

APPLICATION FOR SUBSTANTIVE EQUIVALENCY BETWEEN CONTINUING PROFESSIONAL DEVELOPMENT/CONTINUING MEDICAL EDUCATION (CPD/CME) ACCREDITATION SYSTEMS

INTRODUCTION

The [International Academy for Continuing Professional Development Accreditation](#) (the IACPDA) has developed the Standards for Substantive Equivalency between CPD/CME Accreditation Systems (Standards), a shared set of international standards to:

- guide the accreditation of CPD/CME for medical doctors (doctors) and health care teams globally; and
- be used to determine substantive equivalency between accrediting bodies.

Substantive equivalency between accrediting bodies allows stakeholders – national authorities, regulators, credentialing bodies, certifying bodies, and most importantly, doctors and their patients – to know that the accredited education in support of improved patient care and patient safety meets the same level of independence, rigor, content validity, quality of design, and outcome measures. An added benefit is the ability to form agreements related to reciprocity of “credit” in jurisdictions that have and/or value credit as a currency of CPD/CME.

APPLICATION PROCESS

The IACPDA conducts all business in English, including this application process and interview.

APPLICATION AND FEE: Accrediting bodies interested in applying for Substantive Equivalency may complete this application, accompanied by a \$1000 USD application fee, demonstrating compliance with each of the Standards by providing complete and succinct responses that are supported by the requested documentation.

INTERVIEW: The completed application and supporting documentation will then serve as the focus of an interview between accreditation professionals from the IACPDA and your representatives.

DECISION: The report and recommendation of the survey team will be considered by the IACPDA’s Committee on Substantive Equivalency, which will render the final decision.

STANDARDS

Domain 1: Eligibility and Responsibilities of an Accrediting Body

Introduction

The purpose of continuing professional development/continuing medical education (CPD/CME) is to promote maintenance and continuous improvement of the competence and performance of individual medical doctors or healthcare teams in providing exemplary healthcare for patients.

Accreditation systems are intended to serve doctors and healthcare teams by establishing that accredited education has complied with established accreditation standards. Given the importance of accreditation in supporting improved healthcare for patients, the pharmaceutical or device industry or other commercial interests are not eligible to be accrediting bodies.

The eligibility for an organization to function as an accrediting body and the Standards that outline their roles/responsibilities are listed below:

Standards

1.1 The accrediting body must be:

- I. a legal entity or a collaboration among two or more legal entities;
- II. led by, or include the perspective of, the profession of medicine; and
- III. accountable to the public through transparent reporting of governance, accreditation decisions, and finances on a regular basis.

1.2 The accrediting body must not be:

- I. a commercial interest, or any entity under the direct or indirect control of a commercial interest, defined as any entity producing, marketing, selling, re-selling, or distributing healthcare goods or services consumed by, or used on, a patient;
- II. under direct or indirect control or influence of an accredited provider or an organizer of accredited education with respect to governance, finances, rules, and procedures of the accreditation process. This does not preclude, that under strictly defined conditions, accrediting bodies (e.g. legally authorized bodies, including those organized under the principle of self-governance, or bodies accredited by another accrediting body), might also act as an accredited provider or organizer of accredited education; and
- III. controlled solely by individuals as stakeholders for personal gain.

1.3 The accrediting body must:

- I. identify which organizations are eligible to apply for accreditation;
- II. define and communicate a fair and transparent accreditation process that includes peer review by the medical profession and due process safeguards including a complaint process and reconsideration/appeal processes;
- III. require the review of both descriptions of compliance and demonstration of compliance, that is performance-in-practice, from organizations seeking accreditation or reaccreditation;
- IV. facilitate routine audit or inspection of accredited CPD/CME providers and accredited educational activities;
- V. engage with accredited CPD/CME providers and organizers of accredited education to improve understanding of the accreditation requirements and development of high quality, independent education for doctors and healthcare teams;
- VI. require accredited CPD/CME providers or organizers of accredited education to improve areas found to be in noncompliance with the accreditation requirements;
- VII. ensure that accreditation decisions, as well as supporting documentation, are maintained by the accrediting body according to applicable national law or professional licensing requirements; and
- VIII. ensure that accredited CPD/CME providers or organizers of accredited education retain records related to compliance with the accreditation requirements, as well as learner completion for a time period defined by the accrediting body.



Evidence to Demonstrate Compliance with Domain 1

In order to demonstrate compliance with Domain 1, please:

1. submit documentation that best describes your system and best demonstrates the nature/scope of your organization's business. Examples of documents you might consider submitting include:
 - a. articles of incorporation
 - b. business charter
 - c. bylaws
 - d. mission/vision statements
 - e. strategic plan
 - f. an organizational chart of your accreditation system and your overall organization
 - g. a description of the body/membership that oversees accreditation decisions
 - h. any other relevant documentation
2. submit documentation of your system's accreditation rules, policies, procedures, and compliance evaluation tools—which must apply to all individuals (e.g., employees, contractors, and volunteers) involved in the accreditation process—including those that address:
 - a. eligibility rules
 - b. performance-in-practice review
 - c. expectations for improvement in areas of noncompliance
 - d. routine audits of accredited providers/activities
 - e. complaint and reconsideration/appeals processes
 - f. educational tools to improve your community's understanding of your requirements and development of quality education
 - g. role of peer review by the medical profession in your system
 - h. records retention requirements
3. submit documentation of how your system is accountable to the public through transparent and public reporting of governance, accreditation outcomes, and finances on at least an annual basis.
4. submit documentation of how your system ensures that it maintains accreditation decisions, as well as supporting documentation, according to applicable national law or professional licensing requirements.

Domain 2: Independence and Transparency in Accredited Education

Introduction

Since there are many competing interests within and external to the medical profession that interfere with rational and evidence-based decision-making in healthcare, every effort must be made to safeguard independence and transparency in accredited education. The accrediting body plays a critical role in setting eligibility standards that prohibit commercial interests (entities that produce, market, re-sell, or distribute healthcare goods or services consumed by, or used on, patients) from seeking accreditation and implementing policies that prohibit control, influence or involvement in the planning, delivery, and evaluation of accredited education by commercial interests. If funding (commercial support) is provided by commercial interests to offset the costs of accredited education, that funding must be handled in a transparent manner and disclosed to learners.

Standards

2.1 The accrediting body must require accredited CPD/CME providers or organizers of accredited education to ensure that:

- I. commercial interests have no influence, control, or involvement with the planning, content development, selection of educational methods, selection of who can deliver that content, selection of target audience, delivery of content, or any other aspect of the provision or evaluation of accredited education;
- II. all individuals involved in the planning and development, presentation (verbal or through creation of a manuscript), or evaluation of the accredited education disclose the presence or absence of relevant relationships (conflicts of interest) with commercial interests;
- III. the accredited CPD/CME provider or organizer of accredited education actively mitigates the risk that relevant relationships could bias the content of the accredited education; and
- IV. learners are informed of the presence or absence of relevant relationships (conflicts of interest) for those in control of content (planners and faculty) in a meaningful and timely way that must not include any corporate branding.

2.2 The accrediting body must require accredited CPD/CME providers or organizers of the accredited education to ensure that:

- I. the conditions and methods of payment of commercial support, defined as financial or in-kind support from entities that produce, market, sell, re-sell, or distribute healthcare goods or services consumed by, or used on, patients, for the accredited education meets national legal requirements, in particular tax and anti-corruption law, as well as professional law;
- II. if professional law prohibits commercial support, then it cannot be accepted;
- III. the provision of commercial support never constitutes a relationship between individual learners and the commercial supporter;
- IV. if the accredited provider or organizer of accredited education responds to a request for grant proposal issued by a commercial interest for commercial support, the accredited CPD/CME provider or organizer of accredited education retains control over the identification of needs, selection of faculty, selection of target audience, and all other aspects of planning, presentation, and evaluation of the education;
- V. commercial support is not used to pay the personal expenses (such as travel, accommodation, honoraria, or registration fees) of individual learners;
- VI. learners are informed prior to the start of the accredited education if commercial support is received, including the source of the commercial support; and
- VII. if promotional or sales activities are allowed, such as exhibits at accredited education, those interactions must be kept separate from the accredited education and learners must never be required to engage in such activities.

2.3 The accrediting body must measure compliance by accredited CPD/CME providers or organizers of accredited education with the requirements stated in standards 2.1 and 2.2.



Evidence to Demonstrate Compliance with Domain 2

In order to demonstrate compliance with Domain 2, please submit documentation of your system's rules, policies, procedures, and compliance evaluation tools related to commercial support and commercial interests, including those that address:

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| a. prohibition of involvement by commercial interests in any aspect of accredited education | d. informing learners of the presence/absence of relevant relationships and commercial support |
| b. disclosure by all individuals in control of content in a meaningful way, such as planners, faculty, and others who contribute to content development | e. management of commercial support, including applicable legal requirements |
| c. mitigation of the risk of relevant relationships | f. management of promotional or sales activities |
| | g. any other relevant documentation |

Domain 3: Needs Assessment Used in Planning Accredited Education

Introduction

Needs assessment is an essential building block for the planning, implementation, and evaluation of accredited education. Accrediting bodies value educational planning that is nimble and flexible, allowing for immediate needs of learners to be identified and addressed.

The accrediting body must have requirements in place that ensure accredited education is developed in response to an analysis of the needs of doctors, patients, and communities. Educational needs may be identified from a variety of data sources including the expressed (perceived) needs of doctors and healthcare teams, practice gaps of doctors and healthcare teams, and/or the health status of patients and populations. The accredited education developed to address these needs may also address the range of competencies relevant to the professional practice of doctors.

Standards

3.1 The accrediting body must require the accredited CPD/CME providers or organizers of the accredited education to ensure that identified needs are:

- I. based on an analysis of one or more of the following data sources:
 - a) the expressed needs of the target audience
 - b) the health status of individual patients, communities or populations
 - c) gaps in the knowledge base of doctors and healthcare teams
 - d) variations in the knowledge, competence, or performance of doctors and healthcare teams
 - e) variations in systems of care
 - f) variation in the performance of teams;
- II. documented;
- III. used to inform the educational design of the accredited education;
- IV. used by those responsible for content development; and
- V. used to assess or evaluate the accredited education.

3.2 The accrediting body must measure compliance by accredited CPD/CME providers or organizers of accredited education with the requirements stated in standard 3.1.

Evidence to Demonstrate Compliance with Domain 3

Please DESCRIBE how your system requires that its accredited CPD/CME providers or organizers of accredited education ensure that identified needs meet the expectations in 3.1 above.

Please DEMONSTRATE your performance in practice by sharing the policies, forms, tools, and methods used to capture, evaluate, and measure compliance.

Domain 4: Content Validity in Accredited Education

Introduction

The content presented in accredited education must present the latest advances in scientific evidence and technological advances relevant to the practice of medicine and delivery of healthcare in order to continuously enhance the quality and safety of care provided to patients. In addition, faculty, authors, and others in control of content must ensure that the content is relevant, evidence-based, balanced, and free from commercial bias.

Standards

4.1 The accrediting body must require that the accredited CPD/CME providers or organizers of the accredited education ensure that the content presented:

- I. is relevant and responsive to the identified needs of the target audience;
- II. addresses the range of competencies relevant to the practice of medicine;
- III. provides recommendations that are based on the highest level of evidence available;
- IV. is balanced by informing learners about potential benefits and risks, especially if the content is based only on expert opinion; and
- V. is not influenced or controlled by commercial interests.

4.2 The accrediting body must measure compliance by accredited CPD/CME providers or organizers of accredited education with the requirements stated in standard 4.1.

Evidence to Demonstrate Compliance with Domain 4

Please DESCRIBE how your system requires that its accredited CPD/CME providers or organizers of accredited education ensure that the content presented meets the expectations in 4.1 above.

Please DEMONSTRATE your performance in practice by sharing the policies, forms, tools, and methods used to capture, evaluate, and measure compliance.

Domain 5: Quality of Educational Design in Accredited Education

Introduction

Educational design is critical to the provision of effective education. Based on the education literature, adults learn better when the education is multi-modal, episodic, and interactive. Adaptive education allows for learners with different or changing needs to participate and improve. The educational format of the accredited education should reflect the intended outcome. For example, enhancing procedural skills using only didactic lectures is less likely to be effective than hands-on, skills-based training. Workplace learning should be encouraged and supported by accrediting bodies.

Standards

5.1 The accrediting body must require that accredited CPD/CME providers or organizers of the accredited education ensure the design of the accredited education:

- I. addresses the identified needs;
- II. utilizes educational formats appropriate to the intended goals and outcomes of the education;
- III. facilitates the translation of new knowledge, skills and competencies into practice; and
- IV. supports thoughtful reflection and the joy of learning within the educational setting.

5.2 The accrediting body must measure compliance by accredited CPD/CME providers or organizers of accredited education with the requirements stated in standard 5.1.

Evidence to Demonstrate Compliance with Domain 5

Please DESCRIBE how your system requires that its accredited CPD/CME providers or organizers of accredited education ensure that the design of accredited education meets the expectations in 5.1 above.

Please DEMONSTRATE your performance in practice by sharing the policies, forms, tools, and methods used to capture, evaluate, and measure compliance.

Domain 6: Outcomes from Accredited Education

Introduction

The assessment of the impact of, or outcomes, from accredited education allows the accredited CPD/CME provider or organizer of the accredited education to determine if the education has been effective and to identify additional educational needs.

Standards

6.1 The accrediting body must require that accredited CPD/CME providers or organizers of the accredited education ensure the accredited education:

- I. includes one or more assessment methods (quantitative and/or qualitative) appropriate to the intended goals or outcomes of the accredited education;

- II. measures improvements in knowledge, skills, competencies, and/or intent-to-change during and/or after the accredited education;
- III. measures improvements in learner performance (where applicable); and
- IV. measures changes in patient health status (where practical).

6.2 The accrediting body must measure compliance by accredited CPD/CME providers or organizers of accredited education with the requirements stated in standard 6.1.

Evidence to Demonstrate Compliance with Domain 6

Please DESCRIBE how your system requires that its accredited CPD/CME providers or organizers of accredited education ensure that the accredited education meets the expectations in 6.1 above.

Please DEMONSTRATE your performance in practice by sharing the policies, forms, tools, and methods used to capture, evaluate, and measure compliance.

Name of Accrediting Body Applying for Substantive Equivalency:

Name of Contact Person for this Application:

Title of the Contact Person:

Email Address and Phone Number of the Contact Person:

NOTE: By submitting this application to the IACPDA, you attest that all materials submitted, in any format and at any stage of the review process, are true statements, do not omit any necessary material facts, are not misleading, fairly present the organization, and are the property of the organization.

Your application should include:

- Responses to the questions above along with all supporting documentation;
- A list (not the actual applications) of all accreditation decisions made in the last 12 months, including rejected applications;
 - From this list, the IACPDA will identify the applications to be sampled.
- Minutes/record of the most recent meeting of your accrediting body and a list of the members of your accrediting body (if not reflected in the minutes).

You will receive an email confirming receipt of your application.