# Guidelines for Planning a CME Activity

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## AMA Definition of CME:

CME consists of educational activities which 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.

## Requirements for the Activity Content:

All CME educational activities must be developed and presented in compliance with Accreditation Council for Continuing Medical Education (ACCME) accreditation requirements and the requirements of the American Medical Association (AMA) Physician Recognition Award (PRA) program. The following definition of continuing medical education (CME) describes what content is appropriate for activities that are certified for credit:

Educational content of certified CME is defined as:

1. Non-promotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Non-promotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g. office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alter­native health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associ­ated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit™.*

All accredited CME educational activities must comply with the following guidelines:

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justifications for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

The content of the educational activities designated for *AMA PRA Category 1 Credit*™ must be free of commercial interests, scientifically based, accurate, current, and objectively presented. Educational needs (knowledge, competence or performance) that underlie the professional practice gaps of the targeted learners should be incorporated into the CME activities.

## Eligibility for AMA PRA Credit:

AMA PRA credit may only be claimed by, and awarded to, physi­cians, defined by the AMA as individuals who have completed an allopathic (MD), osteopathic (DO) or an equivalent medical degree from another country. All other participants will receive a certificate of participating in the activity.

## Educational Planning Process:

Course Directors applying for *AMA PRA Category 1 Credit™* must document the educational planning process in the CME application. This includes:

1. Content that is appropriate in depth and scope for the intended physician audience.
2. Planning in accordance with the relevant AMA’s Council on Ethical & Judicial Affairs’ (CEJA) opinions, the ACCME Standards for Commercial Support and be non-promotional in nature.
3. Using a system of gathering facts (needs assessment) to identify the professional practice gap of the target audience. For instructions and examples on filling out the needs assessment, visit <https://northwestern.cloud-cme.com/aph.aspx?P=1200>

CME activities must identify and address at least one educational gap. A professional practice gap is defined as the difference between health care processes and outcomes currently in practice and those potentially achievable. Put simply, it is actual practice (what learners currently know and/or do) vs. best practice (what they should know and/or do). Practice gaps exist in patient care (clinical) and health care system (non-clinical) situations. Ask yourself, “What does the target audience need to improve upon in order to provide better and safer patient care?”

A professional practice gap can be articulated by completing the following sentence: A learner practice gap exists because learners currently . . .

1. Designing the activity to change: knowledge, competence, performance, and/or patient outcomes

As it relates to the CME Program, designing the activity to change knowledge is to increase the participants’ base of information, facts, and data. Competence is defined as knowing what to do; using one’s knowledge to develop diagnosis or treatment strategies; and being able to implement one’s knowledge into practice. Performance is defined as putting that strategy into one’s practice, being able to implement the knowledge and competencies acquired to affect patient care. Patient Outcomes is implementing the strategies to affect the results of patients’ care.

In developing the CME’s Mission Statement, the leadership determined the CME Program would design activities to change the physicians’ competence and performance. The leaders took into consideration the resources available, the history of the school’s CME Program, and what type of activities the school could develop that would have the greatest impact. While the medical school does work to develop activities designed to improve patient outcomes, it was determined that the overall focus the CME Program would be to change the physicians’ competence and performance.

1. Integrating the desirable physician attributes (ABMS/ACGME Competencies, IOM Competencies) into the planning of the activity.
2. Developing activity’s educational purpose (such as learning objectives) stating the activity’s anticipated outcomes.

The learning objectives should state the knowledge, skills or attitudes to be acquired by the learner at the end of the proposed educational activity.

1. Selecting the appropriate teaching methodology to fill the educational gap.

The selection of the methodology and the design of the activity should accommodate the educational gap. The methods used should be appropriate for the target audience, their knowledge level (skill level) and reflect the activity’s objectives.

1. Developing an evaluation tool that will measure the outcomes of the activity.

An evaluation method must be developed to measure the intended outcome of the activity. A post-activity participant survey is required for each activity. The required questions that must be incorporated into the activity’s survey are listed on the CME application form. These standardized questions have been developed to determine the overall effectiveness of the CME program and to evaluate the FSM CME’s Mission Statement.

The course director may choose to evaluate the activity with additional methods including, but not limited to, a pre and post test, skill tests, or audit of medical records.

## Requirements for Disclosure of Relevant Financial Relationships:

Anyone who is in a position to control or influence content of an educational activity must disclose in writing all relevant financial relationships. This includes course directors, planning committee members (planners), speakers, moderators, authors, content reviewers and individuals who participated in the development or delivery of the educational content. The disclosures must include any relevant financial relationship occurring within the past 12 months or known to be forthcoming in the next 12 months.

Relevant financial relationships are those in which an individual (including spouse/domestic partner) has both:

1. A personal financial relationship (any amount) with a commercial interest in the past 12 months (whether relationship has ended or is currently active) AND

2. Control in planning or presenting educational content addressing specific products/agents/devices of the commercial interest (not simply a whole class of products or content about the whole disease class)

Additional Requirements:

* No trademarks, product-group message or trade names may be used in the disclosure statements.
* All relevant financial relationships must be disclosed in the beginning of the activity’s handout materials. The disclosure must include the name of the individual, name of the commercial interest and the relationship between the two. If no relationship exists, this must be disclosed in the same manner. View the Program Template form for examples.
* All sources of commercial support, both monetary and in-kind, must be disclosed to the participants in the activity handout materials.
* Disclosure Policies for Institutions and “In-Kind” Support: If the sponsoring medical school’s department, affiliate or institution has a relevant relationship with a commercial company, it must be communicated to the participants in the program handout materials. If the commercial support is “in-kind” the nature of the support must be disclosed to the participants.
* Any individual who refuses to disclose relevant financial relationships will be disqualified from participating in the development, planning or implementation of the activity.

Sanctions for Failure to Disclose:

* Course directors and members of the educational planning committee must complete the faculty disclosure form upon submission of the CME Application. The CME Review Committee will NOT review the application unless the disclosure information from the course director(s) and planning committee members is complete and conflict resolution methods have been selected. The CME review committee will review the disclosure information and determine whether conflicts of interest exist and have been resolved. If anyone refuses to disclose relevant information at the time of applying for CME credit, he/she cannot serve as a course director or a member of the planning committee.
* If a speaker, moderator and/or panelists (faculty member) contributing to the content of a CME activity fails to communicate his/her disclosure information, he/she cannot participate in the activity. In the event that a faculty member is given the opportunity to speak at the CME activity without disclosing, the course director is responsible for communicating the violation (in writing) to the speaker and indicate that he/she will not be able to participate in any FSM’s CME activities for the next year. A copy of the written communication must be forwarded to the Office of CME within one month of the activity.

## Policies for the Selection of the Planning Committee Members, Presenters, Moderators or Faculty:

FSM retains full control over the selection of planning committee members, presenters, moderators, writers, editors and any other individuals involved in the development or delivery of the educational content. An industry representative may NOT serve as a planning committee member, presenter, moderator or faculty of an accredited activity. Industry representatives may NOT make suggestions of presenters or topics.

Physicians serving as planning committee members, presenters, moderators, panelists, speakers, authors and/or content reviewers (faculty) at a CME activity must ensure that:

1. Research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner.
2. The content of the presentation is not modified or influenced by representatives of industry or other financial contributors, and they do not employ materials whose content is shaped by industry. Faculty may, however, use scientific data generated by industry-sponsored research.
3. The content of the activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
4. Presentation must give a balanced view of therapeutic options. Use of generic names, of both pharmaceuticals and medical devices, will contribute to this impartiality.
5. Slides, abstracts and/or handouts cannot contain any advertising, industry logo, trade names or a product-group message.
6. All financial relationships must be disclosed to the course director, CME Review Committee members and the activity’s participants.
7. When discussing unlabeled or investigational uses of a commercial product, these uses must be identified as unlabeled.

## Industry Support Policies:

The Office of CME has incorporated the ACCME’s, FSM’s and Northwestern University’s definitions of a commercial interest (referred to as industry).

The ACCME’s definition of Industry Support is any financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.

The Office of Regulatory Affairs (ORA) uses the terms vendor and industry. “Vendor” or “industry” includes any individual or entity that provides or could provide products or services of any type to Feinberg Medical School (FSM). The further information is available at <http://www.feinberg.northwestern.edu/compliance/resources/coi-and-prof-integrity/coi-policy-page.html>

Northwestern University (NU) uses the term economic interest as it relates to a University vendor. Economic interest includes the employee’s or a relative’s ownership or partnership in the business, including serving as stockholder, director or officer in a non-publicly held company.

Industry cannot take the role of a non-accredited partner in a jointly provided CME activity.

FSM must control the content and presentations of all CME activities. The educational activities must be free of commercial bias for or against any product and the activity related educational materials including speaker’s slides and must not advance the specific proprietary interests of a financial supporter or proprietary company. Corporate logos cannot be included in the educational materials. Companies providing unrestricted educational grants may be acknowledged by their level of contribution (e.g. Gold Level, Silver Level, etc.); an individual company cannot be acknowledged without including all of the companies that have provided grants.

Industry cannot have stipulations attached to the educational grant, such as selecting faculty, authors, participants, or any matters related to the content of the CME activity. If scientific research conducted by a proprietary company is the basis for a presentation, then the research must conform to the generally accepted standards of experimental design, data collection and analysis and be reviewed /approved by the course director prior to the presentation. Documentation of the review process must be submitted to the Office of CME prior to the activity date.

Product promotion must not interfere with the presentation of CME activities and not be a condition of support for a CME activity. Product promotion may not be offered to the learner while he/she is engaged in the educational activity.

Industry may NOT be associated with:

1. Identification of the CME need
2. Determination of the educational objectives
3. Selection and presentation of content
4. Selection of all persons and organizations that will be in a position to control the content of the CME activity
5. Selection of educational methods
6. Evaluation of the CME activity
7. Providing a self-study, distance learning program or arranging for electronic access to an accredited activity.

All industry support must be given with full knowledge and approval from the OCME. Funds must be issued to the activity organizers. No additional funds may be paid to the course director, speakers, the hosting institution or any individual participating in the educational activity. The course director must make all decisions regarding the disposition and disbursement of industry support. The Manager of CME, members of the CME Review Committee and Medical Director of CME must approve the disbursement of the industry funds. If there are any changes in the status of the support, the course director must inform the Manager of CME. Funds provided by industry may not be used for travel, lodging, honoraria or personal expenses for participants of the activity.

All CME activities receiving industry support must have a written agreement with terms, conditions, and purpose of the support. The letter of agreement (LOA) must be signed by a representative from the commercial company and the FSM Office of CME prior to the any acknowledgement of funding and/or the date of the educational activity. If the Office of CME has not received the signed LOA prior to the date of the educational activity, the company cannot be acknowledged in the program materials and the educational grant cannot be accepted. Corporate logos cannot be included in the acknowledgement of industry support.

At the conclusion of the activity the sponsoring department, affiliate, co/joint provider MUST document how any industry funding (grants) were used in the expense report.

## Strategies to Safeguard against Commercial Bias:

* + Anyone who is in a position of control or influence of the content must agree in writing to adhere to the ACCME’s Standards for Commercial support.
  + The CME Review Committee will assess the activity’s content and information included on the faculty disclosure forms for commercial bias. If a conflict exists, the committee will provide recommendations on resolving the conflict, is possible.
  + The course director and their chairperson will attest in writing that they have reviewed the activity planning process and educational content and found both to be free of commercial influence and/or bias.
  + All activities are subject to monitoring by the OCME staff, a committee member or an appointed designee.
  + Post activity, all activity evaluation summaries that indicate commercial bias was perceived by more than 5% of participants will be reviewed by the CME Manager and the Course Director. Appropriate action to address the instance of bias as well as to prevent further bias will be taken.

Product Theaters/Industry Satellite Symposium:

The FSM’s Conflict of Interest and Professional Integrity Policy (located at: <http://www.feinberg.northwestern.edu/compliance/resources/coi-and-prof-integrity/coi-policy-page.html>) “Faculty, students, and trainees should not attend non-ACCME accredited industry events…” Therefore, product theaters / industry sponsored satellite symposium are not compliant with the medical school’s policies and cannot be held in conjunction with the school’s CME conferences.

## Honoraria Guidelines for Faculty

FSM feels it is appropriate to give individuals conducting, planning and speaking at CME activities a reasonable honorarium. The principle for setting guidelines for honoraria amounts is to compensate those individuals who contribute to the content of an activity. Honoraria amounts vary widely due to medical specialty, location of the activity, level of participation in planning the activity, number of lectures, etc. Therefore, the honoraria amounts are to be determined by the course director and his/her department chairman. Per the FSM Professional Integrity Physician Handbook , fair market value can be established by looking at independent benchmarks (eg, MGMA and AAMC compensation data).

The CME Manager, CME Review Committee and CME Medical Director, will determine whether the honoraria amount is considered reasonable. If any honorarium exceeds $3000 per day and/or lecture, the course director must submit a written explanation to the CME Review Committee when submitting the CME Application.

## Reimbursement for Travel and Accommodations for Faculty:

* + FSM feels it is appropriate to reimburse reasonable travel, accommodations and meals for the faculty participating in the CME activity. The Office of CME’s travel and reimbursement policies reflect those set by Northwestern University, which is based on documentation of actual expenses that are supported by original receipts.
  + Air Travel. The cost of coach airfare only.
  + Standard Ground Transportation to and from the airport and activity site will be reimbursed.
  + Accommodations / Lodging. Faculty will be reimbursed for the actual cost of lodging.
  + Meals. The university will reimburse reasonable meals to cover the cost of the faculty participating in the activity.
  + Receipts. Original receipts and charge card slips must be submitted for all travel expenses, including airline, meals, automobile rental, etc.
  + FSM, co/joint provider or the designated education partner must pay the honoraria or reimbursement of out-of-pocket expenses for the faculty directly. No other payment shall be given to the director of the activity, planning committee members, speakers, authors, co/join t providers or any others involved with conducting the activity. If a faculty member is listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an activity as a learner, their expenses can be reimbursed and an honoraria can be paid for their role as faculty in the activity.

Social Events Associated with CME Activities:

Social Events, Receptions and Meals at FSM CME activities must comply with the FSM Office of Regulatory Affairs Conflict of Interest and Professional Integrity Policy (updated March 18, 2010), ACCME Standards for Commercial Support and the AMA Code of Medical Ethics Opinion 8.061 – Gifts to Physicians from Industry. Social events and meals at CME activities cannot compete with or take precedence over the educational events. To ensure compliance:

* Social events for physicians cannot be scheduled at the same time as the educational activity.
* Meals or receptions must be modest in value and conducive to discussion among those participating in the event.
* The amount of time spent at any such meals, receptions or social events must be clearly subordinate to the amount of time spent at the activity’s educational activity.
* Meals, such as lunches, refreshments, and receptions that are included in the activity fee and available for all attendees are appropriate.
* CME activities must be held in locations that are conducive to the effective transmission of knowledge, which could include, but are not limited to, a hotel or other commercial available meeting facility, medical institution, laboratory, corporate office or other training facility.
* No sole commercial company can be acknowledged as supporting a specific social event. When there are multiple supporters, all supporters must be acknowledged and disclosed. Industry must have given support pursuant to the ACCME standards of commercial support with the full knowledge and approval of NU FSM OCME.
* Under no circumstances may faculty or other participants accept reimbursement for transportation, lodging or meals for the cost of their spouse or other guest(s).

## Co/Jointly-Provided Activities:

FSM accredits co/jointly provided activities if a medical school faculty member is the course director or serves on the activity’s planning committee.

The organizations sponsoring the activity are defined as:

**Directly Sponsored** Activities that are produced and implemented by the medical school and its affiliates.   A list of affiliates may be accessed on the CME website located at: <http://www.cme.northwestern.edu/>

**Co-Provided** Activities that partner with another accredited ACCME Provider

**Jointly-Provided** Activities thatpartner with an unaccredited organization

Co/jointly provided organizations may manage the receipt and distribution of the educational activity’s funding upon approval of the budget by the FSM Office of CME. Both sponsoring parties, prior to the development of the educational activity, must sign a letter of agreement detailing each sponsors’ roles and responsibilities. The co/joint provider should include any travel-related expenses for an Office of CME staff member to attend the activity into the activity budget. At the conclusion of the activity, the co/joint provider party must provide the Office of CME with a detailed distribution of the activity’s revenue and expenditures

## Third Party Involvement:

Any institution providing resources is considered a third party. This includes medical education communication companies (MECC) and event management companies. These companies may manage the receipt and distribution of the educational activity’s funding upon approval of the distribution of funds by the FSM Office of CME. Both parties prior to the development of the educational activity must sign a letter of agreement between FSM Office of CME and the third party. The third party should include any travel-related expenses for an Office of CME staff member to attend the activity into the activity budget. At the conclusion of the activity, the third party must provide the Office of CME with a detailed distribution of the activity’s revenue and expenditures

## Financial Policies:

All income (including educational grants, exhibiting fees, registration fees, etc.) and expenditures must be given in full knowledge of the medical school’s Office of CME. In the instances where the OCME is not coordinating the activity, a budget estimate must be submitted with the CME Application. If the Office of CME is coordinating the activity a completed Budget Planning Form must be submitted with the application.

The CME Review Committee will review the distribution of funds and deem if the program income/expenses fall within the medical school’s financial policies. Once an activity is approved for credit any significant changes to the budget must be submitted to the Office of CME. For the activities coordinated by FSM departments, affiliates or a third-party, a final expense report is submitted to the Office of CME with the Post-Activity Documentation. Upon request the activity coordinator, whether a co/joint-provider or third party, must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

## Activity Financial Responsibilities:

The department/institution sponsoring the activity is responsible for the activity’s cost and any deficit that may be the result of the activity. If the Office of CME is coordinating the activity, a budget estimate will be developed and managed by the Office of CME. Any revenue generated from the CME activity will be distributed between the department/institution sponsoring the activity and FSM Office of CME. The remaining surplus will be split between the sponsoring department (receiving 70% of the surplus) and the Office of CME (receiving 30% of the surplus).

The activity expenditures include any and all expenses derived during the planning and execution of the activity.  **Any events or materials not related to the educational activity will not be coordinated by the Office of CME nor paid through the activity’s account.**

OCME may choose to audit any activity. Any costs associated with the audit are the responsibility of the department, affiliate, co/joint provider or third party.

## Conflict of Interest:

The circumstances that create a conflict of interest are when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The purpose for identifying and addressing potential conflicts of interest is to ensure a proper balance, independence, objectivity and scientific rigor of the medical school’s educational activities. The medical school does not view the existence of a financial relationship as necessarily implying bias or decreasing the value of participation in CME activities, but must ensure that a financial interest is not a conflict of interest.

Identifying Conflict of Interest:

A six-tier peer review system has been developed to identify possible conflicts of interests. The planning committee members, course directors, and speakers’ disclosure forms must be included in the CME Application Packet. The review process is as follows:

* First-tier: All individuals involved in planning or presenting the content of an activity must complete the disclosure form. Each individual indicates if they have a relationship with a commercial company. If a relationship exists, they are asked how they will avoid commercial bias in developing or presenting the educational content. The options are as follows:
  + I will support my presentation and clinical recommendations with the best available evidence from the medical literature,
  + I will refrain from making recommendations regarding products or services (e.g., limit presentation to pathophysiology diagnosis, and/or research findings), and/or
  + I will divest myself of this financial relationship.
* Second-tier: The course director reviews the speakers’ completed disclosure forms and indicate why they do not feel a conflict of interest exists or proposes a solution to resolve the potential conflict of interest.
* Third-tier: The CME Manager is responsible for reviewing the completed disclosure forms and communicating any concerns to the CME Review Committee.
* Fourth-tier: The CME Review Committee is responsible for reviewing the course director and planning committee members’ disclosure forms as they relate to the overall content of the educational activity. The speakers’ disclosure forms will be reviewed in conjunction with the topic that they will be presenting at the educational activity. The CME Review Committee will determine whether a significant relationship exists that precludes a specific faculty member from participating in the activity.
* Fifth-tier: The CME Medical Director will review the recommendations and/or concerns of the CME Manager and/or committee members or whether the course director’s resolution to the conflict of interest is sufficient. The dean will work with the course director to provide a solution to the conflict of interest where possible.
* Sixth-tier: The OCME staff. If a speaker is added to the educational activity after the activity has been approved for CME credit, the course director is responsible for reviewing the speaker’s disclosure form and returning the completed disclosure form to the OCME. If the OCME staff identifies a possible conflict of interest, the information is communicated to the course director, CME Manager and the Medical Director. The director, manager, and the course director will develop a solution to the conflict of interest.

## Resolving Conflict of Interest:

Conflicts of interest may be resolved by;

1. Altering financial relationships – Individuals may change their relationships with commercial interests (e.g., discontinue contracted services).  Thereby eliminating any bias into the CME content.
2. Altering control over content – An individual’s control of CME content can be altered in several ways to remove the opportunity to affect content related to the products and services of a commercial interest.  These include the following:
   1. Choosing someone else to control that part of the content.  If a proposed presenter or planner has a conflict of interest related to the content, someone else who does not have a relationship to the commercial interests related to the content may present or plan this part of the content.
   2. Change the focus of the CME activity so that the content is not about products or services of the commercial interest that is the basis of the conflict of interest.
   3. Change the content of the person’s assignment so that it is no longer about products or services of the commercial interest.  For example, an individual with a conflict of interest regarding products for treatment of a condition could address the pathophysiology or diagnosis of the condition, rather than therapeutics.
   4. Limit the content to a report without recommendations.  If an individual has been funded by a commercial company to perform research, the individual’s presentation may be limited to the data and results of the research.  Someone else can be assigned to address broader implications and recommendations.
   5. Limit the sources for recommendations.  Rather than having a person with a conflict of interest present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria (‘evidence-based’).
3. Independent Content Validation – Conflict of interest may be resolved if the CME material is peer reviewed and:
   1. All recommendations involving clinical medicine are based on evidence that is accepted within the profession of medicine as adequate justification for indications and contraindications in the care of patients.
   2. All scientific research referred to, reported or used in the CME activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.
   3. A separate Content Validation form must be filled out by the peer reviewer. The peer reviewer should not have the same Conflict of Interest as the presenter.

## Last Minute Speakers:

Any speaker appointed at the last minute must verbally disclose at the beginning of their presentation. This is the only instance where a verbal disclosure is permissible. The course director is responsible for verifying the speaker does not have any conflicts of interest and the speaker verbally discloses to the audience. D*ocumentation of the verbal disclosure must be reported by the course director to the Office of CME immediately following the educational activity.*

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## Guidelines for Internet, Distance Learning and Journal Activities:

Internet, Distance Learning and Journal Activities are defined as activities that “endure” over time. It is typically a DVD, monograph, CD-ROM, podcast, archived webinar or journal. The learning experience can take place at any time, in any location, rather than only at one time, and one location, like a live CME activity.

In instances where a distance learning activity is created from a live CME activity, the ACCME requires the distance learning activity to be defined and reported as a separate accredited activity. These programs must comply with the ACCME Essential Areas and Elements (including the Standards for Commercial Support). However, there are special requirements for Internet and Journal CME because of the nature of the activities. These policies are identified below:

1. For distance learning activities in which the participation is electronic (i.e. via DVD, CD-ROM, etc.) all required ACCME information must be transmitted to the learner prior to the beginning of the activity and cannot be bypassed by the learner.
2. Required Information to be Communicated to the Participant: The following information must be communicated at the beginning of the Internet and distance learning activity:

* ACCME accreditation and credit statements
* Learning Objectives and Target Audience
* Faculty disclosure information
* Acknowledgement of industry supporter(s). PLEASE NOTE: the company’s logo may NOT be included in the acknowledgement.
* The minimum performance level that must be demonstrated in the assessment in order to receive *AMA PRA Category 1 Credit™.*
* Original release date, most recent review date and termination date
* A mechanism for the learner to contact the program developer for questions regarding the implementation of the Internet program.
* The host of the educational activity

1. Distance learning activities seeking reaccreditation (or to be re-released) must be reviewed annually by the CME Review Committee. The course director must document the educational content is still up-to-date and accurate. That review date must be included on the re-released activity.
2. All distance learning activities must provide access to bibliographic sources.
3. All distance learning activities require a post-assessment with an established minimum performance level. Examples include, but are not limited to, patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems.
4. The learner must complete an evaluation form to receive *AMA PRA Category 1 Credit™.* The course director is to develop an evaluation tool that measures if the activity’s objectives were obtained. The following questions must be incorporated into the activity’s evaluation:

* Did this activity meet the learning objectives?
* I have obtained new knowledge as a result of attending this activity?
* This activity will impact my competence (my ability to apply these new skills/strategies)?
* This activity will impact my performance (implementing the new skills/abilities/strategies into practice)?
* The skills/abilities/strategies I’ve obtained from this activity could potentially affect my patients’ outcomes?
* The overall activity was presented without evidence of commercial bias or influence?
* What topics, problems, or challenges would you like to see addressed at future CME events?

1. Distance learning activities should also provide access to appropriate bibliographic sources to allow further study.
2. Issuing CME Credit for Distance Learning and Journal Activities: As with Internet activities, the participant must have completed the activity, achieved at least the minimum performance level on the post assessment and completed an evaluation. These documents are mailed to the Office of CME for processing, at which time a CME certificate will be issued. The learner may be directed to an online submission process which includes the evaluation. If this method is selected, the issuing of credits mirrors that of an Internet activity.
3. Accreditation Time Period for Internet, Distance Learning and Journal Activities: Each accredited activity must be evaluated and reapply for CME credit each year. The date of original release must be prominently displayed after the title accompanied by the most recent date of review/revision and approval.
4. Promotion of Distance Learning and Journal Activities: Commercial interests may NOT assist in the promotion or distribution of a distance learning activity to potential participants.
5. Advertising in Distance Learning and Journal Activities is permitted, as long as none of the elements of journal-based CME contain any advertising or product message of commercial interests. Disclosure information cannot contain trade names. The learner must NOT encounter advertisings within the content of the distance learning or the pages of the journal, nor the post-assessment and evaluation materials.

Designating and Awarding Credit for Distance Learning Activities:

1. Credit designation for each distance learning activity must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician will take to complete the activity to achieve its purpose and/or learning objectives (e.g. the average time it takes a small sample group of the target audience to complete the material); credit is desig­nated in 15 minute or 0.25 credit increments. Credit must round to the nearest quarter hour.
2. Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment.

Additional Guidelines Specific to Internet Activities:

1. All required ACCME information must be transmitted to the learner prior to the beginning of the activity and cannot be bypassed by the learner.
2. Issuing CME Credit for Internet Activities: Once a participant has completed the activity and evaluation, a CME certificate may be issued. The Internet activity must include two different on-line CME certificates that can be downloaded and reproduced by the participant. One type of certificate will award physicians *AMA PRA Category 1 Credit™*. The other type of certificate will document all other allied health professionals’ participation in the AMA PRA accredited activity. A list of participants must be submitted to the OCME quarterly including name, degree, address, date of participation, and credit hours claimed.
3. Web Location and Links from an Internet Activity: Accredited Internet activities cannot be hosted on pharmaceutical or device manufacturer’s product (controlled by a commercial interest) website. Links to commercial interest’s website are NOT permitted within the content of the educational activity. Links to a commercial interest’s website are permitted before or after the education activity, only with clear notification that the learner is leaving the educational website.
4. Advertising on the Internet: Advertising of any type is prohibited within the education activity, including but not limited to banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may NOT be visible on the screen at the same item as the CME activity and may not be interleafed between the computer “windows” or screens of the CME activity.

Additional Guidelines Specific to Journal Articles:

A journal-based activity is defined as an article contained within a professional journal.

1. The article must be peer-reviewed to qualify for *AMA PRA Category 1 Credit™.*
2. Individual articles are each designated of 1 *AMA PRA Category 1 Credit™.*
3. The participation date is based on the date the learner completed the journal-based activity.

## Record Retention:

The Office of CME will retain the program file of accredited CME activities for the current ACCME’s accreditation cycle. The current accreditation cycle is March 2017 through March 2023. Attendance records will be maintained by the Office of CME for 6 years from the date of the activity.

For activities NOT coordinated by the Office of CME, the sponsoring departments, institutions, affiliates or co/joint providers must maintain documentation on all of the activity’s income and expenditures including the distribution of funds for 3 years. This documentation may be audited by Northwestern University or any commercial interest that has provided funding to the CME activity.