- The cumulative number of hours for all sessions *within* a series equals the number of hours for that activity and
- Each physician is counted as a learner for *each session* he/she attends in the series.

For example: Internal Medicine Grand Rounds is planned for the entire year as one (1) series. Participants meet weekly during the year for one (1) hour each week. The accredited provider reports the series as one (1) **activity** with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that **single** activity.

Relevant financial relationships: The MMS requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity.

The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial

relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. See also *conflict of interest*.

Self-study report: A step in the accreditation process. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities: ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

Test Item Writing*: A certified CME activity wherein physicians learn through their contribution to the development of high stakes examinations, or certain peer-reviewed self-assessment activities, by researching, drafting, and defending potential questions.