



Spokane County MEDICAL SOCIETY

Orange Flag Building • 104 S. Freya St., Suite 114 • Spokane, WA 99202-4868 • (509) 325-5010 • Fax (509) 325-5409

Dear Colleagues:

Thank you for requesting that the Spokane County Medical Society be a joint sponsor of your meeting by approving it for Category I CME. We welcome you to the frustrating but very real world of documentation, which has become an integral part of the approval process. Our increased requirements reflect our commitment to achieving quality Continuing Medical Education.

The Needs Assessment part of the process seems to provide the most difficult hurdle. We need evidence Before the Fact that a program will be improving the knowledge, skills or attitudes of those expected to attend. Valid methods to assess the needs of a group are outlined on the Needs Assessment Form.

It is now essential that you link the process you use to create an education offering (your needs assessment) to your actual event as well as to utilize the results of your evaluation to give you information for planning future offerings. Please see linkage guidelines (essential area 2.1) for specific requirements.

However the need is determined, the key is documentation to the CME Committee that such needs have been ascertained. A valid needs assessment comes from the needs of the learner, the body of knowledge and the experts in the field. An adequate needs assessment must go beyond you or your organization's perceived need for this program and must be documented in your linkage statement.

Receiving Category I credit in no way certifies that a program is more excellent, more timely, or more needed than a Category II or other program. It does certify that all the steps in documenting need have been carried out by the joint sponsor(s). Denial of Category I status should in no way be interpreted as a judgment on the quality of your meeting in any of its aspects. There is a need in the emerging discipline of Category I CME to change the paradigm by which providers have come to see anything less than Category I as unworthy of their time and effort.

Please contact our CME Department at 325-5010, if you encounter difficulties with the enclosed guidelines. Please also note Paragraph #12. Application for Category I credit must be submitted prior to printing and distributing the brochure of a proposed meeting. With this in mind, the need for timely application becomes evident.

As you may know, the cost for application is \$550.00. We wish you well in your endeavor; thanks for being involved in Continuing Medical Education.

Sincerely,

Mary Noble, MD

Mary Noble, MD
CME Committee Chair
Spokane County Medical Society

**Policies,
Procedures,
Requirements, and
Instructions for Joint
Sponsorship with
the Spokane
County Medical
Society**



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Because application requirements change, please contact the Spokane County Medical Society CME office or check our web site (www.spcms.org) for the most current application and requirements.

Application Process for Category 1 CME Credit

The Spokane County Medical Society (SCMS) Continuing Medical Education (CME) Committee grants Category 1 CME credit through the following process:

Initially, discuss your proposed program with the SCMS staff if you are unfamiliar with the application process.

If you are familiar with the application process we recommend that you review the current application on our website for any new application requirements. Please read **ALL** policies and standards included with this packet.

Complete the entire application, including ALL required documentation. **Submit** it to the CME Department office at the SCMS **at least 90 days** in advance of the program date.

When an application for Category 1 CME Credit is received in the CME Department office, it is reviewed by the CME coordinator. Each application is also assigned to a CME Committee Reviewer, who is a member of the CME Committee, for review.

An application will NOT be sent to the CME Committee Reviewer unless it is complete. We will make an exception for the Disclosure Forms and Letters of Agreement for some extenuating circumstances. However, **ALL Disclosure Forms and Letters of Agreement are due in the CME Department prior to the date of your program. There are no exceptions for this deadline.** Credit can be rescinded for programs that do not comply with this requirement. Late documents from preceding programs will certainly be considered when applications are submitted for future program.

The CME Committee Reviewer will return a letter to the CME Department office within a maximum of three weeks upon their receiving a complete application, indicating whether approval will or will not be granted. The CME Coordinator will then contact you via a letter letting you know of the decision.

Please note: **You CANNOT start advertising** for your CME program until you have received approval from the CME Committee for Category 1 CME credit (see **Requirement #22** for brochure requirements).

We have included a list of all the requirements for this application. Please read it thoroughly so all elements are included in your application.

A pre-program and post-program checklist has also been included to aid you in the submission of your application and post-program documents.

Please feel free to contact the SCMS CME Coordinator with any questions you may have regarding this application process at (509) 325-5010.



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Joint Sponsor Application Requirements
for Category 1
Continuing Medical Education Programs

The following is an outline of the requirements for the application process for Joint Sponsors for Category 1 Continuing Medical Education (CME) programs for the Spokane County Medical Society:

1. **ALL applications** must be submitted to the SCMS CME office **at least 90 days prior** to the program date.
2. The application fee is \$550.00 per program. It must be included with the application.
3. **ALL elements** of this application are **required**. Any application received with any missing elements will not be considered for Category 1 CME credit until all elements have been received by the SCMS CME Department. The application will not be sent to the CME Committee Reviewer for review until all elements are submitted, which will slow the review process down, which in turn means advertising for your program may not begin. As stated previously, the only possible exceptions are the Disclosure Forms and Letters of Agreement under extenuating circumstances.
4. The SCMS CME Committee generally reviews community-based programs; however they will review programs outside our immediate locale on occasion. This area includes Eastern Washington, Northern Idaho, and Western Montana.
5. Applications will be rejected when commercial entities determine the need for, create the objectives for the program, or choose the speakers for a program. Please review the SCMS policies regarding commercial support included with the application.
6. If the application submitted does not meet ALL SCMS CME Committee requirements and policies, it will be rejected without refund.
7. For all Joint Sponsor applications, the **Program Coordinator needs to be local**. This will decrease correspondence problems, and increase response time between the Spokane County Medical Society and the Joint Sponsor organization.
8. The **Program Director** for the program is **required to be a physician**. The Program Director will take responsibility for ensuring that all elements of the program are included in the application.

The Program Director may be asked to attend a SCMS CME Committee meeting to discuss the content and merit of the program before credit is granted.

9. The program being planned must be targeted toward physicians. Other Allied Healthcare workers are welcome to attend, but Category 1 CME programs are designed to meet continuing medical education requirements for physicians. See the Definition of Category 1 Credit included in the application packet. Your program must meet this definition to be considered for credit.

Faculty for Category 1 CME programs need not all be physicians.

10. **ADA Accommodation:** Programs must make every effort to accommodate participants with disabilities. We recommend that the following statement be added to the program brochure: *“If any participant of the [Name of program] given by [sponsor name] is in need of accommodation, please do not hesitate to call and/or submit in writing two weeks prior to the event the needed accommodations. Please contact [name of contact and info].”*
11. **NEEDS ASSESSMENT** (pg 2 – 3 of application): A proper Needs Assessment must go beyond your organization’s perceived need for a program. **You must be able to prove the need for the program.** Please answer the questions thoroughly. For #3 on page 3 of the application, you must provide **documentation for each item checked.**
12. **OBJECTIVES FORM** (pg 4 – 5): The CME Committee requires identification of specific learning objectives that are derived from the Needs Assessment portion of the application. The identified **objectives should be clearly stated in measurable learner based terms.** The objectives will help potential participants understand the purpose of your CME program. They also serve to guide the sponsors of the program as they design this program to meet the needs of the target audience.

Objectives are required to be communicated to the speaker(s) (via the faculty letter included in this packet), **printed in the brochure announcing the program, and on the evaluation.** Many sponsors choose to also communicate the objectives in the syllabus.

Please provide at least one objective per contact hour.

Suggested steps for developing specific learning objectives for your CME program:

- A) Since behaviorally stated objectives usually complete the sentence, *“Upon completion of this program the participants will be able to...,”* you may want to start with that sentence.
- B) Connect the statement in the first step with a clear word or phrase that communicates the performance by the learner. Here are some examples: assess, compare, diagnose, differentiate, distinguish, establish, demonstrate, identify, interpret, translate, analyze, explain, integrate, formulate, etc.
- C) Finish the specifics of what the learner will be doing when demonstrating achievement or mastery of the objective. The entire objective is the intended outcome or results of instruction.

Example objectives:

Upon completion of this program the participants will be able to:

- **Differentiate** myelodysplastic syndromes (MDS) from other disorders that mimic MDS.
- **Interpret** specific immunofluorescence patterns of viral infected cells.
- **Explain** maternal serum and amniotic fluid AFP testing for neural tube disorders.

13. **Educational Design** (pg 6): Please respond to the requested information thoroughly.
14. **Linkage Documentation** (pg 7): Please see the Linkage Policy in this packet. Include all five steps outlined in the policy.
15. **Program Evaluation** (pg 8): A plan for evaluation must accompany all applications; see attached sample. It must assess how well each speaker's objectives were met.

The sample evaluation includes all the information that needs to be included on your evaluation. You may use the sample evaluation as your template. If you choose to use another format **make sure all elements of the sample evaluation are included on your evaluation.**

Following the program, there needs to be **two evaluation summaries**. The first must be a summary of the responses from all MDs and DOs. The second needs to summarize the responses of all "others" who attended the program (PA, ARNP, nurses, pharmacists, etc).

Complete evaluation summaries must be forwarded to the Program Director.

Each faculty member must receive an evaluation summary for their portion of the program only.

If you are conducting Grand Rounds, you will need to have the participants fill out evaluations for each session of the grand rounds. As the Joint Sponsor you will need to collate the results at the end of all activities and send a final evaluation summary for your entire program.

16. **Disclosure Forms** (pg 9): **Anyone** who is in a position to control CME program content, which includes **ALL faculty and ALL Planning Committee Members**, shall sign a disclosure form and agree to comply with the standards (see CME Disclosure Policy).

ALL disclosure forms are REQUIRED to be in the CME Department office PRIOR to the DATE OF YOUR PROGRAM!!!

If a faculty member needs to be replaced at the last minute, have the new faculty member complete the disclosure form prior to the program and fax it to SCMS at (509) 325-5409.

17. **Documentation of Disclosures** (pg 9): Disclosure statements are required to be disclosed to all participants of your program verbally and in writing. A sample written disclosure has been included in this packet.

The following three areas are required to be disclosed when applicable:

- A) **When a commercial product or service will be included in the presentation.**
- B) **When a significant relationship with commercial supporters is present.**
- C) **When any off-label or investigational use of a commercial product or service will be included in the presentation.**

If a faculty member does not have any commercial affiliations this also needs to be disclosed to the participants in writing.

Please see the following policies regarding commercial interests, which are included in the application packet:

- A) **Standards for Commercial Support of Continuing Medical Education**
- B) **CME Disclosure Policy**
- C) **Identifying and Resolving Conflicts of Interest**

If you have moderator notes indicating verbal disclosure , please submit a copy with your post-program paperwork.

18. **Faculty Letter** (pg 9): The purpose of this letter is to communicate the objective(s) each faculty member will be presenting at the CME program. This letter also outlines the safeguards to follow to ensure there is not any bias in their presentation. Please note that any educational materials (i.e. syllabus, slides) may NOT contain any advertising, trade names, or product-group messages.

Place this letter on your letterhead, and then send it out to every faculty member.

19. **Income/Expense Documentation** (pg 9): A rough pre-program income/expense summary needs to be submitted with the application. A final income/expense summary is also required to be turned in with the post-program paperwork. We have included a sample income/expense summary in this packet.

ALL sources of financial support, including registration fees, must be disclosed. Any commercial support money must be in the form of “unrestricted educational” grants or exhibit fees. A list of all anticipated unrestricted educational grants must be included with the application.

Speaker honorarium and expenses CANNOT be paid directly from any financial supporter. The funds must be received by the sponsor, and then given to the speaker.

20. **Certificate of Participation** (pg 10): A certificate of attendance for participants is mandatory. **It must contain the wording “The Spokane County Medical Society Certifies that”** prior to the participants name. In addition, **the certificate must contain the accreditation statement, verbatim, that is on the sample certificate of participation included with this application.**

Please include a sample of your Certificate of Participation when you submit this application.

21. **Sign-In Sheet** (pg 10): The Sign-In Sheet must include a column for each of the following: participants' signature, printed name, professional designation, city where participant is from, and the state where each participant is from. See sample included in this packet.

Professional status for each attendee must be documented on the Sign-In Sheet. We are required to document the specific number of physicians (MD/DO) who attend all Category 1 CME programs, and the specific number of non-physician attendees.

22. **Letters of Agreement** (pg 10): A letter of agreement outlining the terms, conditions, and purposes of an educational grant must be signed by the commercial company representative and the course representative. Please use the Letter of Agreement included in this packet.

23. **Brochure** (pg 10): A rough brochure is required with this application.

If your program is approved, the joint sponsor must use the words, "**Jointly Sponsored by _____** (the name of your organization) **and the Spokane County Medical Society**" on the **cover of your brochure**.

The word "sponsor" cannot be used in any other context; i.e. If you wish to acknowledge commercial entities, they should be referred to as "supporters" rather than sponsors.

The **objectives must be included** in your brochure.

The following **accreditation statement is required VERBATIM** on your brochure:

This activity has been planned and implemented in accordance with the Essential Elements, Criteria, and Standards of Accreditation of the Washington State Medical Association CME Accreditation Committee through the partnership of The Spokane County Medical Society accredited sponsor first and then insert the name of the **(non-accredited organization/institution.)** The Spokane County Medical Society a Washington State Medical Association accredited sponsor, designates this educational activity for a maximum of _____ hours in Category I to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission. The Spokane County Medical Society designates this educational activity for a maximum of _____ *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity

Brochures may NOT be distributed without the preceding accreditation statement. **Brochures may NOT be distributed for advertisement or pre-registration until confirmation of Category 1 CME credit is received from the CME Committee.**

*****The words "applied for" or any other words indicating Category 1 CME credit is pending, CANNOT be used on your brochure, flyers, or registration forms.**

It is recommended that you do not print your brochures until you have gone through the approval process.

24. **Faculty List** (pg 11): Please provide a list of all faculty with your application. Please notify the CME Department at the SCMS if any faculty changes are made between the time your application is submitted and the date of the program.

25. **Post-program paperwork is due no later than 30 days after the program.**

Post-program paper work includes ALL of the following documents:

- A) Two Evaluation Summaries
- B) Final Income/Expense Summary
 - Include a list of unrestricted educational grants received for the program
- C) Sign-In Sheet
- D) Copy of Final Program (brochure)
 - Including: Use of "Joint Sponsor"
 - Objectives
 - Accreditation Statement
- E) Documentation that complete evaluation summaries were sent to the Program Director
- F) Documentation of individual summaries sent to each faculty
- G) Written Disclosure Documentation
- H) Moderator notes with verbal disclosure information
- I) Record of tests scores, when applicable



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MISSION STATEMENT OF THE SPOKANE COUNTY MEDICAL SOCIETY

The Spokane County Medical Society exists to promote and provide leadership in the art and science of medicine. Furthermore, the Society strives to improve and preserve the health of the citizens in our community.

The Spokane County Medical Society implements its mission through many different means. One of the methods we use is to implement a planned and comprehensive continuing medical education program for physicians.

MISSION STATEMENT OF THE SPOKANE COUNTY MEDICAL SOCIETY'S CONTINUING MEDICAL EDUCATION COMMITTEE

SETTING: The Spokane County Medical Society's CME Committee functions in a large tertiary care medical community. This community is generally self-sustaining in terms of expertise in specialty and subspecialty areas.

SCOPE: The scope of the Committee will be to initiate, evaluate and approve Category I CME programs suitable to the needs of the physicians in our region. The needs of the medical community will determine the scope of our work.

PURPOSE: The purpose of our organization will be to initiate, evaluate and accredit high quality continuing medical education programs that reflect our local and regional physicians' educational needs both for primary care and specialty care. Our overriding principle is to enhance our physicians' effectiveness to provide high quality care for their patients and is never influenced by commercial interests.

CONTENT AREA: Every year the Spokane County Medical Society conducts a membership wide CME needs assessment survey. The results of the survey will determine the content area and identify appropriate methodologies for implementation.

CHARACTERISTICS OF POTENTIAL PARTICIPANTS: The target audience for our programs is the physician members of the Spokane County Medical Society as well as regional physicians. We also invite allied health care professionals to participate in these programs. Additionally, the Committee wishes to address the regional needs of physicians and intends to review for joint sponsorship programs offered in the entire Inland Northwest Region (this includes the contiguous WWAMI states).

ACTIVITIES AND SERVICES PROVIDED: The Spokane County Medical Society works with its members to determine need and to develop quality programs that will meet this need. We will also provide coordinating services to institutions, groups or individuals who seek to do the same. When requested, the Committee will serve as a joint sponsor for Category I programs in and around the entire Inland Northwest if the programs meet our predetermined needs, or an emergency need, and are submitted in an appropriate fashion and meet the essentials for continuing medical education.

EXPECTED RESULTS: Our intent is to provide continuing medical education programs for physicians so that they might gain new knowledge, exchange expertise, and increase competence to ultimately improve a physician's ability to provide the highest quality of patient care. Furthermore, a strong emphasis is placed on evaluating the effectiveness of our continuing medical education program and permeates our entire process. The results of our efforts are reviewed at many levels during our process with the express purpose of continuous quality improvement.

TYPE OF ACTIVITIES PROVIDED: Our purpose is to convene a variety of learning experiences to include seminars, symposiums, case presentations, regularly scheduled conferences, jointly sponsored activities, and other effective educational events that meet the needs of our learners.



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POLICY FOR JOINT SPONSORSHIP

The Spokane County Medical Society (SCMS) is accredited by the Washington State Medical Association (WSMA) Medical Education committee to sponsor Category I Continuing Medical Education (CME) programs for physicians. As an accredited organization, the CME Committee is authorized to designate CME activities for Category 1 credit for joint sponsors. We are responsible for insuring that all programs jointly sponsored by the Society meet both the requirements (“Essentials”) outlined by the Accreditation Council for Continuing Medical Education (ACCME) for quality education programs and the requirements of the AMA Physicians Recognition Award for Category I activities.

It is important to note that the ACCME Essentials require that the accrediting organization (SCMS) be involved in the consulting, documenting and reviewing the planning, development, administration and evaluation of the program, and must assume responsibility for the educational quality of the program.

In addition, for a program to be considered for the designation of Category I Credit an activity must:

1. Be jointly sponsored by an accredited organization (SCMS is accredited).
2. Be part of a planned program for continuing medical education.
3. Be based on the documented needs of the group to whom it is addressed.
4. Have stated educational objectives.
5. Be evaluated in reference to the objectives and content.

The SCMS reviews for Category I continuing medical education activities. Our decision to do so is based on the willingness and ability of the organization seeking joint sponsorship to meet our general requirements. If you wish further information please contact SCMS.



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DEFINITION OF CATEGORY I CREDIT

Category I CME consists of educational activities **with appropriate documentation before the fact**, which serve to develop, maintain, or increase the knowledge, skills, professional performance and relationships a physician uses to provide services for patients, the public, and 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 public health.

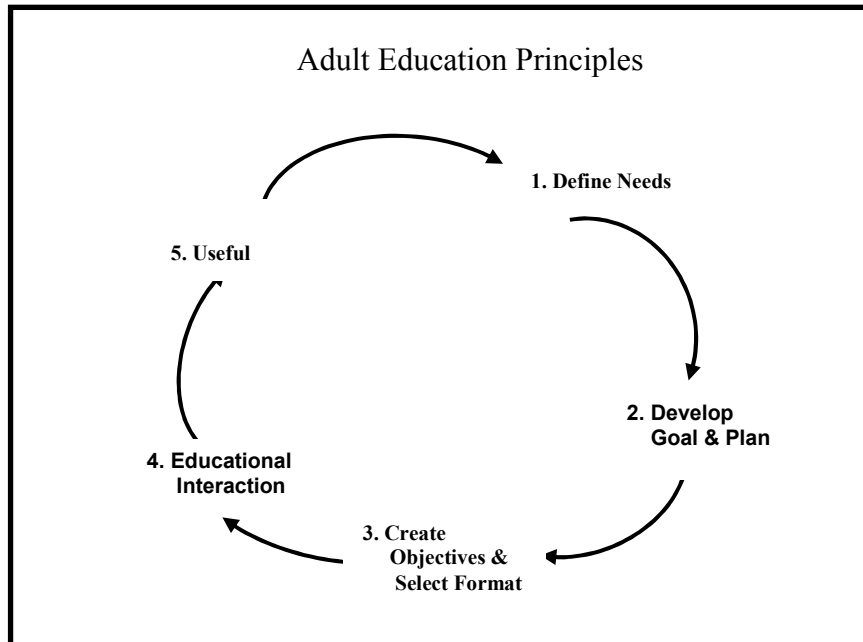


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LINKAGE GUIDELINES

It is essential that you link the process you use to create an educational offering (your needs assessment) to your actual event as well as to utilize the results of your evaluation to give you information for planning future offerings. Please provide us with date ordered documentation.



DEMONSTRATING LINKAGE: Please supply the committee with written documentation of your linkage process following the diagram above steps 1-5. Examples of supporting documentation include but are not limited to:

Planning Process- i.e.; email & Minutes Speaker Elements Commercial Support Promotion Arrangements Financials Brochure Information	Accreditation Files Evaluations Syllabus Registration Records Summary and Impact Data Reporting Data SCMS Annual CME Survey
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In all cases you must demonstrate linkage by written materials that support your planning efforts, reference materials used in assessment and our Accreditation form. Additionally, you must show how you've utilized course evaluation results plus outcomes and impacts assessed from other data (if applicable) in planning this educational event.



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SPOKANE COUNTY MEDICAL SOCIETY
CONTINUING MEDICAL EDUCATION PROGRAM COMMITTEE

STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The SCMS defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

- (a) Identification of CME needs;
- (b) Determination of educational objectives;
- (c) Selection and presentation of content;
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
- (e) Selection of educational methods;
- (f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint-sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to the provider. The SCMS defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal

expenses for bona fide employees and volunteers of the provider, joint sponsor, or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For **computer-based**, advertisements and promotional materials will 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
- For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind,' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

STANDARD 7: Identifying Products, Reporting on Research, and Discussing Unlabeled Uses of Products

Generic and Trade Names

7.1 Presentations must give a balanced view of therapeutic options. Faculty use of generic names will contribute to this impartiality. If brand names are used, those of several companies should be used rather than only that of a single supporting company.

Reporting Scientific Research

7.2 Objective, rigorous, scientific research conducted by commercial companies is an essential part of the process of developing new pharmaceutical or other medical products or devices. It is desirable that direct reports of such research be communicated to the medical community. An offer by a commercial entity to provide a presentation reporting the results of scientific research shall be accompanied by a detailed outline of the presentation, which shall be used by the accredited provider to confirm the scientific objectivity of the presentation. Such information must conform to the generally accepted standards of experimental design, data collection, and analysis.

Unlabeled Uses of Products

7.3 When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose, is discussed during an educational activity, the accredited provider shall require the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.



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CME DISCLOSURE POLICY

All SCMS Continuing Medical Education (CME) activities must adhere to the Accreditation Council for Continuing Medical Education (ACCME) Essentials, Policies, and Standards for Commercial Support to ensure fair balance, independence, objectivity, and scientific rigor.

Anyone who is in a position to control the content of an education activity must disclose all relevant financial relationships with any commercial interest to the sponsor. This includes members of the CME Committee, the Activity Planning Committee, and Faculty.

From the ACCME Standards for Commercial Support:

The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

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 for 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.

The ACCME has not set a minimum 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 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*

CME DISCLOSURE POLICY

The interests of the people controlling CME must always be aligned with what is in the best interests of the public. When the provider's interests are aligned with those of a commercial interest the interests of the provider are in 'conflict' with the interests of the public. Such circumstances create a conflict of interest because the potential for 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. Commercial bias is prohibited in CME.

*An individual who refuses or fails to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity. **This requirement applies to all circumstances, including the last minute replacement of a speaker.***

CONFLICT OF INTEREST

The SCMS Conflict of Interest Policy defines the mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners.

CME COMMITTEE MEMBERS

All SCMS CME Committee members must complete a disclosure form annually in relationship to their involvement on the CME Committee overseeing courses, which will be considered for Category I credits. A CME Committee member must be recused when a course is discussed which has potential financial gain to the CME Committee Member is discussed.

CME ACTIVITY PLANNING COMMITTEE MEMBERS

All members of a specific CME activity, series, or enduring material must complete the Disclosure of Relevant Financial Relationships form. A member with a potential conflict of interest cannot participate until the conflict is resolved.

FACULTY

All faculty members participating in SCMS-sponsored or jointly sponsored CME activities must disclose to the audience any potential, apparent, or real conflicts of interest related to their involvement in the activity. This includes mention of any commercial service or product during their presentation, as well as any relationship with commercial supporters of the course.

I. Participants must receive this disclosure information whether or not the speaker has any disclosures to make related to products or services to be discussed during the presentation.

Method to obtain information: The Faculty Disclosure Form asks: Will your presentation include discussion of any commercial products or services?

II. Whether or not there is commercial support for the CME activity, it is still necessary to make all faculty disclosures, sponsor relationships, and unlabeled uses known to the audience. Method to obtain: The Faculty Disclosure Form asks: Do you have a significant relationship(s) with the commercial supporter(s) of this activity or of any related products?

CME DISCLOSURE POLICY

III. Faculty must clearly identify any discussion of off-label or investigational use of any commercial products or devices not approved for use in the United States.

Method to inform: The Faculty Disclosure Form asks: Do you intend to discuss any off-label or investigational use of any commercial product or device? This discussion must meet the criteria of peer-reviewed and evidence-based content.

TIMING

Any speakers failing to provide disclosure information are not allowed to present as part of a SCMS-accredited CME activity.

Conflicts of interest must be identified and resolved at the time of speaker confirmation.

INFORMING PARTICIPANTS

The above disclosures will usually be done in writing at the course, either in the Faculty Disclosure Summary in the syllabus, or on the evaluation form. In the occasional circumstance that the disclosure information is obtained after the printed materials are prepared, the course moderator or speaker may present the disclosure verbally. The moderator, SCMS staff person, or joint-sponsorship staff person will initial the faculty disclosure form to indicate that appropriate disclosure was made.



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CONTINUING MEDICAL EDUCATION PROGRAM COMMITTEE

IDENTIFYING AND RESOLVING CONFLICTS OF INTEREST POLICY

The SCMS CME Program must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring with the past 12 months that create a conflict of interest.

The SCMS CME Department adopts the following policy.

CME Committee Members: If a conflict of interest exists, a CME Committee member must recuse himself from planning and/or reviewing the application of an Activity being considered for SCMS sponsorship or joint-sponsorship of accreditation.

CME Activity Planning Committee Members: If a conflict of interest exists, the Planning Committee member must withdraw from the Planning Committee unless the conflict can be resolved. Resolution may be made by one of the following methods:

1. Peer review of CME content will be conducted at another oversight level to assure balance
2. Change in focus of course so the activity does not include information related to products or services about which the planning committee member has a conflict
3. Severing relationship(s) between the member and any related commercial interest
4. Others to be determined by SCMS CME Committee
5. Reject the application

CME Activity Presenter: When a conflict of interest exists, the Planning Committee must address the conflict by one of the following methods:

1. Review content to be presented by speaker in advance to assure content balance
2. Change topic so the presentation is not related to products or services where a conflict exists
3. Select a different presenter without any related commercial interest
4. Include presentations by other faculty to provide an overall balance to the content of the course
5. Reject the application

Each speaker is required to give a balanced, evidence-based presentation based on published research. No conclusions or recommendations without external validation may be made by a speaker with a conflict of interest. Any discussion of off-label use of products must be disclosed to the audience and must be supportable through peer-reviewed literature.



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SUMMARY OF THE THREE ESSENTIALS

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Elements

- 1.1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.
- 1.2 Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

Elements

- 2.1 Use a planning process (es) that links identified educational needs with a desired result in its provision of all CME activities.
- 2.2 Use needs assessment data to plan CME activities.
- 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
- 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.
- 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.

ESSENTIAL AREA 3: ADMINISTRATION

Elements

- 3.1 Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.
- 3.2 Operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.
- 3.3 Present CME activities in compliance with the WSMA's policies for disclosure and commercial support.



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ENDURING MATERIALS

CME enduring materials are printed, recorded, or computer-assisted instructional materials which may be used over time at various locations. Examples of such materials include programmed tests, audiotapes, videotapes, and computer-assisted instructional materials. Not included are "reference materials" such as books, journals, or manuals.

Guidelines:

1. The use of enduring materials must be consistent with the SCMS's overall CME mission statement and must be described as within the scope of the SCMS's CME efforts.
2. Enduring materials must be based upon identified CME needs of given target groups of physicians.
3. The joint sponsor must develop explicit objectives for each enduring material and communicate these objectives to prospective participants.
4. The medium, or combination of media, chosen by the joint sponsor must be consistent in content and method with the stated objectives. The overall length of the recorded materials and estimated study time for completing the activity should be specified.

A statement should be displayed that the CME activity was planned and produced in accordance with the ACCME Essentials.

5. Every joint sponsor must evaluate each unit of enduring material at least once every year, or more frequently if indicated by new scientific developments. The joint sponsor must demonstrate that findings from the evaluation process are used to revise, update or plan future versions of the enduring materials.

The date of original release must be prominently displayed in Arabic numerals after the title, along with the most recent date of review and revision or approval, if applicable.

6. Joint sponsors of enduring materials must have a mechanism to record and, when authorized by the participating physician, to verify physician participation.
7. **IN INSTANCES OF JOINT SPONSORSHIP, THE SCMS MUST ASSUME ONGOING RESPONSIBILITY FOR THE PLANNING, PROPER USE, AND EVALUATION OF THE CME ACTIVITY. THE JOINT SPONSOR MUST SUBMIT A SEPARATE PLAN THAT DOCUMENTS IDENTIFICATION OF THE TARGET PHYSICIAN-LEARNERS, THE EDUCATIONAL NEEDS TO BE ADDRESSED, THE APPROPRIATE OBJECTIVES, EDUCATIONAL CONTENT, QUALITY, SELECTION OF MEDIA AND FACULTY. PROPER USE INCLUDES MARKETING, DISTRIBUTION, AND ESTABLISHING THE CONDITIONS FOR EFFECTIVE PARTICIPATION.**

Enduring Materials Cont:

8. Enduring materials will not be considered for Category I CME when they are the only source of instruction.

Joint Sponsors of enduring materials should communicate the following information to prospective participants:

- Target audience of physician-learners;
- Needs addressed and specific learning objectives;
- Topics and educational content;
- Principal faculty and their credentials;
- Medium or combination of media used;
- Method of physician participation in the learning process;
- Estimated time to complete the educational activity;
- Date of original release;
- Date of most recent review and update or approval;
- Evaluation methods.



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SCMS CME HONORARIA POLICY

The Spokane County Medical Society CME Committee and its Joint Sponsors may supply faculty with a reasonable financial honorarium for participating in the CME program. Such honoraria must reflect the standard rate for these endeavors.

Additionally reasonable reimbursement is given to faculty for travel and overnight accommodations/meals. Out of pocket expenses for planners, teachers, authors, and employees and or volunteers of SCMS and its Joint Sponsors may also be considered. Valid documentation detailing the receipt and expenditure is required.

Additional Guidelines

1. SCMS or its joint sponsor must receive and distribute any faculty honoraria or reimbursement. The amount of honoraria should not be influenced by representatives of industry or other financial contributors to the activity.
2. SCMS and/or its Joint Sponsor will determine the amount of honoraria using the following criteria:
 - Expertise of proposed faculty
 - Market value (what faculty request)
 - Status of proposed faculty – SCMS staff, professional consultant, SCMS member
 - Amount of confirmed grant money
 - Amount of registration fee that could be charged
 - Number of expected participants
3. No commercial entity may pay ANY direct expenses.
4. No other payment shall be given to course directors or planners.
5. Faculty will only be reimbursed for their teacher or author role during the CME activity and not for expenses related to course attendance.

The range of honoraria should fall between \$0 and \$15,000. The planning committee for each activity should determine specific guidelines for implementing this policy.



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Policy for Unrestricted Educational Grants

A list of all anticipated unrestricted educational grants needs to accompany the initial Income/Expense Summary included with each application submitted for Category 1 CME credit.

A list of all received unrestricted educational grants must be included with the final Income/Expense Summary turned in post-program.

Application, Check List,
and Sample Forms for
Joint Sponsorship with
the Spokane County
Medical Society



CME Category 1 Requirements Check List

Pre-Program:

- _____ **Complete Application** (needs to be turned in at least 90 days prior to your program date)
- _____ **Application Fee** (\$550.00). Checks should be made payable to the “Spokane County Medical Society.”
 - _____ Late fee of \$175.00, if applicable
- _____ **Needs Assessment** (pg 2 – 3 of the application)
- _____ **Objectives Form** (pg 4 – 5)
- _____ **Educational Design** (pg 6)
- _____ **Linkage Documentation** (pg 7)
- _____ **Evaluation Plan** (pg 8) must
- _____ **Faculty Disclosures** (pg 9—while we understand you may not be able to turn all Faculty Disclosures in with the application, they are required to be submitted prior to your program date. If they are not in prior to the program, and completed correctly, credit may not be granted.)
- _____ **Planning Committee Disclosures** (pg 9)
- _____ **Written Disclosure** (pg 9)
- _____ **Faculty Letter** (pg 9—at least one example)
- _____ **Rough Income/Expense Summary** (pg 9)
 - _____ List of anticipated Unrestricted Educational Grants
- _____ **Certificate of Participation** (pg 10)
- _____ **Sign-In Sheet** (pg 10)

_____ **Letters of Agreement** (pg 10—we know the grant process can take several weeks; however, ALL letters of agreement need to be submitted prior to the program date)

_____ **Rough Brochure** (pg 10)

_____ **Faculty List** (pg 11)

_____ **Agenda** (pg 12—may be part of your rough brochure)

Post Program:

_____ **Two Evaluation Summaries**

_____ **Final Income/Expense Summary**

_____ **List of Unrestricted Educational Grants received**

_____ **Sign-In Sheet**

_____ **Copy of final program/brochure;** (you do not need to include a syllabus)

_____ **Documentation** that **complete evaluation summaries** were sent to the Program Director

_____ **Documentation** that individual evaluation summaries were sent to each faculty member

_____ **Written Disclosure Documentation**

_____ **Moderator notes** indicating verbal disclosure documentation, if used at program

_____ **Test Scores**, if applicable

Reminder: ALL post-program paperwork is required to be submitted within 30 days after your program.



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APPLICATION FOR JOINT SPONSORSHIP (Accreditation) for Category 1 CONTINUING MEDICAL EDUCATION PROGRAMS (Application must be received in the SCMS office **at least 90 days** in advance of the program date.)

TITLE OF PROGRAM: _____

DATE(s) / TIME(s): _____ **CONTACT HOURS:** _____
(to the nearest ½ hour)

LOCATION(s): _____

PROGRAM DIRECTOR (Local MD): _____

PROGRAM COORDINATOR: _____

ADDRESS: _____
(local)

PHONE: _____

PROVIDER (program sponsor): _____

***NOTE: Application will be rejected where commercial entities determine the need for the program, create objectives, or select the faculty/speakers. Monies that have been donated to CME Joint Sponsors to underwrite CME programs are acceptable as long as need, objectives, and faculty have been determined by the Joint Sponsor.

NAMES & POSITIONS OF PLANNING COMMITTEE: _____

DATE PLANNING BEGAN: _____

ANTICIPATED ENROLLMENT: _____ % MD/DO _____ %PA _____ %ARNP _____ %RN

Total Anticipated Enrollment: _____

METHOD OF TEACHING BY CONTACT HOUR:

Case Presentation: _____ Lecture: _____ **TOTAL:** _____
Group Discussion: _____ Other: _____

PROGRAM DIRECTOR SIGNATURE: _____

By signing this application I understand that ALL elements of this application are required; and I agree to adhere to all requirements in order obtain Category 1 CME credit through SCMS.

DATE: _____

Needs Assessment Form

Every application must be accompanied by supporting NEEDS ASSESSMENT documentation:

A Needs Assessment comes from the needs of the learner, the body of knowledge, and the experts in the field. **An adequate Needs Assessment must go beyond you or your organization's perceived need for this program.** We encourage the use of multiple sources.

Please answer the following questions:

1. What is the reason for initiating this program? Supporting data must be provided.

2. What would a physician hope to gain from this program?

3. How was the NEED for this program identified? You must include supporting documentation for each item checked below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Consensus of Experts | <input type="checkbox"/> Malpractice Data | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Current Literature | <input type="checkbox"/> Morbidity/Mortality | <input type="checkbox"/> Previous Participants |
| <input type="checkbox"/> Epidemiological Data | <input type="checkbox"/> NCQA, JCAHO, HEDIS | <input type="checkbox"/> QA/CQI Data |
| <input type="checkbox"/> Focus Groups | <input type="checkbox"/> New Developments in Medicine | <input type="checkbox"/> Self Assessment Exams |
| <input type="checkbox"/> Health Care Statistics | <input type="checkbox"/> New Laws | <input type="checkbox"/> State PRO Data |
| <input type="checkbox"/> Hospital Data (P&T, IC) | <input type="checkbox"/> Objective Methods | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Panel of Experts | <input type="checkbox"/> Survey of Potential Participants |
| <input type="checkbox"/> Licensure Requirements | <input type="checkbox"/> Patient Care Audits | <input type="checkbox"/> Other _____ |

4. What other data and/or sources of information support the need for this program?

- | | |
|---|---|
| <input type="checkbox"/> Anecdotal | <input type="checkbox"/> Personal Observation |
| <input type="checkbox"/> Community Need | <input type="checkbox"/> Other _____ |

5. Describe your target audience; include possible numbers and demographics.

6. How many requests did you have for this program?

- 0 – 2 3 – 5 6 – 10 10

7. What other sources of information regarding your program topics are locally available to prospective participants?

- | | | | |
|---|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Other Programs | <input type="checkbox"/> Texts | <input type="checkbox"/> Videos | <input type="checkbox"/> WWW |
| <input type="checkbox"/> Journals | <input type="checkbox"/> Speakers | <input type="checkbox"/> Consultants | <input type="checkbox"/> Other |

4. For your prospective learners, please describe their expected learning outcomes in terms of knowledge, skills, and/or attitudes (what will the learner be able to discuss, define, demonstrate, accept or agree to and value at the end of this program?) **There must be at least one objective per contact hour.** (If you need to attach a separate page, please label it clearly.)

5. Describe any other outcomes you expect your participants to be able to accomplish.

6. In addition to your brochure, how are you making your educational content and methods known to your prospective participants? (ie: meeting agenda, evaluation, syllabus, etc)

LINKAGE DOCUMENTATION

Please document the linkage process for this program. (Please see "Linkage Documentation" policy included in this application package.)

DISCLOSURE FORMS

Disclosure forms are **required for ALL Faculty members**.

Disclosure forms are **required for ALL Planning Committee members**.

Please copy and **use the disclosure form included in this packet**.

Please include an example with your application.

DOCUMENTATION OF DISCLOSURES

Attendees are required to be advised of **disclosure statements** from each faculty member involved in the CME program **in writing** at the CME program. A sample written disclosure has been included in this application packet.

The following three areas need to be disclosed when applicable:

- 1) When a commercial product or service will be included in the presentation.
- 2) When a significant relationship with commercial supporters is present.
- 3) When any off-label or investigational use of a commercial product or device will be included in the presentation.

See glossary of terms listed on the attached Disclosure Form.

Please send in a copy of the moderator notes that document **verbal disclosure** of the above mentioned areas.

Please include an example with your application.

FACULTY LETTER(s)

Each faculty member is **required to receive the attached faculty letter**. The letter outlines the policies for their presentations. Please read through the letter and make the necessary changes; i.e., date and title of the program, location, etc. Make sure to **include the objective(s)** each faculty member is going to address in their presentation.

Please include an example with your application.

Income/Expense Summary

Income/Expense (budget) documentation is required. A rough pre-program income/expense summary must be submitted with the application. Please include a **list of all anticipated unrestricted educational grants** with this application

After your program, a Final Income/Expense Summary is required to be submitted, also. Please see sample form included in this packet. Post-program, please include a **list of all received unrestricted educational grants**.

CERTIFICATE OF PARTICIPATION

A sample certificate of participation has been included. You must use the **entire accreditation statement, verbatim**, that is used on this certificate.

Please include an example with your application.

SIGN-IN SHEET

A sample Sign-In Sheet has been included in this packet. Note that the Sign-In sheet for your program must **include ALL the columns that are on this sample form. Each attendees name must be printed (or typed), and a signature is required from each attendee.**

Please include an example with your application.

LETTERS OF AGREEMENT

A Letter of Agreement is **required for each commercial entity** that is supporting the program with grants. Please use the attached LOA.

BROCHURE

A “rough” brochure is required with this application. It must include: the use of “Joint Sponsor,” the objectives, agenda, and the following accreditation **verbatim**:

Spokane County Medical Society is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education activities for physicians. The Spokane County Medical Society designates this educational activity for a maximum of ____ hours in Category I to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission. Spokane County Medical Society designates this educational activity for a maximum of ____ *AMA APR Category I Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

A copy of the final program (brochure) will need to be turned in post program; it will need to include ALL the above mentioned requirements.

Please note: **The words “applied for” or any other words indicating Category 1 CME credit is pending, CANNOT be used on your brochure, flyers, or registration forms.**

FACULTY

Please list the names of **ALL faculty/speakers**. Include their credentials/specialty and topic they will be presenting.

Agenda

Please provide a rough agenda for the program (may be included as part of the rough brochure).



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INITIAL BUDGET

PROGRAM TITLE: _____

PROGRAM DATE: _____

NAME OF JOINT SPONSOR: _____

INCOME	
Institutional or Other Funds (Submit List)	
Unrestricted Educational Grants (Submit List of all Contributors & Letters of Agreement)	
Tuition/Registration	
TOTAL	
EXPENSES	
Spokane County Medical Society CME Fee (Enclose with Application)	\$550
Speakers Travel	
Speakers Honorarium	
Speakers Lodging & Food	
Printing of Flyers	
Printing of Handouts & Binding	
Printing of Certificates & Evaluation Forms	
Printing 11 x 17 Posters of Flyers	
Printing of Sponsors/Contributors Sign	
Food at Meeting	
AV	
Postage	
Mailing Service	
B&O Tax	
Misc: Mileage, Meals	
Gifts	
Labels : RN's, Dentists & Other	
Facility Rent	
TOTAL	
PROFIT/LOSS	



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FINAL INCOME/EXPENSE SUMMARY

PROGRAM TITLE: _____

PROGRAM DATE: _____

NAME OF JOINT SPONSOR: _____

INCOME	
Institutional or Other Funds (Submit List)	
Unrestricted Educational Grants (Submit List of all Contributors & Letters of Agreement)	
Tuition/Registration	
Refunds	
TOTAL	
EXPENSES	
Spokane County Medical Society CME Fee	\$550
Speakers Travel	
Speakers Honorarium	
Speakers Lodging & Food	
Printing of Flyers	
Printing of Handouts & Binding	
Printing of Certificates & Evaluation Forms	
Printing 11 x 17 Posters of Flyers	
Printing of Sponsors/Contributors Sign	
Food at Meeting	
AV	
Postage	
Mailing Service	
B&O Tax	
Misc: Mileage, Meals	
Gifts	
Labels : RN's, Dentists & Other	
Facility Rent	
TOTAL	
PROFIT/LOSS	



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Program Title:

Date:

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Professional Status (check one): _____ MD/DO _____ Other (ie: PA, ARNP, RN, Pharmacist)

Topic:

Faculty:

Objective:

In your opinion, was the faculty biased in his/her presentation of any commercial product or service?

_____ Yes _____ No If yes, please explain:

	Low			High	
Presentation content relevant to course objective:	1	2	3	4	5
Organization & quality of instructional process:	1	2	3	4	5
Your perception of enhanced professional effectiveness:	1	2	3	4	5
Faculty was effective in meeting my educational needs:	1	2	3	4	5

Comments: _____

Topic:

Faculty:

Objective:

In your opinion, was the faculty biased in his/her presentation of any commercial product or service?

_____ Yes _____ No If yes, please explain:

	Low			High	
Presentation content relevant to course objective:	1	2	3	4	5
Organization & quality of instructional process:	1	2	3	4	5
Your perception of enhanced professional effectiveness:	1	2	3	4	5
Faculty was effective in meeting my educational needs:	1	2	3	4	5

Comments: _____

Topic:

Faculty:

Objective:

In your opinion, was the faculty biased in his/her presentation of any commercial product or service?

_____ Yes _____ No If yes, please explain:

	Low			High	
Presentation content relevant to course objective:	1	2	3	4	5
Organization & quality of instructional process:	1	2	3	4	5
Your perception of enhanced professional effectiveness:	1	2	3	4	5
Faculty was effective in meeting my educational needs:	1	2	3	4	5

Comments: _____

This educational activity has contributed to my professional effectiveness and improved my ability to:

	Strongly Disagree			Strongly Agree	
Treat/manage patients:	1	2	3	4	5
Communicate with patients:	1	2	3	4	5
Provide leadership/management for my medical organization:	1	2	3	4	5

As a result of attending this activity, how will you change your practice?

	Low			High	
The course syllabus was helpful:	1	2	3	4	5
The facility was adequate:	1	2	3	4	5

Please suggest topics and speakers for future Category 1 CME programs: _____

Additional Comments: _____

THANK YOU FOR ATTENDING THIS PROGRAM!!



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**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS &
DISCUSSION OF OFF-LABEL OR INVESTIGATIONAL PRODUCTS
(Faculty Disclosure Form)**

Name: _____
 Name of Activity: _____
 Date of Activity: _____
 Role in Activity (Planning Committee, Approval Committee, Faculty, other): _____

First, list the names of proprietary entities producing 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 you are aware of to be yours.

Second, describe what you or your spouse/partner received (ex: salary, honorarium, etc.). SCMS does NOT want to know how much you received.

Third, describe your role.

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was received	For What Role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>

I do not have any relevant financial relationships with any commercial interests.

⇒Signature _____

Date _____

Example terminology

What was received: 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.

Role(s): 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).

(Please read and sign on page 2)

Please answer the following questions:

1. Will your presentation include discussion of any commercial products or services?
 Yes No
2. Do you have a significant relationship(s) with the commercial supporter(s) of this activity or of any related products?
 Yes No
3. Do you intend to discuss any off-label or investigational use of any commercial product or device? This discussion must meet the criteria of peer-reviewed and evidence-based content.
 Yes No

Discussion with regard to investigational products or therapies or off-label (non-FDA approved) uses of products must also be disclosed to the target audience in advance of the presentation, in accordance with the WSMA Standards for Commercial Support.

I will **not** be discussing any off-label use of a product or any investigational products (non-FDA approved).

⇒Signature

Date

I **will** be discussing off-label use of a product and/or an investigational product. *Please sign and describe the off-label use and/or investigational product below.:*

⇒Signature

Date

Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

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.

Please return this form to: **(Insert contact info) by (insert date).**

THIS CERTIFICATE TEMPLATE IS FOR PROGRAMS THAT ARE JOINTLY
SPONSORED WITH SCMS.

Certificate of Participation

THE SPOKANE COUNTY MEDICAL SOCIETY CERTIFIES THAT

_____ *participated in*

[insert name, location & date of activity]

This activity has been planned and implemented in accordance with the Essential Elements, Criteria, and Standards of Accreditation of the Washington State Medical Association CME Accreditation Committee through the partnership of The Spokane County Medical Society accredited sponsor first and then insert the name of the **non-accredited organization/institution.**) The Spokane County Medical Society a Washington State Medical Association accredited sponsor, designates this educational activity for a maximum of _____ hours in Category I to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission. The Spokane County Medical Society designates this educational activity for a maximum of _____ **AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Participant's Signature: _____

Hours Claimed: _____

Please keep this certificate for your records. The registrar can verify that the participant signed in at the activity. Actual hours of attendance claimed are the individual participant's responsibility



Spokane County
MEDICAL SOCIETY

Orange Flag Building • 104 S. Freya St., Suite 114 • Spokane, WA 99202-4868 • (509) 325-5010 • Fax (509) 325-5409

LETTER OF AGREEMENT

Regarding Terms, Conditions and Purposes of an Educational Grant
(Must be typed or printed legibly)

This Letter of Agreement is between _____ and
(sponsor)

(Commercial Company)

Title of CME Program: _____

Location: _____

Commercial Supporter (Company name/Branch): _____

Address: _____

(City)

(State)

(Zip Code)

Contact Person: _____

Phone Number: _____ FAX #: _____

The above named company wishes to provide support for the named continuing medical education activity by means of (indicate which option):

1. **Unrestricted educational grant for support of the CME activity in the amount of \$** _____

2. Restricted grant to reimburse expenses for:

A) Speaker(s) 1) _____ 2) _____

To Include: All Expenses: _____ Travel Only: _____ Honorarium Only: _____

Honorarium Amount (to be determined by Program Director) \$ _____

B) Support for catering functions (specify) _____

in the amount of \$ _____

C) Other (e.g., equipment loan, brochure distribution, etc.) _____

(PLEASE READ SECOND PAGE THEN SIGN)

SIGNATURES

Signature of Company Representative: _____ Date: _____

Signature of SCMS or Joint Sponsor: _____ Date: _____

CONDITIONS

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** joint sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to joint sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Joint sponsor will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationships:** joint sponsor will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the joint sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Involvement in Content:** there will be no "scripting," emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** joint sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** joint sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** joint sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** joint sponsor will ensure opportunities for questioning or scientific debate.

The Commercial Supporter agrees to abide by all requirements of the ACCME Standards for Commercial Support of Continuing Medical Education (appended).

The Accredited Joint Sponsor agrees to: 1) abide by the ACCME *Standards for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

LETTER TO FACULTY: TEMPLATE



Spokane County MEDICAL SOCIETY

Orange Flag Building • 104 S. Freya St., Suite 114 • Spokane, WA 99202-4868 • (509) 325-5010 • Fax (509) 325-5409

Insert Address

Insert Date

Dear :

We are pleased that you are willing and able to participate in our CME activity, insert title, scheduled for <Insert date> at the <insert location> in <insert city>.

The Spokane County Medical Society (SCMS) is accredited by the Washington State Medical Association. As such, we have made the choice to meet the SCMS's expectations for our practice of continuing medical education. We look forward to working together to provide CME of the highest standard.

We expect that you will speak to the following objective(s):

- X
- X
- X

SCMS has implemented a process where everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. In order to do this, please complete the enclosed disclosure statement and return it to us by <insert date>. This information is necessary in order for us to be able to move to the next steps in planning this CME activity. In addition, we inform learners of each speaker's financial relationships, or report that there is none. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CME activity.

As discussed with you previously, SCMS (OR, if jointly-sponsored event, insert name of non-accredited provider), has agreed to pay you an honoraria of <insert amount> and reimburse certain expenses you may incur as provided in our policies. SCMS policies and procedures on reimbursement are included with this letter. It is also SCMS's policy that faculty not accept any additional payments or **reimbursements from any commercial interest for presenting CME activities for SCMS (OR, if jointly-sponsored event, insert name of non-accredited provider).** In addition, we draw your attention to the following,

Information for Learners

The information above on objectives will be provided to learners by the SCMS (OR, if jointly-sponsored event, insert name of non-accredited provider). These are learner-based objectives and have been framed in terms of learner knowledge, improved patient care, and enhanced professional satisfaction, which is in keeping with our CME mission.

Content Validation

SCMS expects that all of its CME programs will adhere to the ACCME's content validation value statements. Specifically, 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. 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. Please contact SCMS (OR, if jointly-sponsored event, insert name of non-accredited provider) if you do not feel your presentation can meet these standards.

Safeguards Against Commercial Bias

SCMS expects that the content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. We also remind you that CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational material or content includes trade names, trade names from several companies should be used where available, not just trade names from a single company.

Measurements of Effectiveness

SCMS (OR, if jointly-sponsored event, insert name of non-accredited provider) will be seeking feedback from the learners on the effectiveness of this CME activity through the use of evaluations. In addition, we routinely ask attendees to report whether or not they perceived any bias in the presentation.

Educational Materials

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Again, thank you for agreeing to work with us in this CME activity. We look forward to this activity making an important contribution to the continuing professional development of our learners and to your professional practice.

Sincerely,
Insert name of Joint-Sponsor Representative
Attach Disclosure form & Honoraria policy.



(Sample of Written Disclosure to Audience **For Each Faculty Member**)
(To Be Included in the Syllabus or Handouts)

Title of CME Program

Date of Program

Name of Individual

Objectives:



Faculty, Planning or Approval Committee Member Disclosure:

Example: “Dr. _____ is the (describe affiliations). Dr. _____ has indicated no other commercial affiliation

