



# KMA ACCREDITATION POLICIES AND GUIDELINES

KMA policies supplement the *ACCME Accreditation Criteria*. These policies are according to topic, and presented in a format that is intended to assist planners, staff and accredited providers in understanding the policies, as well as KMA’s expectations for their implementation. If you have questions regarding these accreditation policies, please contact us. Those items entitled “*Guidelines*” are intended to assist in compliance, but do not constitute firm rules.

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# KMA CME MISSION STATEMENT

The goals of the CME program are to initiate and develop activities designed to encourage positive physician attributes and to coordinate and implement CME activities based on the general and specific needs of the physician population of Kentucky.

The **content areas** of the CME effort include a yearly scientific program, held during the KMA Annual Meeting, offering a general format to provide a broad base for educational interchange among physicians; along with activities for affiliated medical specialty groups designed to meet their specific needs. Other CME activities will be provided based on evolving statutory, public health and developing issue needs. In addition, the CME effort includes joint sponsorship of activities with non-accredited providers and p of activities with other accredited providers.

The **target audience** of the program is all physicians in Kentucky and in areas in contiguous states affiliated with Kentucky medical communities. Secondary audiences include non-physician medical personnel.

The **types of activities** provided include lectures, discussions, question and answer sessions, case presentations, interactive work sessions, enduring materials, CME journal activities and electronically transmitted media.

The **expected results** of the CME program are to improve physician competence and practice performance as well as medical and related skills through the provision of forums for professional interchange as measured by completion-of- activity participant evaluations and follow up assessments designed to measure change in competence and performance related to the activity.

## ACCREDITATION STATEMENT

The accreditation statement identifies which CME accredited organization is responsible for demonstrating the CME activity's compliance with the Accreditation Criteria (including the Standards for Commercial Support) and Accreditation Policies. The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included

The CME Accreditation Statement is as follows:

**For directly provided activities:** *"The (name of accredited provider) is accredited by the Kentucky Medical Association to provide continuing medical education for physicians."*

**For directly provided activities offered by KMA:** *"The Kentucky Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians."*

**For jointly provided activities:** *"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the KMA to provide continuing medical education for physicians."*

**For jointly provided activities offered by KMA:** *"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Kentucky Medical Association and (name of nonaccredited provider). The Kentucky Medical Association is accredited by the ACCME to provide continuing medical education for physicians."*

There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. KMA has no policy regarding specific ways in which providers may acknowledge the involvement of other KMA accredited providers in their CME activities.

## DESIGNATION STATEMENT

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with AMA PRA Category 1 Credit™ requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials: The Kentucky Medical Association designates this [learning format] for a maximum of [number of credits] AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

One of the following learning formats must be used:

Live Activity, Enduring Material, Journal-based CME activity, Test-item writing activity, Manuscript review activity, PI CME activity, Internet point-of-care activity

## ACCME INFORMATION AND CONFIDENTIALITY STATEMENTS

On an annual basis, providers submit their annual report data to the KMA. This information is then reported to the ACCME. The following pertains to annual report data.

The following information is considered 'public information,' and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME web site, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
  - # of activities;
  - # of hours of education;
  - # of physician participants;
  - # of non-physician participants;
  - Accepts commercial support (Y/N);
  - Accepts advertising/exhibit revenue (Y/N);
  - Participates in joint sponsorship (Y/N);
  - Types of Activities produced (List Y/N)

Note: The ACCME will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type;
5. Complaint and Inquiry decision information;
6. Responses to public calls-for-comment initiated by the ACCME;
7. Executive Summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and
8. Any other data/information that ACCME believes qualifies as 'public information'.

The ACCME will maintain as 'confidential information,' except as required for ACCME accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from ACCME relating to the accreditation process for a provider; and
3. ACCME proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect 'confidential information,' ACCME and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any 'confidential information' that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not to use such 'confidential information' for personal or professional benefit, or for any other reason, except directly for ACCME purposes.

## COMMERCIAL SUPPORT AND DISCLOSURE

*(These policies supplement the 2004 Updated ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities ("SCS"))*

**Definition of Commercial Support:** Commercial Support is 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. Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be 'commercial support.' However, accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

KMA utilizes a commercial support agreement to outline expectations and requirements regarding commercial support. Part of that agreement can be found below. The KMA Commercial Support Agreement is provided at the end of this document.

The **(accredited provider)** will ensure that the source of support from the **<Commercial Interest>**, either direct, or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and will not include corporate logos and slogans.

The **<Commercial Supporter>** and **(accredited provider)** agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education* (appended).

#### Elements of Disclosure:

##### Who must disclose:

- Everyone involved in planning, producing or presenting a CME activity must identify and disclose financial relationships prior to an activity
  - Note: KMA Staff and KMA CME Council/Committee disclose annually. Individuals participating in RSS activities may disclose annually.
  - Note: An individual who refuses to disclose relevant financial relationships will be disqualified from being involved in the planning, presentation or evaluation of a CME committee.

##### What must be disclosed:

- A common disclosure form should be used that names the commercial interest(s), the type of compensation or benefit received (not a dollar value) and the role of the recipient (e.g. speaker).
  - Note: KMA uses a standard disclosure form: The KMA Meeting Planner Disclosure Form and the The KMA Speaker Approval Form. These documents can be found at the end of this document.

Financial relationships--as defined by the ACCME, Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships are financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

- Any commercial interest affiliation
- What benefit was received from a commercial interest
- What role was filled to receive the benefit
- Disclosure that an individual has nothing to disclose

## CONFLICT OF INTEREST AND CONFLICT RESOLUTION GUIDELINES

The following guidelines should be used for conflict of interest identification and resolution.

- Identify relevant financial relationships as defined above
- Identify conflicts of interest
- Resolve conflicts of interest
- All conflicts must be resolved before an activity begins

The following definitions apply to identification and resolution of conflicts:

- **Commercial interest** – Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The KMA does not consider providers of clinical service directly to patients to be commercial interests.
- **Conflict of interest** - When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The KMA considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME-an incentive to insert commercial bias.

### Identifying Conflicts

- Utilize KMA disclosure form to readily reveal conflicts.
- Responses on disclosure forms may require further information/explanation to confirm conflicts. If a conflict is identified the following may be used in the resolution process:

### Resolving Conflicts

#### Communication with Individual who Completed Disclosure Form (speaker, planner, author)

- Contact speaker via phone or electronic communication. Discuss parameters mentioned below or determine through communication if relationship will be discussed or associated in any way. Upon conclusion of conversation, attach documentation from electronic correspondence or detail phone conversation on disclosure COI resolution area of form.

#### Changing Role Assignments

- Planners/administrators may be removed from their roles for specific activities where conflicts exist or may assume production duties that preclude the ability to influence activity content
- The KMA may require the following of speakers/authors:
  - Limit the content of the presentation to reporting, with no recommendations
  - Require the speaker to amend content to avoid a conflict
- The KMA may also
  - Not allow the speaker to make a presentation

#### Accountability – External Validation

- Speakers can be required to reference the best available scientific evidence in comparison with or in contrast to content.
- Presentation content can be considered through a non-biased peer review process.
- Participants complete activity evaluation for bias.

### Speaker Directions for Content Preparation and KMA Expectations

When COI is resolved presenters/authors can be alerted to the following content preparation requirements:

- Financial relationships will be disclosed with no use of trade names or product groups.
- Content involving clinical medicine must be based on accepted evidence.
- A balanced view of therapeutic options should be presented where appropriate.
- Research analysis and/or recommendations should conform to generally accepted standards.

### Method of Disclosure to Audience:

Disclosure of information about all relevant relationships may be disclosed in various ways including:

- Verbally disclosing to participants at a CME activity. When such information is disclosed verbally at a CME activity, written verification must be completed demonstrating that appropriate verbal disclosure occurred at the activity. With respect to this written verification:
  1. A representative who was in attendance at the time of the verbal disclosure must attest, in writing:
    - a) that verbal disclosure did occur; and
    - b) itemize the content of the disclosed information (SCS 6.1) or that there was nothing to disclose (SCS 6.2)..
- Written disclosure on pre-printed on brochures, flyers
- Written disclosure printed on handouts provided prior to the CME activity
- Appearance on Power Point or slide projected to the audience prior to the activity
- Disclosure information at top of sign-in sheets
- Information that should be disclosed in ways mentioned above to participants about the support by commercial interests:
  - Direct or in-kind contributions

### Method of Disclosure of Commercial Support to Audience:

**Acknowledgment of commercial support** as required by SCS 6.3 and 6.4 must follow these guidelines:

- Disclose the source of all commercial support.
  - *When support is "in-kind" the nature of the support must be disclosed to learners. "In-kind support refers to -Durable equipment; facilities/space; disposable supplies (Non-biological); animal parts or tissue; human parts of tissue*
- The disclosure to learners may NEVER include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

## **DEFINITION OF CME**

The definition of CME describes what content is acceptable for activities that are certified for credit:

*Continuing medical education 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 that 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.*

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities, which assist physicians in carrying out their professional responsibilities more effectively and efficiently, are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities, which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities, which, are not related directly to their professional work, and these activities are not CME. Continuing educational activities, which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within the definition of CME

**Validating the clinical content** of CME activities that they provide. Specifically,

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 justification 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.
3. Content should promote improvements in quality of care and not a specific business or commercial interest.
4. A balanced view of therapeutic options should be given, along with generic names to provide impartiality.
5. Educational materials can't contain any advertising, trade names or product messages.

## **ENDURING MATERIALS**

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all Accreditation Criteria (including the Standards for Commercial Support) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

To comply with the Standards for Commercial Support,

1. there must be no product specific advertising in enduring materials
2. commercial support must be acknowledged in the enduring material
3. this acknowledgement must be placed only at the beginning of an enduring material
4. the institutional acknowledgement may not include corporate logos and slogans,
5. no brand names or product-group messages may be used in the acknowledgement, even if they are not related to the topic of the enduring material
6. commercial interest may not be involved in providing or distributing enduring materials to learners (SCS 4.5)

KMA policy does not require 'post-tests' for enduring materials. KMA records retention policies do, however, require participants to verify learner participation and evaluate all CME activities inclusion of a post-test in enduring material activities as a way to comply with those two requirements.

There are times when an enduring material is created from a live CME activity. When this occurs, KMA considers these as two separate activities – one live activity and one enduring material activity. Both activities must comply with all KMA requirements, and the enduring material activity must comply additionally with all KMA policies that relate specifically to enduring materials.

## **INTERNET CME**

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all Accreditation Criteria (including the Standards for Commercial Support) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

*Activity Location:* CME activities may not be placed on a website owned or controlled by a commercial interest.

*Links to Product Websites:* With clear notification that the learner is leaving the educational website, links from the KMA website (or that of a joint provider or KMA Accredited Provider) to pharmaceutical and device manufacturers’ product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

*Transmission of Information:* For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required KMA information (see above) must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

*Advertising:* Advertising of any type is prohibited within the educational content of CME activities on the Internet 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 time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.

*Hardware/Software Requirements:* The accredited provider (KMA) or joint provider or KMA Accredited Provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

*Provider Contact Information:* The accredited provider (KMA) or joint provider or KMA Accredited Provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

*Policy on Privacy and Confidentiality:* The accredited provider (KMA) or joint provider or KMA Accredited Provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet. (See attached policy)

*Copyright:* The accredited provider (KMA) or joint provider or KMA Accredited Provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

## JOURNAL CME

A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. The KMA considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g. articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

The educational content of journal CME must be within the *Definition of CME*.

Journal CME activities must comply with all Accreditation Requirements (including the Standards for Commercial Support) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The KMA does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.
2. None of the elements of journal-based CME can contain any advertising or product group messages of 'commercial interests'. Disclosure information cannot contain trade names. The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

## JOINT PROVIDERSHIP

KMA and KMA accredited providers that plan and present one or more activities in partnership with a non-KMA accredited partner are engaging in "joint providership." A commercial interest, defined as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The KMA does not consider providers of clinical service directly to patients to be commercial interests, cannot take the role of non-accredited partner in a joint providership relationship.

KMA expects all CME activities to be in compliance with the ACCME Accreditation Criteria (including the Standards for Commercial Support) and Accreditation Policies. In cases of joint providership, KMA maintains responsibility of demonstrating compliance through written documentation. These materials may consist of information from KMA and the joint provider.

KMA will utilize the appropriate accreditation statement as provided above when jointly partnering with an organization and expects KMA accredited providers to utilize the correct statements.

*POLICY REGARDING JOINT PROVIDERSHIP AND KMA ACCREDITED PROVIDERS: All KMA accredited providers that choose to initiate joint providership subsequent to achieving accreditation must notify the KMA of their intention to do so. This will assist KMA in ensuring that all activity formats are identified and reviewed at the time of re-accreditation.*

*If a provider is placed on probation, it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision. A provider that is placed on probation must inform KMA of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status*

*KMA has no policy that requires or precludes accredited providers from charging a joint providership fee.*

NOTE: In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint providers."

In joint providership, either the accredited provider or its non-accredited joint provider can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME

needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

## **LOGO/PRESS RELEASES**

Joint Providers may use the KMA's logo in their promotional or educational materials.

## **RECORDS RETENTION**

All CME activities must maintain specific CME activity records. Records retention requirements relate to the following two topics: Physician Participation and Activity Documentation.

1. *Physician Participation:* KMA and its accredited providers must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. KMA utilizes sign in sheets to verify participation and transfers sign in information to our membership database where all member records are held. Paper sign in sheets are kept in activity files on site or in an off-site storage facility for a minimum of 6 years.
2. *Activity Documentation:* KMA and its accredited providers must 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 to, at the time of re-accreditation, show how the activities it provided during its current term of accreditation were compliant with Accreditation Criteria (including the Standards for Commercial Support) and Accreditation Policies. KMA utilizes activity file folders and keeps activity files on site or in an off-site storage facility for a minimum of 4 years.

## **KMA POLICY ON COMPLAINTS REGARDING ACCREDITED PROVIDERS**

If KMA receives a complaint about an accredited provider, and the complaint relates to the provider's implementation of one or more Essential Areas or Elements or Accreditation Policies, KMA may ask the provider to respond. The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the KMA is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question. Information and correspondence generated is maintained as confidential.

## **REGULARLY SCHEDULED SERIES (RSS'S)**

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

Due to the nature of these types of activities, a monitoring system may be set up to capture information and documentation to be in compliance.

Regularly scheduled series will:

1. Meet the Accreditation Criteria and be in compliance with all KMA Policies. At the activity level, monitoring should occur in Criteria 2-11.
2. KMA and/or KMA accredited providers must collect data and information from ALL series as a part of its monitoring system.
3. KMA and/or KMA accredited providers may create a data set from the information gathered through the monitoring system. These data may be based on a sample of a provider's sessions or on data from all sessions. If sampling is used then data from 10% to 25% of the sessions within each series across the whole accreditation term must be used.
4. KMA and/or KMA accredited providers will analyze the data and information (C11-C12) and determine if the RSS has met the Updated Criteria (C10) and KMA Policies.

- A provider can determine a RSS has met a Criterion or is in compliance with a KMA Policy if the provider's monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved 100% of the time.
  - If data indicates that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem and implement improvements .
5. Ensure that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of 3.4).
  6. Have available and accessible to the learners a system through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed.

## **REIMBURSEMENT AND HONORARIA GUIDELINES**

To help ensure independence of CME from commercial bias, these guidelines have been developed to define appropriate use of commercial support funds and other items of value for payment of honoraria and out-of-pocket expenses.

### KMA HONORARIA AND EXPENSE POLICY

#### Honoraria & Expenses – Speakers, Planners, Authors

- *Honoraria may be paid to presenters or authors of CME activities in amounts of up to \$400.00 after the completion of the activity.*
- *This level may be exceeded under extraordinary circumstances on vote of the CME Council and/or KMA Board of Trustees, Executive Committee or KMA Executive Vice President.*
- *Reimbursement will be made for reasonable out-of-pocket expenses for travel, lodging, and meals, on receipt of itemized expense reports.*
- *All reimbursement will be made directly by KMA or joint provider and all commercial support funds will be accounted for after the CME activity.*
- *No commercial support funds shall be paid to participants.*
- *Commercial support funds may be used to pay for modest meals and receptions that don't compete with educational events.*

*Presenters and authors shall not receive any reimbursement for this CME activity except that paid by KMA or its designated joint provider.*

## **INDEPENDENCE FROM COMMERCIAL INTERESTS**

To help ensure independence of CME from commercial bias, these guidelines have been developed to support independence in CME activities.

KMA, as the accredited provider or its non-accredited joint provider can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

This policy is also an expectation of compliance in KMA Accredited Providers.



# DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Name:

Title of Activity:

Date of Activity:

In the first column, please list the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of are considered to be yours.

In the second column, please describe what you or your spouse/partner received (ex: salary, honorarium etc). Please do not list a dollar amount.

In the third column, please describe your role.

	I do not have any relevant financial relationships with any commercial interests.
	The relationships identified below are not associated with any portion of the planning of this activity.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply – <i>more information may be listed on additional sheets</i> )	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<b>Example terminology</b>		
<b>What was received:</b> Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	<b>Role(s):</b> Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please see definitions on reverse side.

## Definitions

### Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

### Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

### Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant” financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

### Conflict of Interest

Circumstances create a conflict of interest 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.



# **SPEAKER APPROVAL FORM**

## **ALL PAGES MUST BE COMPLETED AND SIGNED BY SPEAKER**

Speaker Name (Please print):

Activity Title:

Activity Date:

What are the professional practice gaps of the learners?

Objective(s) of activity (stated in action terms):

- 1.
- 2.
- 3.

**EXAMPLES:**

**Objective:** Define clinical applications to reduce infection

**Expected Results/Outcomes:** Participant is aware of active measures to prevent infection.

This activity is designed to change learners':

- Competence –Knowing (knowledge) and having the ability to do It**
- Performance- Doing It**
- Patient Outcomes The result of knowledge, competence and performance**

KMA is accredited by the Accreditation Council of Continuing Medical Education (ACCME). Accreditation rules require that all financial relationships between speakers and planners; and commercial interests be evaluated to determine if the possibility exists for bias of CME activities. If any conflict of interest exists, it must be resolved prior to the activity.

To meet this requirement, please complete the financial disclosure and return it to the KMA at your earliest convenience. This information is necessary in order for us to move to the next step in planning this CME activity. If we don't receive this information, you will be disqualified from participating.

# DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

**In the first column**, please list the names of proprietary entities producing, marketing, reselling, or distributing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of are considered to be yours.

**In the second column**, please describe what you or your spouse/partner received (ex: salary, honorarium etc). Please do not list a dollar amount.

**In the third column**, please describe your role.

	I do not have any relevant financial relationships with any commercial interests.
	The relationships identified below are not associated with the content of my presentation and will not be discussed or presented on any material.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply – <i>more information may be listed on additional sheets</i> )	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>
<b>Example terminology</b>		
<b>What was received:</b> Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	<b>Role(s):</b> Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).	

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# CONFLICT OF INTEREST RESOLUTION

In order to meet accreditation requirements regarding potential conflicts, speakers must adhere to the following requirements.

- Any recommendations involving clinical medicine must be based on evidence accepted within the medical profession as appropriate for the care of patients
- Research reported or referred to should conform to accepted standards
- Content should promote improvements in quality of care and not a specific proprietary business or commercial interest
- A balanced view of therapeutic options should be given, along with generic names to provide impartiality
- Educational materials can't contain any advertising, trade names or produced messages

## SPEAKER ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

I understand and agree to abide by the requirements of the KMA in my presentation of this CME activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR KMA USE AND JOINT PROVIDERSHIP ONLY

Conflict was resolved by:

- Speaker was contacted and advised that presentation must be made free of ANY commercial bias. Speaker was advised that he/she must recuse themselves from any part of the activity in which they have a conflict that cannot be resolved.
- Speaker was contacted and advised that ALL slides must be independent of any trade reference. Slides to be verified by staff.
- Speaker was unable to resolve their conflict and was prohibited from making their presentation.

\_\_\_\_\_  
Speaker Name

\_\_\_\_\_  
Date Speaker Contacted

\_\_\_\_\_  
Staff/Contact Name

Speaker Contacted Via:

- Telephone
- Email (Attach email to this form)
- Letter (Attach letter to this form)

NOTES

# WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

The (accredited provider) is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, (accredited provider) has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest<sup>i</sup>, which is used to pay all or part of the costs of a CME activity.

<b>Title of CME Activity</b>			
<b>Activity Location</b>		<b>Activity Date</b>	
<b>Name of Commercial Interest</b>			
<b>Amount of Educational Grant (direct or in-kind)</b>			
<b>Grant will be used for the following:</b>			
<b>Speaker Honoraria</b>	<b>Speaker Expenses (itemize)</b>	<b>Meeting Expenses (itemize)</b>	<b>Other (list)</b>

## TERMS, CONDITIONS, AND PURPOSES

### Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the <Commercial Interest>.
2. The (accredited provider) is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

### Appropriate Use of Commercial Support

3. The (accredited provider) will make all decisions regarding the disposition and disbursement of the funds from the <Commercial Interest>.
4. The <Commercial Interest> will not require the (accredited provider) to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the (accredited provider). No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
6. The (accredited provider) will upon request, furnish the <Commercial Interest> documentation detailing the receipt and expenditure of the commercial support.

### Commercial Promotion

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The appearance of editorial and advertising material on the same products is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
8. The <Commercial Interest> may not be the agent providing the CME activity to the learners.

### Disclosure

9. The (accredited provider) will ensure that the source of support from the <Commercial Interest>, either direct, or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial

support may state the name, mission, and clinical involvement of the company or institution and will not include corporate logos and slogans.

The <Commercial Supporter> and (accredited provider) agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education* (appended).

<b>Name of Accredited Provider</b>			
Tax ID Number			
Contact Person		Email Address	
Phone Number		Fax Number	
<b>Educational Partner (if applicable)</b>			
Contact Person		Email Address	
Phone Number		Fax Number	
Tax ID Number			
<b>Name of Commercial Interest</b>			
Address			
City, State, Zip			
Contact Person		Email Address	
Phone Number		Fax Number	

### AGREED BY AUTHORIZED REPRESENTATIVES

**Commercial Interest**

**Accredited Provider**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**Educational Partner (If applicable)**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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