**CONTINUING MEDICAL EDUCATION (CME)**

**Activity Approval Information**

* [**Planning Roles & Responsibilities**](#RolesResponsibilities)
* [**Annual Agreement Form**](#AnnualAgreement)
* [**CME Resource Packet**](https://ghscme.ethosce.com/content/cme-resource-packet)

**CONTINUING MEDICAL EDUCATION (CME)**

***PLANNING ROLES & RESPONSIBILITIES***

**ACTIVITY CHAIR(S)**

* Review and comply with Accreditation Council for Continuing Medical Education (ACCME) [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).
* Assemble a Planning Committee reflective of the target audience of the educational activity
  + Planning committee members **who are employees or owners of an ACCME‐defined ineligible company will be excluded from participating in the activity. An ineligible company is any entity whose primary business is producing, marketing, selling, re‐selling, or distributing healthcare products used by or on patients.**
  + **All Planning Committee members must submit an annual disclosure form, and are responsible for updating via resubmission as their financial relationships change (**[**Disclosure Form**](https://ghscme.ethosce.com/content/financial-relationship-disclosure-form)**)**
* Identify professional practice gaps and educational need(s) of the healthcare team and/or members of the team and obtain appropriate evidence to justify the need
* Complete the “Request a CME Activity Form”
* Complete the CME Activity Form (provided by the CME team) and update annually (Annual Activity Review), or as needed
* Oversee mitigation of identified Conflicts of Interest (COI) and protection of Protected Health Information (PHI)
  + Resource: [ACCME Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships](https://accme.org/publications/tools-for-identifying-mitigating-and-disclosing-relevant-financial-relationships)
* Secure qualified faculty who will effectively deliver content that addresses the learning objectives identified in the CME Activity Form, with the assistance of the Planning Committee
* Ensure that adult learning principles that promote active learning are incorporated into the educational design of the activity to promote learning by, for, and with the healthcare team
* Provide content that presents a fair and balanced view of diagnostic and therapeutic options (see [ACCME Standard 1](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid)), by ensuring:
  + All recommendations for patient care are based on current science, evidence, and clinical reasoning.
  + All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
  + New and evolving topics for which there is a lower (or absent) evidence base, are clearly identified as such within the education and individual presentations.
  + The content avoids advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
  + The content excludes any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
* Review learning content prior to session to affirm alignment with ACCME [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).
  + Affirm addition of disclosure statement slide and presentation to learners prior to the start of the session
  + In the case of no relevant financial relationship(s), a verbal disclosure is sufficient; ensure that proper verbiage is relayed to audience of learners: “None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”
  + Ensure learning objective(s) are communicated and presented to the learners
* Monitor delivery of educational content to ensure compliance with accreditation policies and procedures and moderate activity sessions (may be assigned to a designee
* Continue to collect evidence to measure effectiveness towards closing identified practice gap (i.e., departmental QI data)
* Participate in the Annual Activity Review process (i.e., update of Activity Form information, review of evaluation feedback, other data review, etc.)

**PLANNING COMMITTEE MEMBERS**

* Review and comply with ACCME [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).
* All Planning Committee members must submit an annual disclosure form, and are responsible for updating via resubmission as their financial relationships change ([Disclosure Form](https://ghscme.ethosce.com/content/financial-relationship-disclosure-form))
* Complete assigned tasks as determined by the Activity Chair
* Engage in Conflict(s) of Interest mitigation process for activity speaker(s)
* Refine the CME Activity Form to ensure linkages between educational needs, format, and outcomes
* Confirm that the content meets criteria for balance, objectivity, scientific rigor, and independence
* Ensure proper disclosure statement is made prior to the learning session
* Assist the Activity Chair with identifying qualified faculty who will effectively deliver content that addresses the learning objectives identified in the Planning Application
* Assist the Activity Chair with identifying appropriate learning materials designed to extend learning beyond the activity
* Monitor the quality of the instructional process to ensure learning by, for, and with the health care team
* Participate in the Annual Activity Review process (i.e., update of Activity Form information, review of evaluation feedback, other data review, etc.)

**ACTIVITY COORDINATOR**

* Review and comply with ACCME [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)
* Serve as the activity’s point of contact for the CME team
* Serve as a member of the Planning Committee
  + All Planning Committee members must submit an annual disclosure form, and are responsible for updating via resubmission as their financial relationships change ([Disclosure Form](https://ghscme.ethosce.com/content/financial-relationship-disclosure-form))
* Facilitate the COI process and COI mitigation for planners and faculty
  + Correspond with speakers and act as speaker liaison, affirming that all speakers submit their disclosure at least 2 weeks prior to the session date
* Use CME Office provided PowerPoint templates to disclose to learner
* Assist in compiling appropriate learning materials to be shared with learners
* ***For Regularly Scheduled Series (RSS) activities***:
  + Complete the “Smartsheet: Activity Schedules & Disclosures” training session
  + Utilize the resources on the “[RSS Training](https://ghscme.ethosce.com/rss-training/series/rss-training)” tab to respond to learner inquiries (e.g., new users for setting up an account within the Learning Portal and transcripts access steps)
  + Maintain the Smartsheet Activity Schedule (SAS)
    - Fill in the Topic, Learning Session Objectives, Speaker, Date, Time, and Disclosure columns at least 2 weeks before scheduled session date
    - Affirm speaker has submitted financial disclosures prior to the expiration date using this report before filling in the disclosure column [Disclosure Report for Coordinators](https://app.smartsheet.com/b/publish?EQBCT=eb4a00ad274a4ed5b741b18a01eb12f6)
    - If the speaker has not yet filled out a disclosure form, please send them the form link: ([Disclosure Form](https://ghscme.ethosce.com/content/financial-relationship-disclosure-form))
    - Make updates and changes at least 2 weeks in advance
    - Attach appropriate learning material from each session to the session row
    - Post each session ensure to email learner group with attestation code to affirm all attendants received it and are reminded to attest
    - For all canceled sessions, ensure to update the "Disclosure” dropdown column with “CANCELLED”
    - Communicate any administrative changes (*esp. changes pertaining to speakers*) through the SAS by tagging a CME coordinator via @name@greenvillemed.sc.edu
  + Distribute text-in code provided by CME Team to activity learners
  + Schedule rooms and/or send virtual calendar link to all learner participants AND to the CME inbox calendar ([cme@prismahealth.org](mailto:cme@prismahealth.org))
* ***For annual activities (conference/course)***:
  + Assist in choosing the venue and act as venue coordinator
  + Manage the registration process
  + Compliant communications of logistics to the assigned CME Coordinator

**CME TEAM/COORDINATOR**

* Maintain all documents that support compliance with [ACCME Accreditation Criteria](https://accme.org/node/177541)
* Oversee course development, implementation, evaluation, budget, and registration as applicable and as they relate to ACCME [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).
* Review and provide constructive feedback on the CME Activity Form
* Recommend a structure (educational format) for adequate delivery of the CME activity
* Designate appropriate number of credits
* Create and maintain all associated activity needs within the Ethos Learning Portal
* Oversee mitigation steps for speakers with identified COI
* Communicate any helpful documents to Activity Coordinators to share with learner participants
* Respond to inquiries from Activity Coordinators and learner participants, as applicable.
* Facilitate Annual Activity Review (i.e., update of Activity Form information, review of evaluation feedback, other data review, etc.)
* Retain participation attendance records for 6 years
* Address participants’ perceptions of enhanced professional effectiveness and any concerns with commercial bias
* ***For Regularly Scheduled Series (RSS) activities***:
  + Maintain RSS Training tab with helpful links
* ***For annual activities (conference/course)***:
  + Review and maintain financial records and evaluation summaries

**For aid and additional resources, please see the “**[**CME Resource Packet**](https://ghscme.ethosce.com/content/cme-resource-packet)**”**

**CONTINUING MEDICAL EDUCATION (CME)**

***ANNUAL AGREEMENT FORM***

*This form serves as an annual agreement document that allows for activity renewal each year following CME approval. It ensures abidance by all set standards and any new standards and procedures for the upcoming academic year.*

* Read “Planning Roles & Responsibilities” document
* Participate in the Annual Activity Review process (I.e., Update of Activity Form information, review of evaluation feedback, other data review, etc.)
* Notification of CME Coordinator with Planning Committee changes throughout the year, as needed
* Agree to random check-in's for affirming abidance of [ACCME Standards for Integrity and Independence](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) the CME Committee members and/or CME team
* Complete a new financial disclosure form annually and update as needed
* Ensure timely completion of disclosure by all activity speaker(s)
* Ensure proper disclosure to learners prior to the start of every learning session
* Review activity form for updates
* Practice gap data collection
* Collect evidence to measure effectiveness towards closing identified practice gap (i.e., departmental QI data)
* Inactivity for 1 year will require activity to be reapproved to offer CME credit for learning activity

**BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND AGREE TO ABIDE BY THE ABOVE TERMS: ­­­­­­­­­**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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