

Activity Documentation

An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer. Maintenance of this documentation enables the provider, at the time of reaccreditation, to show IMQ/CMA how the activities it provided during its current term of accreditation were compliant with all IMQ/CMA Criteria and Policies including the ACCME Standards for Commercial SupportSM and Accreditation Policies.

REGULARLY SCHEDULED SERIES

A Regularly Scheduled Series (RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are planned by and presented to the accredited organization's professional staff. Examples of RSS activities include grand rounds, tumor boards, and morbidity and mortality conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSS. **The monitoring requirement for RSS has been eliminated.**

IMQ Note: All RSS are expected to comply with Criteria 2-11 and policies. RSSs are only offered as *directly-sponsored* activities to the accredited organization's professional staff. RSS cannot be a joint-provided activity.

CULTURAL AND LINGUISTIC POLICY

The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006. The following policy applies to non-exempt CME activities and addresses the essential elements for compliance with Assembly Bill 1195. This policy was updated and approved by the Boards of CMA and IMQ in July and August 2013.

Effective September 26, 2014, AB 496 was approved as an amendment to AB 1195, the existing rule that serves as the basis for the IMQ/CMA Cultural and Linguistic Policy for CME-accredited organizations. As a result, Section 2190.1 of the Business and Professions Code expands the definition of cultural competency as follows:

(D) Understanding and applying cultural and ethnic data to the process of clinical care, including, as appropriate, information pertinent to the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities.

Element 3.2.1 The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006. Provider meets or exceeds minimum requirements of AB 1195 by the following:

- a) Determine for each planned CME activity with a clinical care focus, if there are cultural or linguistic health disparities relevant to the targeted physician learners and/or their patient community. If no relevant cultural or linguistic health or health care disparities are identified, this should be documented.
- b) When a relevant cultural or linguistic health disparity is identified, generate at least one educational component to address the specific need(s) related to the educational activity.

Note: In compliance with California law, relevant Cultural and Linguistic disparities need to be addressed in one or more sessions within a Regularly Scheduled Series (RSS).

Note: IMQ/CMA has always interpreted cultural and linguistic competence as more than language or ethnicity. With the introduction of AB 1195, IMQ instructional materials recommended gender and sexual orientation as disparities to be considered when developing clinical CME activities. Therefore, compliance with AB 496 should be easy for IMQ/CMA-accredited CME providers.