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**Spokane County  
MEDICAL SOCIETY**

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

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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.

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 Gerry Bozarth, CME Coordinator at extension #28, 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,

V. Patrick Hughes, M.D.  
CME Committee Chair  
Spokane County Medical Society



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Dear Applicant:

Annually, the Spokane County Medical Society conducts a continuing medical education Needs Assessment Survey (copy of results enclosed). In an effort to meet physicians educational needs we encourage you to incorporate in your program planning as much of this information as possible.

Remember that when you conduct your program evaluations at the end of your program, you must incorporate the suggestions of your participants when planning the following year's activity.

Other topics that have arisen from course evaluations are the need for more information on:

EMR	Nuclear Medicine
Clinical Pathways	Oncology
Ethics	Vascular Medicine
Quality	Wound Care
Regulatory Compliance	Sleep Disorders
Bowel Disease	Meriad of Cardiovascular & Neonatal Needs
Rheumatology	Radiology
Trauma	

Sincerely,

Gerry Bozarth  
CME Coordinator  
Spokane County Medical Society



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The Spokane County Medical Society faxed its annual CME survey to members October, 2001. One hundred twenty-one (121) members returned the survey. The following represents results of the survey, ranked by percentage of interest. Some members indicated more than one response per questions or skipped questions. Therefore, percentages do not always equal 100%.

### General clinical courses that I'd attend are:

32% Dermatology	28% Orthopedic	18% Emergency Medicine	16% Geriatrics
30% Cardiology	27% Gastroenterology	18% Psychiatry	16% Oncology
30% Neurology	23% Pediatrics	17% OB/GYN	6% Pathology

Other included: pulmonary, critical care, surgery, primary care, family practice, endocrinology, adolescent medicine, facial trauma, allergy, otolaryngology, HIV, sports medicine.

### Specific clinical topics that I'd attend are:

39% Seldom Seen Pathogens and Bioterrorism	26% Osteoporosis
31% Cardiology for Primary Care	21% Asthma/Allergy
31% Complementary/Alternative Medicine (CAM)	18% Conscious Sedation
30% Palliative Medicine/Pain Management	12% Seizure Disorders

Other included: diabetes, endocrine disorders, pediatric orthopedics, gynecology, hip/knee arthritis, basic primary care for specialists, antibiotics, infectious diseases, oncology, MS and similar conditions, nephrology, neonatal-perinatal, preventive medicine, aging, acupuncture, glaucoma/cataracts, pap smears

### Non-clinical courses that I'd attend are:

38% PDA's, Internet, and EMR's for Clinical Management	25% Evidence Based Medicine
31% Financial Management Strategies	25% Regulatory Compliance (HIPPA)
26% Physician/Patient Communication and Risk Management	23% Bioethics

Other included: Insurance issues, coding updates

My preferred day to attend a 3-4 hour CME is: 24% Mon PM 23% Tues PM 26% Wed PM 22% Th PM  
21% Fri PM 32% Sat AM

Topics I'd attend at an out of town resort: 30% General Update 70% My Specialty Only 0% Other

My preferred learning style is: 38% Case Presentation 66% Lecture 0% Other

To help us evaluate our program for 2001, please answer the following questions:

1. Did you attend any SCMS Category 1 CME courses during 2001? 50% Yes 50% No  
Why or why not? Convenience, interest, topics, expense, not specialty, distance, didn't know, access, time constraints.
2. If you answered yes to #1, did the CME course result in any change in how you practice medicine and if so, how?  
66% Improved patient care 11% Improved my quality of life 15% Improved my efficiency
3. Please suggest how SCMS CME courses can be designed to have a greater influence on your practice. Example: more 3-4 hour courses, interest too narrow, hold in north location, use quality speakers and recognized medical authorities, notify further ahead.

POLICIES, PROCEDURES,  
GUIDELINES &  
INSTRUCTIONS FOR  
ORGANIZATIONS WISHING  
JOINT SPONSORSHIP WITH  
THE SPOKANE COUNTY  
MEDICAL SOCIETY



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### ESSENTIAL AREA 1.2 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.

### ESSENTIAL AREA 1.1 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.

**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 and other effective educational events that meet the needs of our learners.



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**GUIDELINES FOR APPLICANTS  
FOR CATEGORY 1  
JOINT SPONSORSHIP OF CONTINUING MEDICAL EDUCATION**

The following is a summary of the general process for obtaining joint sponsorship with the Spokane County Medical Society (SCMS).

**APPLICATIONS MUST BE REVIEWED BY OUR CME COMMITTEE AT LEAST 90 DAYS  
PRIOR TO THE PROGRAM**

1. Initially, discuss your wish with a member of the CME Committee or SCMS staff if you are unfamiliar with the process.
2. Applications must be reviewed by the SCMS Continuing Medical Education Committee at least ninety (90) days before the scheduled program. For the fastest approval, your application must be received in the SCMS office a minimum of two weeks prior to the Committee meeting at which you wish your application to be reviewed. The Committee is scheduled to meet on the fourth Tuesday of each month with the exception of August when it does not meet.
3. The SCMS Continuing Medical Education Committee will review applications. The SCMS Continuing Medical Education Committee grants only credit for Category 1. We generally review community based programs.
4. The SCMS Continuing Medical Education Committee agrees to review programs outside our immediate locale. This area will include Eastern Washington, Northern Idaho and Western Montana (The Inland Northwest).
5. Applications will be rejected where commercial entities determine the need for, create the objectives of a program and/or pick the speakers. Commercial entities cannot engage in any of the above activities. Moneys that have been donated to CME providers to underwrite seminars are acceptable as long as the needs, objectives, faculty, and curriculum have been determined by the joint sponsor and the joint sponsor obtains a signed letter of agreement from each entity.
6. A proper needs assessment **and** supporting data and/or documentation **must** accompany all applications. Documentation for all the areas checked on page 2, Section 2, must be included with your CME application. See accompanying letter for guidelines for a proper needs assessment.

7. Clearly stated objectives provide prospective participants with a realistic understanding of the nature and purpose of the CME activity. The development of objectives serves three functions: 1) assisting joint sponsors in planning, designing and implementing educationally effective activities; 2) assisting joint sponsors in evaluating the quality of CME activities; and; 3) assisting prospective participants in judging whether or not a CME activity meets their needs or interests. Explicit objectives means that the objectives are clear and of sufficient detail so that they are capable of fulfilling these three functions. Please plan to provide us with at least one objective per contact hour.
8. A plan for evaluation must accompany all applications. Among other things, the plan for evaluation must assess how well each speaker's objectives were met (sample evaluation enclosed). Following the program, the final evaluation summaries must be forwarded to the faculty and you must provide us with documentation that this has occurred.
9. The Program Director SHALL BE A PHYSICIAN who will take responsibility for the program.
10. The Program Director for your program may be asked to attend a SCMS CME Committee meeting to discuss the content and merit of their program before accreditation is granted.
11. Your program must be designed for physicians. Other allied health care professionals are welcome, but the target audience for Category 1 CME must be physicians. Category 1 CME programs need not be for physicians only, nor taught only by physicians. Category 1 is Continuing Medical Education not Graduate Medical Education. **PLEASE SEE THE ATTACHED DEFINITION OF CATEGORY 1 CREDIT.** Your program must meet this definition to be considered for credit.
12. If your program is approved, the joint sponsor must use the words, "**JOINTLY SPONSORED BY** \_\_\_\_\_[your organization (the provider)] and the Spokane County Medical Society" on the cover to publicize the course. The word "sponsor" **must not** be used in any other context. If you wish to acknowledge commercial entities that have contributed funds to support CME activities, they should be referred to as supporters, rather than sponsors.

**THE FOLLOWING WORDING (ACCREDITATION STATEMENT) MUST APPEAR EXACTLY ON THE BROCHURE UNDER THE HEADING CME CREDIT:**

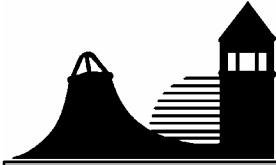
This activity has been planned and implemented in accordance with the Essentials and Standards of the Washington State Medical Association (WSMA) CME Accreditation Committee through the partnership of the Spokane County Medical Society (SCMS) and (insert name of non-accredited organization). The SCMS, a WSMA accredited sponsor, designates this educational activity for a maximum of (X) hours of Category 1 to satisfy the relicensure requirements of the Washington State Medical Quality Assurance

Commission and the American Medical Association Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

**BROCHURES MUST NOT BE DISTRIBUTED WITHOUT THE ACCREDITATION STATEMENT.** This wording cannot appear on the brochure used for advertisement or pre-registration until confirmation of Category 1 CME credit is received from this office. **You may not use the words "applied for" on any brochures, flyers or pre-registration forms. DO NOT PRINT YOUR BROCHURE BEFORE GOING THROUGH THE APPROVAL PROCESS.**

13. If you choose to award a certificate of attendance to the participants (it is not mandatory), it **must** contain the wording "The Spokane County Medical Society certifies that" prior to the participant's name. In addition, the certificate **must** contain the accreditation statement. A sample of any certificate to be awarded must accompany your application.
14. Course brochures, flyers and/or pre-registration forms **must** contain the Accreditation Statement (see paragraph #12).
15. Explicit objectives of the program **must** be printed on any brochures/flyers used. A summary of the objectives is not adequate.
16. All programs must fulfill the criteria outlined in these guidelines. In addition, the following items **must** be submitted with your application form in order to comprise a complete application:
  - a) needs assessment with supporting data/documentation
  - b) plan for evaluation
  - c) budget – (see #17)
  - d) a copy of the rough brochure
  - e) rough draft of certificate to be awarded (if any)
  - f) faculty disclosure form(s) Application Attachment #5 (see #18)
  - g) letter(s) of agreement (see #19)
  - h) linkage documentation (see Policy Attachment #2)
17. A copy of the budget for the program must accompany the application. All sources of financial support, including course fees must be disclosed. Pharmaceutical support must be disclosed. Any commercial support money must be called or referred to as an "unattached grant" and may not be used to pay any speaker or speaker expenses directly. Money must be paid to the sponsor of the course and then paid to the speaker.
18. All faculty shall sign a disclosure form that states any potential or existing relationship the speaker may have with any commercial company of any nature. This disclosure must be made known to the audience, either by announcement or printed on course handouts. Joint sponsors will be required as part of their final paperwork that is submitted to us after their program, to document in writing how and when they disclosed to their audience any potential or existing conflicts of interest or affiliations by their faculty. See Application Attachment # 5.

19. 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 director. See Application Attachment #6.
20. Please read and understand the attached Standards for Commercial Support of Continuing Medical Education. See Policy Attachment #5.
21. Upon completion of the course, the joint sponsor needs to send one copy of each of the following items to the SCMS. These items will be kept for six years.
  - a) a copy of the final brochure when completed
  - b) list of all attendee with titles and **CITY/STATE OF RESIDENCE**
  - c) two summary evaluation results forms, one containing results from MD and DO evaluations only and one form containing results from all other attendees
  - d) final income/expense summary
  - e) record of test scores (if any)
  - f) documentation of disclosure of potential conflicts of interest or affiliations by faculty
  - g) Documentation that evaluation results were forwarded to the faculty (copies of the letters to the faculty will suffice).
22. **The fee is \$550.00 per application.** This fee goes toward defraying the cost of materials, secretarial and administrative staff and physician review.
23. ADA Accommodation: Programs must make every effort to accommodate participants with disabilities. We recommend the following statement be added to every brochure: "If any participant of the (Program Offered) given by (Organization) is in need of accommodation, please do not hesitate to call and/or submit in writing two (2) weeks prior to (Contact Person) in order to receive service.
24. When the Spokane County Medical Society receives your application, it is assigned to an SCMS Committee member (a physician) for review. He or she may call you in this regard.
25. The Spokane County Medical Society will notify you in writing of the Committee's determination.



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### **POLICY FOR JOINT SPONSORSHIP**

The Spokane County Medical Society (SCMS), is accredited by the WSMA Medical Education committee to jointly sponsor Category I Continuing Medical Education programs for physicians. As an accredited organization, the Society may also designate CME activities for Category I credit. We are responsible for insuring that all programs jointly sponsored by the Society meet both the requirements (“Essentials”) outlined by the ACCME for quality education programs and the requirements of the AMA Physicians Recognition Award for Category I activities. See policy attachment #7.

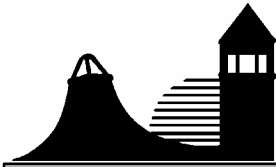
It is important to note that the ACCME Essentials require that the accrediting organization (Spokane County Medical Society) be involved in the planning, development, administration and evaluation of the program, and must assume responsibility for the educational quality of the program. A brief summary of the essentials is enclosed.

In addition, for your program to be considered for the designation of Category I Credit your 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 applications for joint sponsorship of 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 the general requirements listed above and additional specific requirements related to program planning requirements; specifically that the SCMS must participate in planning the objectives, course outline and speakers.

If you wish further information please contact the Spokane County Medical Society.

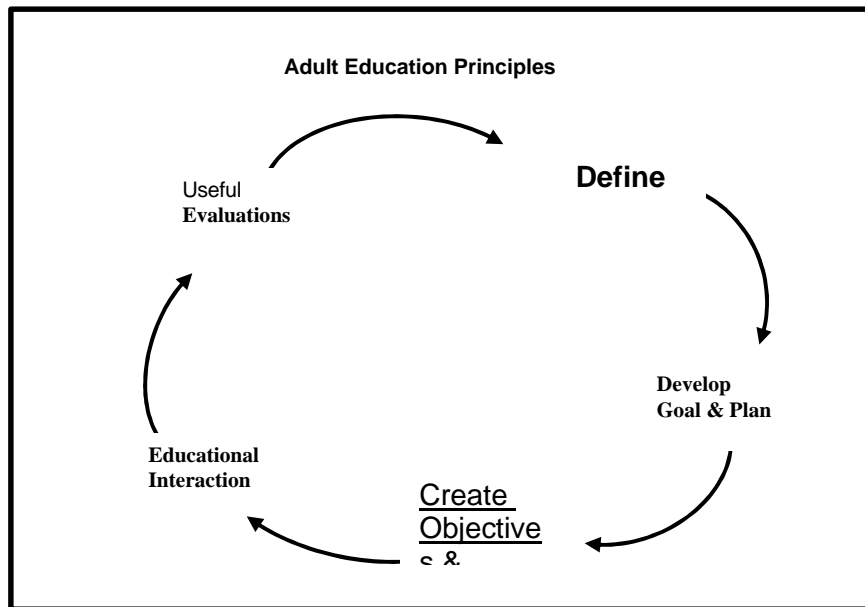


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## ESSENTIAL AREA 2.1 LINKAGE GUIDELINES FOR JOINT SPONSORS

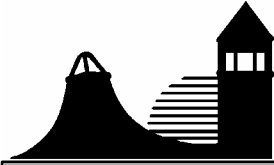
It is essential that you link the process you use to create an educational offering (your needs assessment) to your actual event as well as to utilize the results of your evaluation to give you information for planning future offerings. Please provide us with date ordered documentation.



**DEMONSTRATING LINKAGE:** Please supply the committee with documentation of your linkage process. Documentation is not limited to but might include:

Planning Process and Minutes Speaker Elements Commercial Support Promotion Arrangements Financials Brochure Information	Accreditation Files Evaluations Syllabus Registration Records Summary and Impact Data Reporting Data Other
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In all cases you must demonstrate linkage by minutes 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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**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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### **ESSENTIAL AREA 3.1**

#### **POLICY ON COMMERCIAL SUBSIDIZATION AND DISCLOSURE**

Applications will be rejected where commercial entities determine the need for, create the objectives or any combination thereof and or select the speakers for a program.

However, unrestricted educational grants that have been donated to the SCMS CME Committee or its joint sponsors to underwrite seminars are acceptable as long as the needs, objectives, faculty and curriculum have been determined by the SCMS CME Department or its joint sponsor/s.

In an effort to ensure that there is not undue commercial influence the SCMS CME Committee has many safeguards in place. Some of them include but are not limited to:

1. Inclusion of this policy in our “Instructional Guidelines For Applicants For Category I Joint Sponsorship of Continuing Medical Education”.
2. Requirement that joint sponsors include signed Letters of Agreement with commercial entities.
3. Requirement of Faculty Disclosure forms that elucidate potential conflict of interest with commercial entities.
4. Requirement of a rough and final budget that breaks out commercial educational grants.
5. Inclusion of “SCMS Standards for Commercial Support of CME” in our instructional materials for joint sponsors.
6. Disclosure on course advertising material of commercial support.
7. Announcement of potential faculty conflict’s of interest at educational events.
8. A question on every course evaluation form that pertains to speaker bias to commercial products and or services.
9. Commercial supporters generally donate money to our department or joint sponsors in the form of unrestricted educational grants. The department determines how those dollars are spent.
10. When commercial support is accepted in the form of restricted grants, the department or joint-sponsors still determines how the dollars are spent and maintains control of the event.

11. Commercial support is always disclosed to participants. It is printed on all promotional materials and documented in the course syllabus. In addition, the course directors disclose this information at the beginning of each program or display it at the entry of each event.
12. Potential conflicts of interest with commercial entities by faculty are disclosed to the audience. This disclosure is then documented in the file.
13. The SCMS CME Department or joint sponsor is the entity that produces the needs assessment, creates the objectives, and selects the faculty.
14. Representatives of commercial entities are allowed to attend our events, however, they may not engage in sales activities while in the room where educational events are occurring. Commercial displays may not be in the same room as educational events.
15. The SCMS CME Committee does not allow commercially supported social events from taking precedence over or competing with Category I educational events.
16. The SCMS CME Committee maintains an enduring materials policy. See Policy Attachment #6.



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## STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

### PREAMBLE

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the Spokane County Medical Society (SCMS) to assure that all Category 1 CME activities are designed primarily for that purpose.

Joint sponsors often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards is to describe appropriate behavior of joint sponsors in planning, designing, implementing, and evaluating certified CME activities for which commercial support is received.

### STANDARDS

#### I. General Responsibilities of Joint Sponsors

Joint Sponsors are responsible for the content, quality and scientific integrity of all CME activities certified for Category 1 credit. Identification of continuing medical education needs, determination of educational objectives, and selection of content, faculty, educational methods and materials is the responsibility of the joint sponsors. Similarly, evaluation must be designed and performed by the joint sponsors.

##### A. Basic Design Requirements for CME Activities

In designing educational activities, the joint sponsors must assure that the activities have the following characteristics: They must be free of commercial bias for or against any product. If the activities are concerned with commercial products, they must present objective information about those products, based on scientific methods generally accepted in the medical community.

##### B. Independence of Accredited Sponsors

The design and production of educational activities shall be the ultimate responsibility of Spokane County Medical Society. Therefore, commercial supporters of such activities shall not control the planning, content or execution of the activity. To assure compliance with these standards, the following requirements must be adhered to:

**1) Assistance with Preparation of Educational Materials**

The content of slides and reference materials must remain the ultimate responsibility of the faculty selected by the joint sponsors. A commercial supporter may be asked to help with the preparation of conference related educational materials, but these materials shall not, by their content or format, advance the specific proprietary interests of the commercial supporter.

**2) Assistance with Educational Planning**

A joint sponsor may obtain information that will assist in planning and producing an educational activity from any outside source whether commercial or not. However, acceptance, by joint sponsors, of advice or services concerning speakers, invitees or other education matters, including content, is not acceptable.

**3) Marketing CME Activities**

Only the joint sponsor may authorize a commercial supporter to disseminate information about a CME activity to the medical community. However, the content of such information is the responsibility of the joint sponsor, and any such information must identify the educational activity as produced by the joint sponsors.

**4) Activities Repeated Many Times**

Joint sponsors that offer commercially supported educational activities that repeat essentially the same information each time they are given, must demonstrate that every version of that activity meets all of the Essentials and Standards.

**5) Educational Activities or Materials Prepared by Proprietary Entities**

When joint sponsors offer educational activities consisting of concepts or materials prepared by proprietary entities, such activities must adhere to the Essentials and Standards in all respects, especially with regard to the provisions concerning the independence of the joint sponsors in planning, designing, delivering, and evaluating such activities.

**II. Enduring Materials**

The joint sponsors are responsible for the quality, content, and use of enduring materials for purposes of Category 1 CME credit. See attached policy for enduring materials Policy Attachment #6.

### **III. Identifying Products, Reporting on Research, and Discussing Unlabeled Uses of Products**

#### **A. Generic and Trade Names**

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

#### **B. Reporting Scientific Research**

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 joint sponsors to confirm the scientific objectivity of the presentation. Such information must conform to the generally accepted standards of experimental design, data collection and analysis.

#### **C. Unlabeled Uses of Products**

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 joint sponsor shall require the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.

### **IV. Exhibits and Other Commercial Activities**

#### **A. Exhibits**

When Commercial exhibits are part of the overall program, arrangements for these should not influence planning or interfere with the presentation of CME activities. Exhibit placement should not be a condition of support for a CME activity.

#### **B. Commercial Activities During Educational Activities**

No commercial promotional materials shall be displayed or distributed in the same room immediately before, during, or immediately after an educational activity certified for credit.

#### **C. Commercial Supporters at Educational Activities**

Representatives of commercial supporters may attend an educational activity, but may not engage in sales activities while in the room where the activity takes place.

## **V. Management of Funds from Commercial Sources**

### **A. Independence of the Joint Sponsors in the Use of Contributed Funds**

The ultimate decision regarding funding arrangements of CME activities must be the responsibility of the joint sponsors. Funds from a commercial source should be in the form of an educational grant made payable to the joint sponsors for the support of programming. The terms, conditions and purposes of such grants must be documented by a signed agreement between the commercial supporter and the joint sponsor. See Application Attachment #7. All support associated with a CME activity, whether in the form of an educational grant or not, must be given with the full knowledge and approval of the joint sponsors. No other funds from a commercial source shall be paid to the director of the activity, faculty, or others involved with the supported activity.

### **B. Payment to Faculty**

Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for faculty is customary and proper.

### **C. Acknowledgment of Commercial Support**

Commercial support must be acknowledged in printed announcements and brochures, however, reference must not be made to specific products, and they must be referred to as supporters not sponsors.

### **D. Accountability for Commercial Support**

Following the CME activity, the joint sponsors must prepare to report to each commercial supporter, and other relevant parties, information concerning the expenditure of funds each has provided.

## **VI. Commercially Supported Social Events**

Commercially supported social events at CME activities should not compete with, nor take precedence over the educational events.

## **VII. Policy on Disclosure of Faculty and Sponsor Relationships**

### **A. Disclosure Policy of ALL CME Activities**

Joint sponsors shall have a policy requiring disclosure of the existence of any significant financial interest or other relationship a faculty member or the sponsor has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation. All certified CME activities shall conform to this policy. See Policy Attachment #4.

**B. Disclosure in Conference Materials**

CME faculty or sponsor relationships with commercial supporters shall be disclosed to participants prior to educational activities in brief statements in conference materials such as brochures, syllabi, exhibit, poster sessions, and also in post-meeting publications.

**C. Disclosure for Regularly Scheduled Activities**

In the case of regularly scheduled events, such as grand rounds, disclosure shall be made by the moderator of the activity after consultation with the faculty member or a representative of the supporter. Written documentation that disclosure information was given to participants shall be entered in the file for that activity.

**VIII. Financial Support for Participants in Educational Activities**

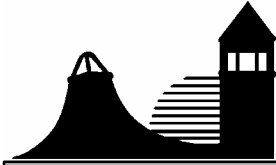
**A. Expenses of Non-Faculty Attendees**

In connection with an educational activity offered by a joint sponsor, the sponsor may not use funds originating from a commercial source to pay travel, lodging, registration fees, honoraria, or personal expenses for non-faculty attendees. Subsidies for hospitality should not be provided other than meals or social events that are held as part of the activity.

**B. Scholarship for Medical Students, Residents and Fellows**

Scholarship or other special funding to permit medical students, residents, or other fellows to attend selected educational conferences may be provided, as long as the

selection of students, residents or fellows who will receive the funds is made either by the academic or training institution, or by the joint sponsor with the full concurrence of the academic or training institution.



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## Spokane County MEDICAL SOCIETY

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### SPOKANE COUNTY MEDICAL SOCIETY'S (SCMS) POLICY ON 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.**

8. Enduring materials will not be considered for Category I CME when they are the sole 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.



## **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.
- 3.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.
- 3.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.

**APPLICATION FORMS FOR  
JOINT SPONSORSHIP WITH  
THE SPOKANE COUNTY  
MEDICAL SOCIETY**



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**Spokane County  
MEDICAL SOCIETY**

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**THE SPOKANE COUNTY MEDICAL SOCIETY'S  
CME APPLICATION CHECK LIST**

Please read the accompanying guidelines as there is important information about the requirements regarding Category I CME credit.

In order for a program to be granted credit, a complete application must be submitted. The following items must be submitted with the application form in order to comprise a completed application:

- Supporting Data/Documentation for the Needs Assessment
- Supporting Data/Documentation for Linkage.
- Initial Budget - to include income and expense
  - must include funding source(s) and any letters of agreement
- Faculty Disclosure form for each Speaker
- Rough Draft of Brochure

Must demonstrate that the finished brochure will contain:

- The Wording "Jointly Sponsored By (Your Name) and Spokane County Medical Society"
- Accreditation statement (see paragraph #12 of Guidelines)
- Objectives (no summary)
- Agenda, including topics and faculty
- If other organizations are participating with you, the word "sponsor" may not be used. Some suggested alternatives are "presented" or "supported by".
- Sample certificate of attendance (if one will be awarded)

Must demonstrate that the certificate will contain:

- The phrase "The Spokane County Medical Society certifies that" prior to the attendee's name (sample enclosed)
- The Accreditation Statement (see paragraph #12 of Guidelines)
- Sample plan for evaluation
  - Must evaluate whether or not the speakers met their stated objectives and ask for suggested topics and speakers for future meetings

Because requirements change, please contact the Spokane County Medical Society office for a new application form each time you will be applying for credit for a program. The accompanying Guidelines are updated continually and the application form itself changes occasionally.



**Spokane County  
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REQUEST FOR JOINT SPONSORSHIP (ACCREDITATION) OF MEDICAL EDUCATION PROGRAMS  
(Application must be received in the SCMS office 90 days in advance of the program. Please have your  
application in our office at least two weeks prior to the meeting which it is to be reviewed by the CME  
Committee.)

**TITLE OF PROGRAM:** \_\_\_\_\_

**DATE(S)/TIME(S):** \_\_\_\_\_ **CONTACT HOURS:** \_\_\_\_\_  
**(TO THE NEAREST 1/2 HOUR)**

**LOCATION(S):** \_\_\_\_\_

**PROGRAM DIRECTOR (LOCAL MD):** \_\_\_\_\_

**PROGRAM COORDINATOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROVIDER\*:** \_\_\_\_\_

\*NOTE: Application will be rejected where commercial entities do any of the following; determine the need for, create objectives, or select faculty of a program. Monies that have been donated to CME joint sponsors to underwrite seminars are acceptable as long as needs, objectives, curriculum and faculty have been determined by the joint sponsor.

**1). NEEDS ASSESSMENT 2). OBJECTIVES 3). LINKAGE DOCUMENTATION OF THIS PROGRAM:** See Attached

**LIST NAMES/POSITIONS OF PLANNERS:** \_\_\_\_\_

**DATE PLANNING BEGAN:** \_\_\_\_\_ **ANTICIPATED ENROLLMENT:** \_\_\_\_\_

**FACULTY (LIST NAME, SPECIALTY AND SUBJECT ON A SEPARATE SHEET OF PAPER):**

**METHOD OF TEACHING BY CONTACT HOUR:**

Case Presentation	_____	Lectures	_____	Videotapes	_____
Group Discussions	_____	Other	_____	<b>TOTAL</b>	_____

**PLAN OF EVALUATION OF LEARNING MUST ACCOMPANY APPLICATION.** Your evaluation must show that you measure the extent to which your educational objectives are being met by your faculty. Furthermore, please demonstrate that evaluation data are used in planning future CME activities.

Program Director \_\_\_\_\_ M.D. Date \_\_\_\_\_



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**NEEDS ASSESSMENT FROM APPLICATION FORM**

**Every application must be accompanied by supporting Needs Assessment documents.** (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.

**1. WHAT IS THE REASON FOR INITIATING THIS PROGRAM? SUPPORTING DATA MUST BE PROVIDED.**

**WHAT WOULD A PHYSICIAN HOPE TO GAIN FROM THIS PROGRAM?**

**2. HOW WAS THE NEED FOR THIS PROGRAM IDENTIFIED? (PLEASE ENCLOSE SUPPORTING DATA)**

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

**3. 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 _____          |

**4. DESCRIBE YOUR TARGET AUDIENCE - INCLUDE POSSIBLE NUMBERS (I.E. RURAL PHYSICIANS PRACTICING CARDIOLOGY)**

**5. HOW MANY REQUESTS DID YOU HAVE FOR THIS PROGRAM?**

- |                                |                                |                                 |                                  |
|--------------------------------|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0 - 2 | <input type="checkbox"/> 3 - 5 | <input type="checkbox"/> 5 - 10 | <input type="checkbox"/> Over 10 |
|--------------------------------|--------------------------------|---------------------------------|----------------------------------|

**6. WHAT OTHER SOURCES OF INFORMATION/RESOURCES ON THE PROBLEM 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"/> Other  | <input type="checkbox"/> Consultants |





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**EDUCATIONAL DESIGN**

**BRIEFLY DESCRIBE HOW THIS PROGRAM IS RESPONSIVE TO THE EDUCATIONAL CHARACTERISTICS OF YOUR PROSPECTIVE PARTICIPANTS. SUCH AS: KNOWLEDGE LEVELS, PROFESSIONAL EXPERIENCE AND PREFERRED LEARNING STYLES.**

**DOCUMENT THE USE OF SYSTEMATIC PLANNING PROCEDURES (INCLUDE MINUTES OF PLANNING COMMITTEE MEETING(S) / CONVERSATIONS AND CORRESPONDENCE WITH FACULTY & DEPARTMENT CHAIRS TO ACHIEVE YOUR STATED OBJECTIVES).**

**FINAL EVALUATION QUESTIONNAIRE**

**HOW WILL YOU USE YOUR EVALUATION DATA TO PLAN FUTURE CME ACTIVITIES?**

**LINKAGE DOCUMENTATION**

**ON A SEPARATE SHEET OF PAPER, PLEASE SUPPLY THE COMMITTEE WITH DOCUMENTATION OF YOUR LINKAGE PROCESS. SEE POLICY ATTACHMENT #2 (LINKAGE GUIDELINES FOR JOINT SPONSORS) FOR INFORMATION.**



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**INITIAL BUDGET**

**PROGRAM TITLE** \_\_\_\_\_

**PROGRAM DATE** \_\_\_\_\_

**NAME OF JOINT SPONSOR** \_\_\_\_\_

<b>INCOME</b>	
Institutional or Other Funds (Submit List)	
Unrestricted Educational Grants (Submit List of all Contributors & Letters of Agreement)	
Tuition/Registration	
<b>TOTAL</b>	
<b>EXPENSES</b>	
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	
<b>TOTAL</b>	
<b>PROFIT/LOSS</b>	



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**FINAL INCOME/EXPENSE SUMMARY**

**PROGRAM TITLE** \_\_\_\_\_

**PROGRAM DATE** \_\_\_\_\_

**NAME OF JOINT SPONSOR** \_\_\_\_\_

<b>INCOME</b>	
Institutional or Other Funds (Submit List)	
Unrestricted Educational Grants (Submit List of all Contributors & Letters of Agreement)	
Tuition/Registration	
Refunds	
<b>TOTAL</b>	
<b>EXPENSES</b>	
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	
<b>TOTAL</b>	
<b>PROFIT/LOSS</b>	

# Certificate of Attendance

THE SPOKANE COUNTY MEDICAL SOCIETY CERTIFIES THAT

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ATTENDED

“THE TITLE OF THE COURSE OFFERED”

Date



This activity has been planned and implemented in accordance with the Essentials and Standards of the Washington State Medical Association (WSMA) CME Accreditation Committee through the partnership of the Spokane County Medical Society (SCMS) and (insert name of non-accredited association). The SCMS, a WSMA accredited sponsor, designates this educational activity for a maximum of (X) hours in Category 1 to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission and the American Medical Association Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

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*Participant Signature*

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*Hours Claimed*

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



# SAMPLE EVALUATION FORM

**Spokane County  
MEDICAL SOCIETY**

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PROGRAM TITLE \_\_\_\_\_

PROGRAM DATE \_\_\_\_\_

NAME OF JOINT SPONSOR \_\_\_\_\_

PLEASE RATE EACH OF THE FACULTY WITH THE FOLLOWING FORMAT {USE ONE BLOCK PER FACULTY MEMBER}

TOPIC: \_\_\_\_\_

FACULTY: \_\_\_\_\_

FACULTY OBJECTIVES: \_\_\_\_\_

	LOW				HIGH
CONTENT RELEVANCE TO COURSE OBJECTIVES	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
SPEAKER WAS EFFECTIVE IN MEETING MY EDUCATIONAL NEEDS	1	2	3	4	5

COMMENTS: \_\_\_\_\_

TOPIC: \_\_\_\_\_

FACULTY: \_\_\_\_\_

FACULTY OBJECTIVES: \_\_\_\_\_

	LOW				HIGH
CONTENT RELEVANCE TO COURSE OBJECTIVES	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
SPEAKER WAS EFFECTIVE IN MEETING MY EDUCATIONAL NEEDS	1	2	3	4	5

COMMENTS: \_\_\_\_\_

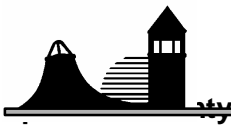
PLEASE DESCRIBE THE THINGS YOU HAVE LEARNED, WILL CHANGE, OR IMPROVE IN THE FUTURE: \_\_\_\_\_

PLEASE LIST SUGGESTED TOPICS AND SPEAKERS FOR FUTURE MEETINGS: \_\_\_\_\_

IN YOUR OPINION, WAS THE PRESENTER(S) BIASED IN HIS/HER DISCUSSION OF ANY COMMERCIAL PRODUCT OR SERVICE?  
 YES       MAYBE       NO      COMMENTS BELOW: \_\_\_\_\_

	LOW				HIGH
THE COURSE SYLLABUS WAS HELPFUL	1	2	3	4	5
FACILITY WAS ADEQUATE	1	2	3	4	5

ADDITIONAL COMMENTS: \_\_\_\_\_



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**FACULTY DISCLOSURE STATEMENT**

It is the policy of the **Spokane County Medical Society’s (SCMS) Continuing Medical Education Committee** to ensure balance, independence, objectivity and scientific rigor in all its individual sponsored educational activities. All faculty participating in any activity sponsored or jointly sponsored by **SCMS**, are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CME activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation, but to insure that any potential conflicts are identified openly so that the listeners may form their own judgments regarding possible bias.

**DATE OF PROGRAM:** \_\_\_\_\_

**TITLE OF PRESENTATION:** \_\_\_\_\_

**PRESENTER’S NAME:** \_\_\_\_\_

1. I will/will not discuss any off-label or non-FDA approved uses in my presentation.  
(Circle)

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

2. I have no actual or potential conflict of interest in relation to this program.

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

3. I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

<u>Affiliation/Financial Interest</u>	<u>Name of Organization(s)</u>
Grant/Research Support	_____
Consultant	_____
Speaker’s Bureau	_____
Major Stock Shareholder	_____
Other financial or material support	_____

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

Your cooperation in complying with these guidelines is appreciated.

Please return this form to: Gerry Bozarth, CME Coordinator, SCMS, 104 S. Freya St. Orange Flag bldg. Suite 114, Spokane WA 99201.



**Spokane County  
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**LETTER OF AGREEMENT**

Regarding Terms, Conditions and Purposes of an Educational Grant

between \_\_\_\_\_ (Institution) and \_\_\_\_\_ (company)  
(Form must be typed or printed legibly)

Title of CME Activity \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

Commercial Supporter (Company name/Branch)  
\_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Contact Person \_\_\_\_\_

The above 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 Course Director) \$ \_\_\_\_\_
- B. Support for catering functions (specify) \_\_\_\_\_  
 in the amount of \$ \_\_\_\_\_.
- C. Other (e.g., equipment loan, brochure distribution, etc.) \_\_\_\_\_

**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.
10. **Independence of Joint Sponsor in the Use of Contributed Funds:**
  - a. funds will be in the form of an educational grant made payable to \_\_\_\_\_ (accredited joint sponsor).
  - b. all other support associated with the CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of \_\_\_\_\_ (accredited joint sponsor).
  - c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

*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.

**AGREED**

Commercial Company Representative (name) \_\_\_\_\_

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

Course Director (name) \_\_\_\_\_ Dept. \_\_\_\_\_

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