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Attachments
1. The Definition of Continuing Medical Education

As defined by the Accreditation Council for Continuing Medical Education (ACCME), “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 that body of knowledge and skills generally recognized and accepted by the profession as with the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.”

2. The CME Mission Statement of Chicago Medical School

Chicago Medical School is committed to excellence in its CME programming. The prioritized target audiences, CME content areas, and types of CME activities are expressed in the School’s CME Mission Statement (Attachment 1). The ultimate goal of the CME programming is the betterment of patient care as advanced by facilitating physician’s professional currency, competence and performance.

3. Accreditation by the ACCME

The Chicago Medical School CME Program was initially accredited by the Accreditation Council for Continuing Medical Education (ACCME) in 1970. The Program’s last accreditation review was in 2012 at which time it was granted continued full accreditation.

The Program adheres to the ACCME’s standards for CME programming and commercial support as expressed in “The ACCME’s Essential Areas and Their Elements” (Attachment 2).

4. The Administrative Organization of Continuing Medical Education at the Chicago Medical School.

CME programming at the Chicago Medical School is collaboratively administered by the Office of Continuing Medical Education (CME), an appendage of the Dean’s Office, and by the Continuing Medical Education Committee, a standing committee of the Medical School’s highest faculty advisory body, the Academic Assembly.

The Office of CME is headed by the Associate Dean for Continuing Medical Education (Michael Zdon, MD) who reports directly to the Dean of the Medical School. The Office of CME also includes the Administrative Director for CME and GME (Ms. Elsa Kurien, MA, MEd), and an administrative assistant(?), Diane O’Gara. The Associate Dean for CME and the Administrative Director for CME and GME are also members of the CME Committee.
The CME Committee is established in the “Faculty By-Laws of The Chicago Medical School.” The membership is appointed by the Dean from a list of nominees selected and approved by the Academic Assembly on the basis of their interest, experience and skills in CME. The CME Committee’s charge is to “promote the development of, evaluate and approve, new CME programs, and to assess the effectiveness of CME programs.”

In practice, the Office of CME is the contact point for both intramural and extramural requests for CME planning and certification. It manages the day-to-day operations of the CME Program, submits and administers the Medical School’s budget for CME programming, and updates the School’s Faculty Executive Council on CME activities. The Office also works with the CME Committee in the establishment and implementation of major CME policies, and in maintaining compliance with ACCME accreditation standards.

5. CME “Accreditation” and “Certification”

The ACCME “accredits” organizations that may “certify” educational activities for CME credit. “Certification” requires that the educational activity complies with the standards (“Essentials”) established by the ACCME for the granting of CME credit. “Accreditation” of an organization by the ACCME requires that the organization assures that the educational activities it “certifies” for CME credit comply with the “Essentials.”

6. Purposes for Earning CME Credit

The primary purpose for participating in CME is to maintain or advance one’s skills and knowledge of medical science and practice as defined in our Mission Statement. The primary purpose for earning CME credit is to assure the public and the organizations charged with assuring the competence of practicing physicians that the practitioners are active in maintaining their currency in medical knowledge and skills.

The Illinois Department of Financial & Professional Regulation requires the accumulation and documentation of the types and amounts of CME credit for renewal of Illinois medical licenses. More information is available at the Department’s website (http://www.ildpr.com).

The American Medical Association (AMA) has established the Physician's Recognition Award (PRA) for which physicians holding valid and current medical licenses in the U.S., Canada or Mexico may apply. PRA certificates are awarded if sufficient CME credits are accumulated and documented over one, two or three years. More information about the PRA is available on the AMA’s website (www.ama-assn.org/ama/pub/category/2922.html), the index pages of which are
provided in. Display of the PRA certificate is tangible evidence to a physician’s patients of his commitment to keeping current in the knowledge and skills of his profession.

The Education Council for Foreign Medical Graduates (ECFMG) may require graduates of foreign medical schools to accumulate and document a specified amount of CME credit in order to be granted the ECFMG certificate needed to enter American residencies and fellowships.

7. **Category 1 and Category 2 CME Credit**

“Category 1” credit is granted by state licensing boards for various educational activities specifically approved for and designated as Category 1 by an ACCME-accredited sponsor. These activities include lectures, workshops and print or audiovisual materials (“enduring materials”), as well as internet based activities.

“Category 2” credit may be granted for activities that do not meet all the requirements for designation as Category 1 but are worthwhile learning experiences related to a physician’s practice. They may include consultations with peers, small group discussions, journal clubs, teleconferences as well as the learning required to write medical articles or to teach students, residents, fellows, other physicians and health professionals. Physicians seeking CME credit for Category 2 activities must provide their own documentation supporting their attendance or participation in such activities.


At this time, no more than 90 of the 150 hours required over three years for license renewal in Illinois may be in Category 2. Thus at least 60 hours must be in Category 1. The current requirements of the Illinois Department of Financial & Professional Regulation may be obtained from the Department’s website, [www.lldpr.com](http://www.lldpr.com).

8. **Processing Applications for the Planning and Certification of CME Activities**

A. **Receipt of Requests**

Requests for the planning and certification of CME activities are typically received by the Office of CME and directed to the Administrative Director for CME and GME (AD/CME). The steps in the planning and certification of CME activities are as follows:

a. The AD/CME discusses the initial ideas and interests of the proposal with the Course Director of the program and asks that any preliminary agendas, CV’s,
needs assessment materials, location, dates and times, sources of financial support, etc. be faxed to her.

b. The requirements for the production and certification of a high quality CME activity (e.g. consistent with the mission of the Medical School; based on needs; explicit and worthy objectives; structure capable of meeting the objectives; steps in the processing of the request; etc) are discussed with the Course Director. In particular, the Course Director is informed that co-planning and processing should be started at least two months before the initial announcements for the event are sent out.

c. If the request is from an extramural non-accredited organization (i.e. request for a jointly sponsored activity), the School’s requirement for the involvement of a faculty Co-Planner/Content Expert (CP/CE) is explained to the Course Director. The CP/CE is a faculty member with expertise in the field addressed in the CME activity who will assist the Course Director as needed in the planning of the activity and who will assure that the School maintains control of the content of the program.

B. Preliminary Approval

The AD/CME discusses the proposal with the Associate Dean for CME. If the proposal is consistent with the School’s CME mission and would appear capable of meeting the standards for certification with appropriate planning and execution, preliminary approval for further exploration is given. If the prospects for a successful program are not clear, preliminary approval may be deferred to the CME Committee. If preliminary approval is given, the following actions are taken:

a. If the request is for a jointly sponsored activity, a faculty CP/CE is designated by the Office of CME or by the CME Committee who will work with the Course Director in the planning of the activity and in the preparation of the application.

b. The AD/CME sends the following materials to the Course Director and also assists in the preparation of the application:

i. The “Application for Certification for Category 1 Credit” which documents the basis of need for the activity, objectives, format, instrument of evaluation, etc. as well as two worksheets, “Worksheet A” for single topic symposia and activities, and “Worksheet B” for Regularly Scheduled Activities. These worksheets are used for identifying practice gaps, needs underly the gaps and the objectives of the activity to address those needs. (Attachments 3,4,5)

ii. The “Disclosure and Conflict-of-Interest Review for Speakers and Authors” form (Attachment 6), which not only documents the speaker’s or author’s
disclosure of any direct and indirect commercial support and relationships relevant to the assessment of conflicts-of-interest, but also documents his intent to comply with the policies on the use of generic names and identification of investigational and unapproved (“off-label”) uses of medications and devices. If the speaker or author anticipates participating in a CMS-sponsored CME activity within the same year of approval, the “Disclosure and Conflict-of-Interest Review for Speakers and Authors – Interval Form” may be used to preclude the need for preparing forms for each activity (Attachment 7).

iii. The planners and reviewers of the proposed CME activity are also required to complete a “Disclosure and Conflict-of-Interest Review for Planners and Reviewers” form (Attachment 8) or a “Disclosure and Conflict-of-Interest Review for Planners and Reviewers – Interval Form” (Attachment 9).


iv. The “Announcement of Disclosures and Compliance to Guidelines Regarding Generic Names, “Off-Label” and Investigational Products” form (Attachment 10). This form documents the explicit disclosure of the speaker’s commercial support, commercial relationships, and agreement to comply with the guidelines for use of generic names and for identification of “off-label” and investigational products. For Regularly Scheduled Conferences such as a Grand Rounds series, the form “Announcement of Disclosures and Compliance to Guidelines Regarding Generic Names, “Off-Label” and Investigational Products – Interval Form” (Attachment 11) can be used in place of repetitive single-use forms.

v. The Course Directors of live CME activities are advised to hand out to the learners the attached “Announcements and Disclosures” form (Attachment 12) immediately before the CME activity, conveniently on the reverse side of the “CME Attendance Record & Evaluation” template (Attachment 13). This form assures that all the proper disclosures and announcements regarding conflict-of-interest review, generic names policy, identification of “off-label” and investigational uses of products, and commercial supporters, are made before the activity begins. This policy is also discussed in detail in the current version of the manuscript “Policy On Disclosure and Resolution of Conflicts-of-Interest,” available on the Office of CME website, www.roaslindfranklin.edu/cms/CME.cfm.
vi. The “Agreement Concerning Support from a Commercial Company for a Continuing Medical Education Activity” form (Attachment 14), which documents the agreement with a commercial organization to provide financial and/or other support under conditions required by the ACCME in the “ACCME Standards for Commercial SupportSM” (Attachment 15). Most companies prefer to use their own CME agreement forms. At present, these are acceptable if they include the same information and conditions, and are in all ways compliant with the Standards for Commercial Support.

vii. The “CME Attendance Record & Evaluation” template” (Attachment 13). This form is required to assure:

(a) that Objectives are constructed and announced to the learners in advance,
(b) that the Outcomes monitored by the Office of CME are assessed and recorded,
(c) that the three Commercial Queries monitored by the Office of CME are assessed and recorded,
(d) that suggestions for future programming are solicited, and
(e) that the status of the learner (e.g. physician vs non-physician, faculty member vs non-faculty member, etc) is recorded.
(f) that projected practice changes and possible barriers are noted.

viii. The current version of this “Manual of Policies & Procedures for Continuing Medical Education.”

ix. The current version of the “Policy On Disclosure and Resolution of Conflicts-of-Interest.”

x. “Speakers Planning Form” for those Regularly Scheduled activities where the speaker identifies specific gaps to be addressed in any given topic which is a part of the Regularly Scheduled activity.(Attachment 16)

C. Planning of the Activity

a. Once the application has been sent to the course director, they are strongly encouraged to meet with the Associate Dean for CME to discuss details of planning including identification of Practice Gaps for the Activity and the use of the appropriate worksheet. The Course Director (and the faculty Co-Planner/Content Expert in jointly sponsored activities or activities not otherwise including an appropriate CMS faculty member) plans the activity and completes the application materials. During this phase, additional materials, for example, the advertisements, brochures and evaluation instrument would be prepared. These materials are then submitted to the Office of CME.
D. Formal Approval

Upon receipt of the following materials from the individuals indicated, the proposal is submitted to the CME Committee for approval:

From the Course Director:

a. The completed “Application for Certification for Category 1 Credit,” as well as the appropriate “Worksheet”
b. The agenda, list of speakers/authors, names and credentials of planners, location, date/time, etc. for the activity,
c. The CV’s of all speakers/authors are recommended,
d. The completed “Disclosure and Conflict-of-Interest Review for Speakers and Authors” form from each speaker or author,
e. The completed “Disclosure and Conflict-of-Interest Review for Planners and Reviewers” forms from each planner and reviewer,
f. A copy of all announcements and brochures, to be reviewed for presentation of acceptable objectives, proper citation of the CME Accreditation and Designation statements, etc.,
g. A copy of any handouts to be distributed at the CME activity,
h. The post-activity “CME Attendance Record & Evaluation” to be completed by attendees of the activity,
i. The completed “Agreement Concerning Support from a Commercial Company for a Continuing Medical Education Activity” form, or equivalent form, for each company supporting the activity, and
j. The “Speaker’s Planning Form” for Regularly Scheduled activities when appropriate.
k. Follow up Evaluation Forms for either Regularly Scheduled or non Regularly Scheduled activities where appropriate (Attachments 17, 18).

From the Faculty Co-Planner/Content Expert or Course Director:

a. The “Faculty Co-Planner/Content Expert’s Worksheet” (Attachment 19, 20). This form is completed by the CMS faculty member assigned by the Office of CME or by the CME Committee to assure that the School is in control of the content of the program. If the Course Director for the activity is already a Chicago Medical School or other Rosalind Franklin University faculty member, a Faculty Co-Planner/Content Expert need not be appointed.

b. The completed “Disclosure and Conflict-of-Interest Review for Planners and Reviewers” from the Faculty Co-Planner/Content Expert.

The above materials are then considered by the CME Committee. First and foremost, the activity proposed for CME credit with Chicago Medical School as the sponsor or joint provider must meet the goals and priorities expressed in the School’s CME Mission Statement (Attachment 1) and the Office of CMEs’ Needs
Assessment. These include, in general terms, the purpose of CME, the CME content areas, target audiences, the type of CME format, and the goals relating to enhancing physician professional currency, competence, performance, and, ultimately, the quality of patient care. If meeting the School’s mission and needs, the activity and its application and supporting materials are examined for compliance with the requirements of the ACCME and of the Medical School. If deficiencies are identified that are readily correctable or verifiable out of Committee by the Associate Dean for CME, the CME Committee may grant conditional approval to proceed with the proposal.

E. Post-Activity Review

After completion of the CME activity, the ratings on the “CME Attendance Record & Evaluation” forms of the learners are tallied by the Course Director. The tally sheet (example included as Attachment 13) and the attendance list (containing the names, addresses, degrees, faculty status, etc, of the learners) are sent to the Office of CME.

The Office of CME and the CME Committee reviews the evaluations and comments of the activity. Speakers with unfavorable evaluations may not be invited back for future activities. Activities with unfavorable evaluations may prompt discussion with the Course Director to help correct problems underlying the unfavorable evaluations.

The Office of CME prepares the CME certificates and sends them to the Course Director for mailing to the physician attendees or mails them directly to the attendees. Attendance records are also entered into a master database so that physicians may be provided with a cumulative record of their CMS-sponsored CME records at their request at a later date.

In addition to the immediate post activity evaluation, a second evaluation is sent to participants approximately 3 months following single symposia and at 6-12 month intervals for Regularly Scheduled series in order to evaluate whether any changes in practice occurred as a result of these activities and to assess whether any barriers were encountered in implementing those changes. (Attachments 17, 18)

The Office of CME also aggregates information regarding the needs and wishes expressed by the individual attendees were solicited on their post-activity Evaluation forms as one modality of the Office’s ongoing needs assessments.

Lastly, the Office of CME retains all records and correspondence of the activity for future auditing or reference, for example in aggregating needs assessment information.

9. Commercial Support for CME Activities
Commercial support for CME activities is very helpful, and often critical, for the production of CME activities. It is essential, however, that all CME activities are not only free of commercial bias but also perceived by the target audience to be free of commercial bias. For these purposes, multiple guidelines for administering commercial support of CME activities have been established by the ACCME and by the Medical School. These principles are summarized below. The agreement of compliance to these principles by the donor commercial organization is documented on the “Agreement Concerning Support from a Commercial Company for a Continuing Medical Education Activity” form (Attachment 14) or an equivalent form.

a. The accredited sponsor strives to assure high standards in the content, quality and scientific integrity of commercially supported CME activities. To assure that this end is achieved, and that the audience is confident that the CME activity is free of commercial bias, the content, faculty, format and print materials associated with the activity are reviewed, planned or co-planned by faculty members. In practice, the content and materials that were not originally planned or co-planned de novo under the aegis of a faculty member are fully subject to rejection or appropriate modification by a reviewing Faculty Co-Planner/Content Expert. Likewise, speakers must be selected by the sponsor or non-commercial joint provider. Commercial supporters are not permitted to select speakers.

b. Products of the commercial organization mentioned in the CME activity must be presented in a balanced manner, viz-a-viz equivalent recognition of the products of other commercial organizations, relative efficacies based on peer-reviewed data.

c. Pharmaceuticals, medical devices and other products should be referred to by their generic names. When it is important to use a proprietary (trade) name, the proprietary names of several other equivalent products should also be mentioned.

d. Investigational medications, devices or other products mentioned during the presentations should be clearly identified to the audience as investigational by the speaker at an oral presentation or by the author in print materials.

e. If unapproved (“off-label”) uses of products are mentioned, these uses must be clearly identified to the audience as “off-label” by the speaker or by the author.

f. If a speaker or author mentions in his/her presentation a product of a commercial interest with whom he/she or his/her spouse/partner either

   i. has a relationship (e.g. as an employee, spouse or partner of an employee, consultant, member on a list of recommended speakers, grant recipient, stockholder, etc.), or, from whom he/she or his/her spouse/partner
ii. receives any honoraria, gifts, research support or reimbursement for travel, lodging or meals, either directly from a commercial organization or indirectly from an educational grant to which the commercial organization contributed,

the speaker or author must disclose these relationships and compensations by completing and signing the appropriate disclosure form.

A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

g. The disclosures of commercial support or gifts, agreement to use generic names, and to identify “off-label” and investigation uses of products must be announced to the audience either verbally by the moderator of the activity or by the speaker, or in writing by a projection slide or by an announcement distributed to the audience. The announcement of the disclosure must be documented in the “Announcement of Disclosures and Compliance to Guidelines Regarding Generic Names, “Off-Label” and Investigational Products” or by submission of a copy of the “Announcements and Disclosures” handout.

h. It would be appropriate for the sponsor of an educational activity to acknowledge with appreciation substantial support of from a commercial or

i. No commercial messages are permitted during the course of, or as part of, the CME activity.

j. Representatives of the company are permitted to attend the CME activity but are not permitted to conduct marketing activities in the same room as the activity immediately before, during, or immediately after the activity.

k. Commercial exhibits should not be in the same room as the CME activity and should not interfere with other non-commercial activities, for example, registration. The governing rationale should be that individuals attending the CME activity need not have interactions with marketing efforts unless they so choose.

l. Commercial monetary support for a CME activity should be in the form of an educational grant to the Medical School or to a department within the Medical School. It may be contributed as an “unrestricted” educational grant or as a “restricted” educational grant designated for the support of a specific CME activity. Commercial organizations must not directly provide honoraria or reimbursements to speakers.

10. Enduring Materials
“Enduring Materials” are printed, recorded, Web based or computer-based instructional materials that, in themselves, constitute a planned CME activity. To merit CME certification, enduring materials must meet the same “Essentials” as live CME activities with respect to compatibility with the sponsor’s CME mission, basing on needs, designed to meet expressed objectives, etc. Enduring materials that are re-issued or are continuously available for use must be re-evaluated at least every three years and revised as needed, to maintain currency.

Applications for the co-planning and certification of enduring materials are processed in the same manner as live CME activities. A “Faculty Co-Planner/Content Expert’s Worksheet for Enduring Materials” (Attachment 20) is also completed by the CMS faculty member or members reviewing the materials submitted for CME certification.

Enduring materials may also be claimed by individuals for Category 2 CME activities.

11. Accreditation and Designation Statements

Accreditation Statement

The following Accreditation Statement is carried in materials directly provided by Chicago Medical School at Rosalind Franklin University of Medicine & Science:

“Rosalind Franklin University of Medicine & Science is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”

If activities are jointly provided by CMS and another accredited provider, the above statement using the name of the one accredited provider responsible for the activity is used.

CME activities jointly provided by CMS and a non-accredited provider carry the following statement:

“This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Rosalind Franklin University of Medicine & Science and <name of non-accredited provider>. Rosalind Franklin University of Medicine & Science is accredited by the ACCME to provide continuing medical education for physicians.”

Designation Statement
The following AMA Physician’s Recognition Award Designation Statement must be used to indicate (a) that the activity is of high quality and (b) how many Category 1 credit hours the CME activity has been approved for:

“Rosalind Franklin University of Medicine & Science designates this live activity for a maximum of ___ AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.”

Category 1 credit may be granted in quarter-hour increments.

“Save the Date”-type Announcements

If promotional materials need to be distributed for an already approved activity before the exact amount of credit has been determined (e.g. a “save the date” announcement), the statement should read:

“This activity has been approved for AMA PRA Category 1 Credit.”

Providers may never publish or announce that “AMA PRA credit has been applied for.”

12. Evaluation of CME Activities

In most cases the identified practice gaps and educational needs represent a change in strategy or practice, the correction of which can readily be self-assessed by the learner in his response to one or more well-stated Objectives on the post-activity Evaluation Form.

Complex, intermediate or long-term education needs, for example relating to the reduction of an excessive frequency of post-operative infections, for which a focused Grand Rounds session may only be part of the overall solution, may additionally be evaluated by monitoring the appropriate quality control indicators of the hospital’s Infection Control Committee. This type of evaluation would generally be conducted at the departmental level where the “gap” was identified and where the Grand Rounds or other CME activity was planned.

The more general assessment of closing practice gaps, expressed in term of affecting one’s practice patterns or updating one’s strategies, is met by collecting and monitoring Outcomes.

The Office of CME and the CME Committee evaluate the achievement of Objectives in three ways. The CME Committee reviews the summarized data for each CME activity as soon after the activity as the summarized data is submitted. This review permits examination of each specific Objective and its degree of achievement in the opinion of each learner.
A second level of evaluation consists of reviewing the degree of achievement of Objectives for all, or a proportion of all, Regularly Scheduled Conferences within a calendar year. This type of evaluation permits assessment of the routine effectiveness or “track record” of the series in achieving its Objectives.

In a third level of evaluation, the “track records” of all Regularly Scheduled Conferences, Non-Regularly Scheduled Conferences, and Enduring Materials are compared to the records of the other programs of the same type. This type of analysis helps in the recognition of how well a CME activity is doing compared to how well similar types of programs can do. For example, absolute scores for the achievement of Objectives in the low 3’s, for example, may appear to be very good but, if most other CME activities of the same type achieve average scores in the mid- to high 3’s, the effectiveness of the former CME activity would not be viewed so positively.

13. Needs Assessment: Creation and Use

CME activities are expected to be based on identification of practice gaps and the changes necessary to address those gaps. Departments or other organizational units that create CME activities are expected to create and maintain a needs assessment database to guide their CME programming. As a common example, departments that host Regularly Scheduled Conferences such as a Grand Rounds series should have and use a needs assessment database to guide the selection of topics for their series. The Office of CME maintains a needs assessment to guide its selection of potential jointly sponsored CME activities.

A. The Identification of practice gaps on Collaborative CME Activities

Proposals for partnering on CME activities require the specification of the gaps and the actions necessary to close them. The application and worksheets on which proposals are submitted to the CME Committee lists the following types of needs identification:

a. Continuing review of changes in quality-of-care as revealed by medical audit or other patient care reviews,
b. Ongoing census of diagnoses and treatment modalities of physicians,
c. Periodic surveys of physician interest or practice needs (e.g., by use of questionnaire or interviews),
d. Formal tests to determine physician competence (e.g., self-assessment test),
e. Evaluation data from previous educational activities,
f. Advice from authorities in the field,
g. Formal or informal requests from members of the organization’s Education Committee,
h. Formal or informal requests from physicians,
i. Periodic discussion in committee meetings,
j. Needs made apparent by peer reviews,
k. Scientific research data (e.g., public health statistics, journal articles),
l. Review of board exam requirements,
m. Established curricula by specialty societies
n. Self-evident needs, and
o. Other methods (describe in separate attachment).

B. Identification of Gaps for the Office of CME’s Needs Assessment

In addition to the gaps expressed on proposals for intramural or jointly sponsored CME activities, the Office of CME also maintains a Needs Assessment, which helps guide the selection of programming of Regularly Scheduled Conferences, Non-Regularly Scheduled Conferences and Enduring Materials. The Office of CME’s Needs Assessment, compared to those of individual departments on which Regularly Scheduled Conferences are based, is necessarily broader in scope since it is constructed to accommodate the needs of the diverse targeted audiences named in the Office’s Mission Statement.

The Needs Assessment of the Office of CME includes needs submitted from various sources, which include but are not limited to:

a. Gaps identified by and solicited from the Medical School department chairs (both clinical and basic science) and Division Chiefs.

b. Gaps submitted by and solicited from members of the Medical School’s Faculty Executive Council.

c. Gaps, often unsolicited, submitted by Medical School faculty members.

d. Gaps submitted by and solicited from the “surveillance committees” of the Medical School’s major affiliated hospitals.

The Office of CME has an arrangement with the heads of the various “surveillance committees” of its major affiliated medical centers, e.g. the Infection Control Committee, Pharmacy and Drug Utilization Committee, Quality Control Committee, etc. In this arrangement, the Office of CME is notified by the heads of these committees about matters identified as constituting significant patient care problems within their medical center that may be alleviated by dedicated CME activities. The Office of CME includes these problems on its Needs Assessment and also forwards this information to the planners of the Medical School’s Grand Rounds series for possible inclusion on their Needs Assessments.

e. Gaps submitted by learners attending CME activities.

f. Online resources of international and domestic public health problems, such as:
C. Use of Assessment of practice gaps and the actions necessary to change them in the Planning of CME Activities

The Needs Assessment of the Office of CME is used in three main ways:

Direct Initiation of Intramural CME Activities:

The Office of CME and the CME Committee maintain a Needs Assessment for CME events for which the Medical School initiates the events at above the departmental level. Such events may take the form of a special University lectureship (e.g. the Marshall Falk or Ruth Rothstein lectureships), alumni-oriented seminars or community service-inspired activities (e.g. conferences on the Medical Aspects of Terrorism sponsored by the School in 2002).

Intramural Conferences and Regularly Scheduled Conferences (e.g. Grand Rounds series) initiated at the departmental level are guided by the departments’ own Needs Assessments. The departmental CME Committee or CME officer uses its Needs Assessment to guide its CME programming. Typically, the department would assign selected topics to faculty within the department or invite qualified outside speakers to give Grand Rounds on the selected topics. In this case speakers would generally identify the practice gaps to be discussed in that particular topic.

Indirect Initiation of Intramural CME Activities:

As described above, needs identified by the Medical School’s major affiliated medical centers are included on the Office of CMEs’ Needs Assessment and also forwarded to the planners of the School’s Grand Rounds series. At times, these extra-departmentally identified needs prompt the planning of activities at the departmental level.

Participation in Collaborative Extramural CME Activities:
At times, the Medical School partners with extramural organizations that have the staffing and resources to implement large CME activities. The Office of CMEs' Needs Assessment may either prompt the initiation of such joint providership or may support the acceptance of opportunities to partner on potential CME activities that fill an important need for a prioritized target audience otherwise unreachable.

**ATTACHMENTS**

1. Mission Statement for the Continuing Medical Education Program of the Chicago Medical School
2. The ACCME’s Essential Areas and Their Elements
3. CME Application
4. Application Worksheet A for Non-Regularly Scheduled Activities
5. Application Worksheet B for Regularly Scheduled Activities
6. Disclosure and Conflict-of-Interest Review for Speakers and Authors
7. Disclosure and Conflict-of-Interest Review for Speakers and Authors – Interval Form
8. Disclosure and Conflict-of-Interest Review for Planners and Reviewers
9. Disclosure and Conflict-of-Interest Review for Planners and Reviewers – Interval Form
10. Announcement of Disclosures and Compliance to Guidelines Regarding Generic Names, “Off-Label” and Investigational Products
11. Announcement of Disclosures and Compliance to Guidelines Regarding Generic Names, “Off-Label” and Investigational Products – Interval Form
12. Announcements & Disclosures handout
13. CME Attendance Record & Evaluation form
14. Agreement Concerning Support from a Commercial Company for a Continuing Medical Education Activity of the Rosalind Franklin University of Medicine and Science
15. ACCME Standards for Commercial Support
16. Speakers Planning Form
17. Follow up Evaluation for Regularly Scheduled Series

18. Follow up Evaluation for Non Regularly Scheduled Series

19. Faculty Co-Planner/ Content Expert Worksheet

20. Faculty Co-Planner/ Content Expert Worksheet for Enduring Materials
ACCME Standards for Commercial Support

Since its founding in 1981, the ACCME has been committed to continuously improving the quality, validity, and independence of CME in the United States. The ACCME Standards of Commercial Support (http://www.accme.org/) are designed to make certain that CME activities are independent and free of commercial bias. The Standards impose stringent restrictions on CME providers’ interactions with drug/device companies and other companies the ACCME defines as a commercial interest. The ACCME allows providers to accept company funding for CME activities, but prohibits any commercial influence, direct or indirect, over CME content.


Among other requirements, the Standards mandate the following:

• All those involved in the development and presentation of CME activities must disclose any financial relationships with commercial interests.
• CME planners, providers and faculty who refuse to disclose financial relationships are disqualified from planning or teaching CME activities.
• Accredited CME providers must implement strategies for identifying and resolving conflicts of interest.

When making decisions about implementing the ACCME Standards for Commercial Support, the ACCME says that CME providers must always defer to independence from commercial interests, transparency, and the separation of CME from product promotion. In other words, the purpose of CME must be to serve physicians’ learning and practice needs and to promote public health.

In addition to the Standards, the ACCME’s clinical content validation policy and policies supplementing the Standards for Commercial Support ensure the independence and validity of accredited CME. (Source URL: http://www.accme.org/requirements/accreditationrequirementscme-providers/policiesanddefinitions/cmeclinicalcontentvalidation)
A National Model

The Standards for Commercial Support are recognized as a national model by federal and state
government agencies, other health care accrediting bodies, and the profession of medicine. The
Standards been adopted by the Accreditation Council for Pharmacy Education and have been
accepted by the American Academy of Family Physicians, the American Nurses Credentialing
Center, the American Osteopathic Association, and the Association of Regulatory Boards of
Optometry Committee on Optometric Practitioner Education. To address the challenges
presented by the evolving health care environment, the ACCME participates in Standards for
Commercial Support Users Group meetings, which bring together leadership organizations to
discuss strategies for ensuring the independence of continuing education in health care and
related fields.

The Council of Medical Specialty Societies Code for Interactions with Companies includes a
section on CME, which begins by stating: “Societies will comply with ACCME Standards for
Commercial Support, including by adopting policies and procedures designed to identify and
manage conflicts of interest in company-supported society CME programs.”

The Standards have been referenced in state legislation as the standard for independent CME.
The Food and Drug Administration’s (FDA) Risk Evaluation and Mitigation Strategy (REMS) for opioid medications includes accredited CME as a central component of the public
health initiative. In its draft blueprint, the FDA recognized the importance of the Standards for
Commercial Support in maintaining the independence of continuing education about the opioid
REMS.

Representatives from industry have asked other health care professions to consider adopting the
ACCME Standards to provide a basis for their interactions.

Additional Guidance

Since the release of the Standards for Commercial Support in 2004, the ACCME has worked
closely with accredited providers and recognized accreditors as they have adapted their CME
programs to comply. The ACCME and accredited providers have worked together to develop
strategies that facilitate the appropriate free flow of new information and scientific exchange,
while preserving accredited CME’s independence and freedom from commercial influence. The
ACCME has provided additional guidance related to specific circumstances in response to
questions and concerns expressed by accredited providers and other stakeholders.

One such circumstance is training about medical devices. The Food and Drug Administration
sets training requirements for some medical equipment. To facilitate the fulfillment of these
requirements and to support accredited providers’ commitment to offering high-quality,
independent education about procedures using medical devices, the ACCME offered additional
guidance to accredited providers about how to develop procedural CME that is compliant with
the Standards for Commercial Support.
In 2010, the ACCME released additional guidance about the role of ACCME-defined commercial interest employees in accredited CME, which outlined the ACCME standards for ensuring independence for CME about discovery and research. This guidance was the result of the ACCME and accredited providers working together and recognizing that there are circumstances where an employee of an ACCME-defined commercial interest can make a scientific presentation within accredited CME about their company’s research and be compliant with the ACCME Standards for Commercial Support. The guidance includes examples of important factors for accredited providers and the ACCME to consider in determining an appropriate role for an employee of an ACCME-defined commercial interest in planning or presenting accredited CME. In response, the ACCME received the following statement:

“We applaud the Accreditation Council for Continuing Medical Education’s efforts to provide additional guidance for ensuring research independence and a free flow of scientific exchange, while safeguarding accredited CME from commercial influence. Your vigilance in this important matter contributes to the best practices of unbiased information-sharing and will benefit, ultimately, the health of the American public. ”— Raynard S. Kington, MD, PhD, Deputy Director, National Institutes of Health

Related Information

http://www.accme.org/

Source URL: http://www.accme.org/about-us/accountability-to-the-public/standards-commercial-support