



# POTPOURRI

June 7, 2024

# POTPOURRI TOPICS

- **Rollout of Updated Performance-in-Practice Structured Abstract**
- **Learning from Teaching**
- **New ISMA Provider Mark**
- **Joint Providerships**
- **Tumor Board RSS Compliance**

# Updated PIP Abstract



## ISMA Performance-in-Practice Structured Abstract

A tool for preparing and demonstrating compliance through performance-in-practice

**INSTRUCTIONS:** Complete this form for each activity selected for the ISMA's performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, labeling each attachment with the appropriate number. If submitting material electronically, assemble a single PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to the ISMA as instructed.

|                             |                      |   |                      |                              |                      |                                       |                      |
|-----------------------------|----------------------|---|----------------------|------------------------------|----------------------|---------------------------------------|----------------------|
| ACCME Provider ID:          | <input type="text"/> | Provider Name:                                | <input type="text"/> |                              |                      |                                       |                      |
| Activity Title:             | <input type="text"/> |   |                      |                              |                      |                                       |                      |
| Activity Date (mm/dd/yyyy): | <input type="text"/> | Activity Type: (Course, RSS, Enduring, etc.): | <input type="text"/> | Providership: (Direct/Joint) | <input type="text"/> | Commercial Support Received: (Yes/No) | <input type="text"/> |

State the professional practice gap(s) of your learners on which the activity was based.

State the educational need(s) that you determined to be the cause of the professional practice gap(s).

|                        |                      |
|------------------------|----------------------|
| Knowledge need and/or  | <input type="text"/> |
| Competence need and/or | <input type="text"/> |
| Performance need       | <input type="text"/> |

Explain what competence, performance, or patient outcomes this activity was designed to change (i.e., objectives)

In addition to identifying the educational format that you have chosen, explain why this format is appropriate for the setting and desired results of this activity (former CS). (i.e., didactic with Q&A, case presentation, breakout group, hands-on skills lab, etc)

Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. Select all that apply.

| ACGME/ABMS Competencies  | Institute of Medicine Competencies                       | Interprofessional Education Collaborative Competencies                |
|--|--|---|
| <input type="checkbox"/> Patient Care and Procedural Skills      | <input type="checkbox"/> Provide patient-centered care   | <input type="checkbox"/> Values/Ethics for Interprofessional Practice |
| <input type="checkbox"/> Medical Knowledge                       | <input type="checkbox"/> Work in interdisciplinary teams | <input type="checkbox"/> Roles/Responsibilities                       |
| <input type="checkbox"/> Practice-based Learning and Improvement | <input type="checkbox"/> Employ evidence-based practice  | <input type="checkbox"/> Interprofessional Communication              |
| <input type="checkbox"/> Interpersonal and Communication Skills  | <input type="checkbox"/> Apply quality improvement       | <input type="checkbox"/> Teams and Teamwork                           |
| <input type="checkbox"/> Professionalism                         | <input type="checkbox"/> Utilize informatics             |   |
| <input type="checkbox"/> Systems-based Practice                  |  |   |

Other Competency(ies) (specify):

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity .....

**IDENTIFY, MITIGATE AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS**

The provider develops activities/educational interventions independent of commercial interests

Did this activity meet one of the exceptions listed below?

|  |  |
|--|--|
| 1. Accredited education that is non-clinical in nature   | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 2. Accredited education where the learner group is in control of content, such as spontaneous case conversation among peers (e.g., At-the-Elbow CME) | If Yes, describe how the activity met the exception.<br><input type="text"/> |
| 3. Accredited self-directed education where the learner controls their educational goals (e.g., Learning from Teaching)                              |  |

**IF THIS ACTIVITY DOES NOT MEET ONE OF THE EXCEPTIONS ABOVE:**

Did employees or owners of ACCME-defined commercial interests control CME content for this activity (e.g., participate as planners, reviewers, faculty, authors, and/or others who control educational content)?

Yes  No

If Yes, describe how their participation met one of the 3 specific circumstances permitted by the ACCME and how you ensured independence.

Did an ACCME-defined commercial interest take the role of non-accredited partner in a joint provider relationship in the activity?

Yes  No

# Use of ISMA's PIP Abstract

- The Performance-in-Practice (PIP) Structured Abstract is required to accompany activity files submitted to ISMA during the reaccreditation process.
- It's a tool used for preparing and demonstrating compliance with accreditation criteria through the work you do.
- It includes a list of Attachments to be included within each activity file.
- Providers may also adopt this document as their Activity Planning Worksheet, if desired.

# Highlight of Changes

- Removed reference to previous standards (crosswalk notations).
- Added clarification within “educational format” description.
- Added section pertaining to “Analyzes Change,” asking providers to describe the strategies used to obtain change data for the activity.
- Added “Attachment 11” description for demonstration of evidence for Learning from Teaching/Committee Learning activities.

***Please refer to copy included in your Handout Packets***



# Learning From Teaching



# What is “Learning From Teaching”

“Learning from Teaching” allows an accredited provider to create **individualized learning projects** around learning that takes place in the process of faculty preparing to teach.

It represents a range of activities in which an accredited provider can facilitate practice-based learning and improvement, where the “practice” could be the person’s professional **“teaching practice”** or **“clinical practice”** or **“research practice.”**

<https://www.accme.org/faq/how-learning-teaching-activity-defined>

# **Last Spring the AMA Announced...**

**AMA-PRA CHANGE IN  
CREDIT CALCULATION  
FOR ORIGINAL PRESENTATIONS  
AT LIVE CME ACTIVITIES**





# The AMA House of Delegates Adopted a New Policy

to allow physicians to claim an amount of  
*AMA PRA Category 1 Credit*<sup>TM</sup>  
that more accurately reflects the learning  
associated with preparing and presenting  
an original presentation at a live  
AMA PRA Category 1 Credited activity.

# LET'S REVIEW THE CHANGE

## Calculation Went From 2:1 to 4:1

While the credit reflects the learning involved in the preparation, the amount of credit awarded is based on presentation time.

Physician presenters may now claim up to 4 credits of CME for each hour of presentation time at eligible activities, effective **January 1, 2023**.

# **This change is only for faculty at a CME provider's live activities**

- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations.

**NOTE: Credit calculation for participants and for other types of faculty credit has not changed.**

# Per the American Medical Association

For CME providers to award  
*AMA PRA Category 1 Credit*<sup>™</sup> to physicians for  
learning associated with planning and presenting  
an original presentation at their live activities,  
**the ACCME requires that it be certified as a separate activity**  
than that at which the physician is presenting.

**(AMA format is a *live activity*, but it would be  
reported as “*Learning from Teaching*” in PARS).**

# ACCME - Worksheet

ACCME has developed a worksheet called

## Simplifying Faculty Development in Accredited CME,

which is designed to help CME providers partner with faculty to develop “Learning from Teaching” projects that support faculty needs and meet ACCME expectations.

<https://www.accme.org/publications/simplifying-faculty-development-accredited-cme>

## Simplifying Faculty Development in Accredited CME

This worksheet is designed to help CME providers partner with faculty to develop learning from teaching projects that support faculty needs and meet ACCME expectations. For additional resources, visit [www.accme.org/faculty-development-resources](http://www.accme.org/faculty-development-resources).

|               | Knowledge Learned from Teaching  | Skills Developed through Teaching   | ACCME Criterion Met   |
|---------------|--|---|---|
| Needs or Gaps | What do you hope to learn by preparing for and teaching this activity? | What skills do you plan to develop during this teaching activity?           | <p><b>Educational Needs</b><br/><i>The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</i></p>  |
| Strategy      | How will you learn this material?                                      | How will you build and practice those skills?                               | <p><b>Designed to Change</b><br/><i>The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement</i></p> <p><b>Appropriate Formats</b><br/><i>The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</i></p> |
| Outcome       | What did you learn from teaching in this program?                      | How did your teaching skill change as a result of teaching in this program? | <p><b>Analyzes Change</b><br/><i>The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.</i></p>   |
| Impact        | How will you change your practice based on what you learned?           | What changes do you plan to make to your teaching approach in the future?   |   |

***Please refer to copy included in your Handout Packets***

# **If a CME Provider chooses not to certify this type of activity.....**

Physicians can claim this credit directly from the AMA.

In doing so they must submit:

- A flyer identifying:
  - the program title
  - them as presenter, and
  - the length of the presentation
- A processing fee of \$30 for AMA members and \$75 for non-members

# Reporting “Learning from Teaching” in PARS ..... How Does That Work?

When you report “Learning From Teaching” in PARS,  
aggregate your data for learning from teaching  
**for all learners into one activity.**

The number of learners should equal the number  
of faculty who participated in the activity.

The amount of credit may be reported as the maximum amount of  
credit a learner could earn for a “Learning from Teaching” activity.



# **For Example:**

Given that each learner can claim up to 4 credits for each hour of presentation time under the new credit calculation ratio of 4:1.

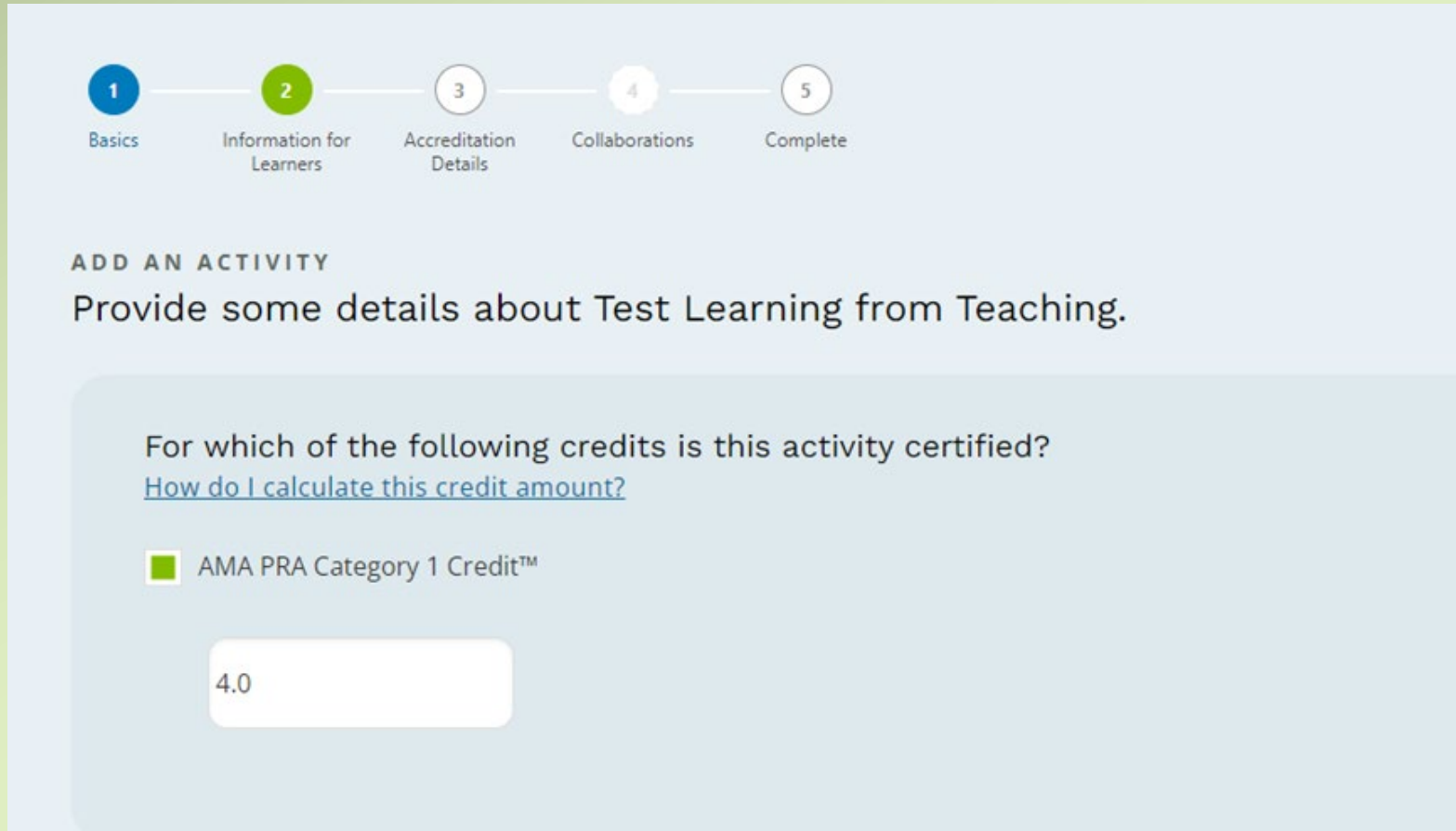
**Activity: “Learning from Teaching”**

**Date: January 1 – December 31, 2023**

**Total # of Credits: 4**

**Total # of Learners: 5**

Since the activity is worth 4 credits (4:1 ratio), you should assign 4 AMA PRA Category 1 Credits when creating the activity in PARS (see below).



The screenshot shows a five-step progress bar at the top: 1. Basics (blue), 2. Information for Learners (green), 3. Accreditation Details (white), 4. Collaborations (white), and 5. Complete (white). Below the progress bar, the text reads 'ADD AN ACTIVITY' followed by 'Provide some details about Test Learning from Teaching.' A light blue rounded rectangle contains the question 'For which of the following credits is this activity certified?' and a link 'How do I calculate this credit amount?'. Below this, there is a checked checkbox for 'AMA PRA Category 1 Credit™' and a text input field containing the value '4.0'.

1 Basics 2 Information for Learners 3 Accreditation Details 4 Collaborations 5 Complete

**ADD AN ACTIVITY**  
Provide some details about Test Learning from Teaching.

For which of the following credits is this activity certified?  
[How do I calculate this credit amount?](#)

AMA PRA Category 1 Credit™

4.0

When you report your aggregate learners,  
you would enter 5 learners (see below).

Total Learners Reported

Edit

Physician: 5

Other Learners:

If you are reporting individual learners (so that the information can be viewed by their partnering state medical licensing board) - you would award the physician 4 credits (see below).

**ADD LEARNERS**

### Learners for "Test Learning from Teaching"

Learning from Teaching Activity ID: 201856570 | Internal ID: None  
01/01/2024 - 12/31/2024 AMA PRA Cat 1 Max Credits™: 4

Enter identification information and CME credits for the learner. Add a board to report MOC.

|                                     |                                   |                                    |   |
|-------------------------------------|-----------------------------------|------------------------------------|---|
| <b>FIRST NAME *</b>                 | <b>LAST NAME *</b>                | <b>DOB *</b>                       | <b>DATE COMPLETED *</b>                 |
| <input type="text" value="Robert"/> | <input type="text" value="Hale"/> | <input type="text" value="05/21"/> | <input type="text" value="03/01/2024"/> |

Report for CME credit

total credits \*

|                                      |  |
|--------------------------------------|--|
| <b>LICENSING STATE *</b>             | <b>LICENSING ID</b>                    |
| <input type="text" value="Indiana"/> | <input type="text" value="19010135A"/> |

**Learner Matched**



# New ISMA Accredited Provider Mark



# Promote Your Accreditation Status

In addition to the  
**ACCME Accredited Provider Mark**



We're excited to announce  
that Indiana providers now have  
the option to use our  
newly developed  
**ISMA Accredited Provider Mark**



We'll disseminate this to all providers in the near future.



# Joint Providership



# **Joint Providership is an important part of ACCME's accreditation system**

Allows accredited providers to significantly expand availability of accredited CME by collaborating with non-accredited organizations.

Also a great opportunity to bring in additional income for your CME program.

## **Who may offer joint providership?**

All accredited providers in good standing:

- “Provisional Accreditation” – 2 years
- “Standard Accreditation” – 4 years, or
- “Accreditation with Commendation” – 6 years

## **Who may NOT offer joint providership?**

A provider who is placed on Probation

(who has seriously deviated from compliance with accreditation requirements).



# What exactly is the difference between Directly Provided and Jointly Provided CME activities?

**Directly Provided Activity:** One that is planned, implemented, and evaluated by the accredited provider.

You would include co-provided activities (*provided by two accredited providers*) in this category if you are the accredited provider awarding the credit.

**Jointly Provided Activity:** One that is planned, implemented, and evaluated by the accredited provider and a non-accredited organization.

**How many of you  
currently work in  
Joint Providership with others?**



# Joint Providership is also a way to help Initial CME Applicants

If your program is well established, you might consider partnering with an organization going through the process of becoming newly accredited (Provisional Accreditation).

First-time, or initial applicants, must plan, implement and evaluate at least 2 (two) CME activities when going through the application process.

**We might be calling on you sometime.**



# Who is responsible for accreditation compliance in a Joint Providership?

**You are!**

The accredited provider is responsible for meeting all requirements applicable to the activity, even those delegated to the Joint Provider.



# **In 2023 ACCME observed several jointly provided activities that did not meet requirements**

Thus, they issued a reminder that an organization's accreditation is at risk if a jointly provided activity does not fully meet accreditation standards.

ACCME has imparted some KEY STEPS they recommend providers take to assure they maintain compliance.

**We're going to take a closer look at these Key Steps.**

# Key Steps to Comply with ACCME Expectations and Maintain Your Accreditation

## 1. Due Diligence:

Before agreeing to collaborate with an organization, ask about their recent accreditation and activity history.

Organizations that have lost or relinquished their own accreditation or have jointly provided with several organizations in a short period of time should be evaluated carefully.

## 2. Content Validity:

Recommend providers who engage in joint providership be especially vigilant regarding the validity of the content of the activities for which they take responsibility.

Examples of activity content that has been the subject of ACCME inquiries and scrutiny include:

- psychedelic therapy
- clinical use of marijuana and cannabinoids
- vitamin infusions and nutraceutical therapies
- naturopathy and fad diets

Exercise caution in working with organizations that offer or encourage unconventional approaches to medical care.

### 3. Marketing Materials:

Inappropriate use of logos, incentives and gift cards have been associated with marketing of jointly provided activities.

You should ensure that your organization obtains, reviews and approves all marketing materials, including email promotion and websites that list or refer to the activity ..... and it's recommended you repeatedly evaluate those sites and listings while they are active.



#### 4. Withdrawing from any Contract without Penalty:

Ensure any contract or agreement to jointly provide empowers you to withdraw accreditation from an activity at any time, ***without penalty*** .....

particularly since issues related to accreditation compliance and content validity may only become apparent late in the activity development or deployment process.

**Let's look at best practices  
to consider incorporating  
when working in a Joint Providership**



# Prior to Planning of the Activity

When approached for a Joint Providership, first and foremost, it would behoove you to furnish the organization with:

- **Joint-Provider Activity Guide & Checklist**, outlining your entire application and planning process so that they are aware of what's involved *before, during and after*.
- Initial **CME Intake Form**
- **Disclosure of Financial Relationship Form** for Planning Committee completion

# JP Activity Guide & Checklist



## JOINT PROVIDERSHIP PROGRAM DIVISION OF CONTINUING MEDICAL EDUCATION

### CME JOINT-PROVIDER (JP) ACTIVITY GUIDE & CHECKLIST

#### PRIOR TO THE ACTIVITY

- INTAKE FORM: (JP)** Complete and return Intake Form to the ISMA **prior** to the planning of the activity.

**PLANNING COMMITTEE DISCLOSURES: (JP)** The activity Planning Committee must complete & return to the ISMA their Disclosure of Financial Relationship Forms, along with Intake Form, **prior to the first planning meeting.**

- PRE-APPROVAL EMAIL:** If approved, ISMA will send you via email a Preliminary Approval, the Joint **Providership** Fee Schedule, an extensive CME Application and Planning Worksheet, and a Joint **Providership** Agreement for signature by an authorized company representative.

**NOTE:** To be in compliance with ISMA's policy, the Planning Committee meeting minutes **MUST** reflect the Chair of the Committee *directing all members who have indicated a potential conflict of interest will be recused from any discussion where there is a potential for the stated conflict to influence the content of the program.*

- ISMA JOINT PROVIDERSHIP AGREEMENT: (JP)** Sign and return to ISMA the Joint **Providership** Agreement. A fully executed copy must be on file before proceeding.
- SUBMIT CME APPLICATION & PLANNING WORKSHEET: (JP)** Complete and submit the ISMA CME Application & Planning Worksheet no less than **3 months prior** to the activity.  
Supporting documentation **required** at time of submission:
  - Documentation that supports the practice gaps identified
  - Global program learning objectives
  - Initial planning meeting minutes
  - Projected budget for the activity
  - Preliminary program agenda listing all educational sessions, breaks and meals (including purported faculty, if known)
  - Submit all application documentation via email to **Cheryl Stearley, CME Accreditation & Recognition Administrator, at [cstearley@ismanet.org](mailto:cstearley@ismanet.org).**
- APPLICATION REVIEW BY ISMA:** ISMA reviews the final CME Application & Planning Worksheet and provides feedback. **Upon ISMA approval, current forms and templates will be emailed to you.** ISMA forms and templates sent in the approval email **MUST** be used; there may have been updates made to the forms since a previous activity.

- DISCLOSURE FORMS: (JP)** Send Disclosure of Financial Relationship Forms to all speakers and moderators for completion. For all potential Conflicts of Interest (COI) identified, a designated ISMA official must manage the disclosure and complete the ISMA COI Mitigation Form.
- APPROVAL OF MARKETING MATERIALS: (JP)** Furnish ISMA with a copy of all print and electronic marketing materials for review & approval **2 weeks prior** to publishing/distributing.
  - All materials, including save-the-dates, brochures, flyers, website announcements, etc., must meet ISMA Marketing Guidelines and Requirements.
  - Materials should include the following elements:
    - Program/session learning objectives
    - CME accreditation, designation and disclosure statements and ISMA logo use in format provided in Marketing Guidelines
    - Acknowledgement of Educational Grants/Commercial Support (both financial & in-kind contributions)
- EDUCATIONAL GRANTS:**
  - Any commercial support/educational grants sought must be done so with the full knowledge of ISMA. Formal Letters of Agreement (LOA) must be signed by **ALL 3 entities:**
    - Joint Provider
    - ISMA as Accredited Provider
    - Commercial Supporter/Industry Partner
- MEETING MATERIALS:**
  - Due 30 days prior to meeting**
    - (JP)** Submit completed Disclosure of Financial Relationship Forms to ISMA for all speakers & moderators who are participating in the activity.  
**NOTE:** All potential Conflicts of Interest (COI) disclosed **MUST** be mitigated by ISMA before speakers/moderators are allowed to present.
    - (JP)** Submit program Syllabus to ISMA for review/approval.
    - (JP)** Submit all speaker **powerpoint** presentations to ISMA for review/approval.
  - Due 2 weeks prior to meeting**
    - (JP)** Submit handouts to ISMA for review/approval.
    - (JP)** Submit adapted Evaluation Form & CME Certificate to ISMA for final approval.
    - (JP)** Submit Pre & Post-Test Forms to ISMA for final approval (if applicable).
    - ISMA** will generate a Disclosure Grid/Table and send to JP for inclusion in program materials

***Please refer to copy included in your Handout Packets***

# Intake Form



## CONTINUING MEDICAL EDUCATION (CME) – INTAKE FORM

***This form must be submitted to the ISMA prior to the start of any planning for an educational activity. Our initial Intake Form is mandatory in order to be in compliance with Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, which requires that anyone in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest. Therefore, all Planning Committee members must complete a Financial Relationship Disclosure Form prior to the planning of the activity.***

***If your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding CME Application & Planning Worksheet.***

|  |   |   |   |
|--|---|---|---|
| TODAY'S DATE                                     | Click here to enter text.   |   |   |
| SOCIETY/ORGANIZATION NAME                        | Click here to enter text.   |   |   |
| PRIMARY CONTACT INFORMATION                      | NAME & TITLE/ROLE   | Click here to enter text.                                   |   |
|  | MAILING ADDRESS   | Click here to enter text.                                   |   |
|  | PHONE NUMBER(S)   | Click here to enter text.                                   |   |
|  | EMAIL ADDRESS   | Click here to enter text.                                   |   |
| PROGRAM/ACTIVITY TITLE                           | Click here to enter text.   |   |   |
| PROGRAM DATE                                     | Click here to enter text.   | # HOURS OF INSTRUCTION                                      | Click here to enter text.                                   |
| PROGRAM TIME                                     | Click here to enter text.   | LOCATION  | Click here to enter text.                                   |
| PROGRAM FORMAT                                   | <input type="checkbox"/> LIVE COURSE <input type="checkbox"/> LIVE REGULARLY SCHEDULED SERIES (RSS) <input type="checkbox"/> INTERNET LIVE COURSE<br><input type="checkbox"/> INTERNET ENDURING MATERIAL <input type="checkbox"/> PRINT ENDURING MATERIAL |   |   |
| EXPECTED # OF ATTENDEES                          | Click here to enter text.   | TARGET AUDIENCE   | Click here to enter text.                                   |
| PROGRAM DESCRIPTION/AGENDA                       | Click here to enter text.   |   |   |
| WHY DO PHYSICIANS NEED THIS PROGRAM?             | Click here to enter text.   |   |   |
| HAS PROGRAM BEEN PROMOTED OR ANNOUNCED?          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | IF YES, DESCRIBE OR ATTACH THE PROMOTION OR ANNOUNCEMENT    | Click here to enter text.                                   |
| WILL THIS PROGRAM HAVE EXHIBITORS?               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | WILL THIS PROGRAM RECEIVE COMMERCIAL SUPPORT /GRANT FUNDING | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| IF YES, LIST ALL PROSPECTIVE SUPPORTERS/GRANTORS | Click here to enter text.   |   |   |

| PLANNING COMMITTEE MEMBERS | NAME/DEGREE               | FINANCIAL DISCLOSURE COLLECTED/ATTACHED                     |
|----------------------------|---------------------------|---|
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                            | Click here to enter text. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**\* The Joint Provider will appoint all planning committee members ensuring that no employees and/or owners of an ACCME-defined ineligible company serve on the committee and will provide the ISMA with the completed Financial Relationship Disclosure Forms for all planning committee members prior to any activity planning. The ISMA will not accredit the Educational Activity if a member of the planning committee is an employee and/or owner of an ACCME-defined ineligible company**

***Ineligible Company:***  
 The ACCME defines an "ineligible company" as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be an ineligible company.

For more information visit <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

|   |
|---|
| <b>INTERNAL CME STAFF NOTES:</b><br>Click here to enter text. |
|---|

***Please refer to copy included in your Handout Packets***

# Disclosures

## **Planning Committee:**

Planning Committee members should complete and return their Disclosure of Financial Relationship Forms **PRIOR** to the first planning meeting so that any potential conflicts of interest may be mitigated.

## **Speakers:**

Proposed speaker disclosures can come later.

## **Mitigation:**

The accredited provider is responsible for review and mitigation, especially now that they must collect disclosure information about ALL financial relationships with ineligible companies.

**It is the accredited provider's responsibility to determine which relationships are relevant. You may do this in conjunction with your Joint Provider, but don't let them decide on their own.**

# Planning & Implementation

The ACCME allows accredited providers and non-accredited organizations to collaborate in both the planning and implementation of CME activities.

In joint providership, either the accredited provider or its non-accredited joint provider may control:

- the identification of CME needs
- the determination of educational objectives
- the selection and presentation of content
- the selection of all persons and organizations that will be in a position to control CME content
- the selection of educational methods, and
- the evaluation of the activity

# Joint Provider Fees

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

ISMA’s Joint Providership Fee Schedule is as follows:

| <i>Detailed explanations follow on next page</i> | Base Fee          | Commercial Support Received? | Additional Monitoring Fees | Multiple Offerings                 | Multimedia Offerings               |
|--|-------------------|------------------------------|----------------------------|------------------------------------|------------------------------------|
| In-Person Course                                 | \$300/credit hour | If yes, add 25% to base fee  | N/A                        | \$250 for each additional offering | \$150 for each additional offering |
| Regularly Scheduled Series (RSS) <sup>6</sup>    | \$300/credit hour | If yes, add 25% to base fee  | \$300/year                 | N/A                                | \$150 for each additional offering |
| Internet Live <sup>7</sup>                       | \$300/credit hour | If yes, add 25% to base fee  | N/A                        | \$250 for each additional offering | \$150 for each additional offering |
| Internet Enduring <sup>8</sup>                   | \$300/credit hour | If yes, add 25% to base fee  | \$150/year                 | N/A                                | \$150 for each additional offering |
| Other Enduring Materials <sup>9</sup>            | \$300/credit hour | If yes, add 25% to base fee  | \$150/year                 | N/A                                | \$150 for each additional offering |



# Activity Approval

Once initial intake materials have been returned, reviewed and approved, and you have decided to move forward with the activity, it is ideal that you send the organization the following:

- **Preliminary approval notification/email**
- **Full CME Application & Planning Worksheet** for completion
- **Joint Providership Agreement** for signature by the Joint Provider

# CME Application & Planning Worksheet

The ISMA requires this document be completed a minimum of 3 months prior to the activity to ensure compliance with ACCME/ISMA requirements.

- Provides extensive program details
- Affords documentation supporting practice gaps/needs, learning objectives, activity budget, preliminary agenda and initial planning meeting minutes.



## CME APPLICATION & PLANNING WORKSHEET

**INSTRUCTIONS:** This Application/Planning Worksheet is to be submitted a **minimum of 3 months prior** to the activity to ensure compliance with ACCME and ISMA requirements. This application is an essential step that will guide you through the planning process. **The application should be typed and legible, not handwritten.**

**TO SUBMIT:** Email to Cheryl Stearley, ISMA CME Accreditation & Recognition Administrator at [cstearley@ismanet.org](mailto:cstearley@ismanet.org)

**REQUIRED SUPPORTING DOCUMENTS:**

- Initial Planning Committee Meeting minutes  Preliminary Program Agenda  Activity Budget (including projected revenue/expenses)

| Contact and Activity Information   |  |  |   |
|--|--|--|---|
| Date Submitted:  | Primary Contact Name:  | Email:   | Phone #:                                  |
| <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a>                              | <a href="#">Click here to enter text.</a> |
| Hospital/Society/Organization: <a href="#">Click here to enter text.</a>         |  |  |   |
| Proposed Activity Title: <a href="#">Click here to enter text.</a>               |  |  |   |
| Proposed # Hours of Instruction: <a href="#">Click here to enter text.</a> Hours | Estimated number of participants:  |  |   |
| (Agenda required for approval of activities with multiple presentations)         | <input type="checkbox"/> 25 or less <input type="checkbox"/> 26 – 50 <input type="checkbox"/> 51 – 150 <input type="checkbox"/> 150+ |  |   |
| Proposed Activity Date(s):<br><a href="#">Click here to enter text.</a>          | Start/End Time (if live event):<br><a href="#">Click here to enter text.</a>   | Location (if live event):<br><a href="#">Click here to enter text.</a> |   |

**Step 1 - Proposed Activity Type**

- Live Activity** - Course, Symposium, Workshop, Conference, Live Webcast
- Enduring Activity** - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities

**Step 2 – Activity Format: What educational approaches will you be utilizing? (Select all that apply)**

- Lecture  Case-Based Presentation/Discussion
- Q&A Session(s)  Other (Describe): [Click here to enter text.](#)
- Panel Discussion

**Step 3 - Desirable Physician Attributes/Core Competencies**

CME activities should be developed in the context of desirable physician attributes. Please select all competencies that will be addressed.

| ACGME/ABMS Competencies  | Institute of Medicine Competencies  | Interprofessional Education Collaborative Competencies  |
|--|---|---|
| <input type="checkbox"/> Patient care and procedural skills<br><input type="checkbox"/> Medical knowledge<br><input type="checkbox"/> Practice-based learning & improvement<br><input type="checkbox"/> System-based practice<br><input type="checkbox"/> Professionalism<br><input type="checkbox"/> Interpersonal & communication skills | <input type="checkbox"/> Provide patient-centered care<br><input type="checkbox"/> Work in interdisciplinary teams<br><input type="checkbox"/> Employ evidence-based practice<br><input type="checkbox"/> Apply quality improvement<br><input type="checkbox"/> Utilize informatics | <input type="checkbox"/> Values/ethics for interprofessional practice<br><input type="checkbox"/> Roles/responsibilities<br><input type="checkbox"/> Interprofessional communication<br><input type="checkbox"/> Teams and teamwork |

**Step 4 - Target Audience - (Select all that apply)**

| Audience:  |   | Location:  |
|--|---|--|
| <input type="checkbox"/> Primary Care Physicians<br><input type="checkbox"/> Specialty Physicians (specify) <a href="#">Click here to enter text.</a><br><input type="checkbox"/> Residents/Medical Students | <input type="checkbox"/> Physician Assistants<br><input type="checkbox"/> Nurse Practitioners<br><input type="checkbox"/> Social Workers<br><input type="checkbox"/> Other: (specify) <a href="#">Click here to enter text.</a> | <input type="checkbox"/> Local/Regional<br><input type="checkbox"/> National |

Pharmacists

**Step 5 - Planning Team** – Those responsible for planning/development of the activity and have control over the content of the activity. These individuals are required to complete a Disclosure of Financial Relationship Form. (Insert rows as needed)

|  |   |
|--|---|
| Name (Activity Chair): <a href="#">Click here to enter text.</a><br>Affiliation: <a href="#">Click here to enter text.</a><br>Title: <a href="#">Click here to enter text.</a><br>Email: <a href="#">Click here to enter text.</a><br>Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a><br>Role (planner): <a href="#">Click here to enter text.</a> | Name: <a href="#">Click here to enter text.</a><br>Affiliation: <a href="#">Click here to enter text.</a><br>Title: <a href="#">Click here to enter text.</a><br>Email: <a href="#">Click here to enter text.</a><br>Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a><br>Role (planner): <a href="#">Click here to enter text.</a> |
| Name: <a href="#">Click here to enter text.</a><br>Affiliation: <a href="#">Click here to enter text.</a><br>Title: <a href="#">Click here to enter text.</a><br>Email: <a href="#">Click here to enter text.</a><br>Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a><br>Role (planner): <a href="#">Click here to enter text.</a>                  | Name: <a href="#">Click here to enter text.</a><br>Affiliation: <a href="#">Click here to enter text.</a><br>Title: <a href="#">Click here to enter text.</a><br>Email: <a href="#">Click here to enter text.</a><br>Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a><br>Role (planner): <a href="#">Click here to enter text.</a> |

**Step 6 – Faculty / Presenter Selection**

Please list name/credentials of proposed presenter(s). (Insert rows as needed)  
Note: These individuals are required to complete a Disclosure of Financial Relationship Form.

| Name                                      | Credentials                               | Affiliation                               |
|---|---|---|
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |

**Planning Process**

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



**Step 7 – State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered/identified.** Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.

[Click here to enter text.](#)

**Step 8 – State the educational need(s) that you’ve determined to be the cause of the professional practice gap.** What will help solve the problem?

**Knowledge need** (i.e., is there new technology or new information that physicians need to know more about)  
[Click here to enter text.](#)

**Competence need** (i.e., are there tools or strategies available that might help learners apply what they should already know)  
[Click here to enter text.](#)

**Performance need** (i.e. is there new technology or clinical information that necessitate learners assimilating new skills)  
[Click here to enter text.](#)

**Step 9 – State what the CME activity is designed to change in terms of learners’ competence, performance or patient outcomes. What are the objectives? Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable and bridge gaps between identified problem and desired outcomes. (Insert rows as needed)**

| Learning Objectives – Finish the statement:<br>At the completion of this activity participants should be able to: | How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives? |
|---|--|
|   |  |

# Joint Providership Agreement

It is recommended that a "Joint Providership Agreement" be executed to:

- Clearly define the parameters of the cooperative relationship by outlining the roles, responsibilities and expectations of each party
- Outline the Joint Provider fee and payment terms
- Empower you to withdraw accreditation from an activity at any time, without penalty, if they fail to comply with expectations.



ISMA  
INDIANA  
STATE  
MEDICAL  
ASSOCIATION

## JOINT PROVIDERSHIP AGREEMENT

WHEREAS, **ORGANIZATION NAME, ORGANIZATION ADDRESS**, ("the Joint Provider") wishes to enter into a contract for joint providership of an educational activity in the form of a Live Seminar, entitled, **CME ACTIVITY NAME**, to take place on **ACTIVITY DATE(S)**, located at **ACTIVITY LOCATION**; and

WHEREAS, **ORGANIZATION NAME** has submitted an initial application to the ISMA to jointly provide **\_\_\_ hours** of CME for said Educational Activity; and

WHEREAS, the Indiana State Medical Association ("ISMA"), located at 322 Canal Walk, Indianapolis, Indiana, 46202, is approved by the Accreditation Council for Continuing Medical Education as a CME accrediting entity and is familiar with the continuing medical education requirements; and

WHEREAS, the ISMA wishes to enter into a contract ("the Agreement") to jointly provide the afore-mentioned Educational Activity with **ORGANIZATION NAME**;

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

1. **Duties of Joint Provider.** In order for the Educational Activity to be eligible for CME credit, the Joint Provider will assist the ISMA by performing the following activities in accordance with any timelines provided by the ISMA:

- a. **Budget** - The Joint Provider will prepare an itemized budget for the Educational Activity, including all revenue and expenses.
- b. **Expenses** - The Joint Provider will pay all Educational Activity expenses.
- c. **Facility, Schedule and Food** - The Joint Provider will negotiate and enter into an agreement with the facility where the Educational Activity will be held. The Joint Provider will also plan the schedule (including breaks), food and beverages.
- d. **Insurance** - The Joint Provider will obtain the necessary insurance coverage for the Educational Activity, including insurance as required by the facility where the Educational Activity will be held.
- e. **Worksheet** - The Joint Provider will identify the CME need, determine the learning objectives, the content of the program, and the delivery method.

- f. **Brochure** - The Joint Provider will provide copy of the Educational Activity brochure to the ISMA for final approval prior to distribution. If the brochure is unacceptable to ISMA, the Joint Provider shall reprint the brochure, where applicable. The ISMA will not unreasonably withhold approval. After approval, the Joint Provider will distribute the brochure to potential registrants.
- g. **Presenters and Planning Committee Members** - The Joint Provider will select and contract with the planning committee members and presenters and will provide the ISMA with the completed Disclosure of Financial Relationship Forms for all planners and presenters by the deadlines required by the ISMA. The Joint Provider understands that no employees or owners (including spouses/partners) of ACCME-defined commercial interest can serve on the planning committee or as a presenter and will provide the ISMA with the completed Disclosure of Financial Relationship forms for all planning committee members prior to any activity planning. The ISMA will not accredit the Educational Activity if a member of the planning committee or presenter is an employee or owner (including spouses/partners) of ACCME-defined commercial interest. If the ISMA determines a potential conflict of interest exists with a presenter or planner, the Joint Provider will be instructed to take certain action to resolve the conflict, up to and including recusal of the individual from the program.
- h. **Commercial Support** - The Joint Provider will provide the ISMA with the completed and signed Commercial Support agreements and abide by all CME commercial support guidelines and policies.
- i. **Syllabus** - The Joint Provider will coordinate and print the Educational Activity syllabus.
- j. **Agenda** - The Joint Provider will prepare and provide the ISMA with a program agenda for the Educational Activity.
- k. **Presenter Materials** - The Joint Provider will provide the ISMA with the presenters' presentation materials by the deadline required by the ISMA. The Joint Provider is solely responsible for ensuring that no "protected health information" as that term is defined by the Health Insurance Portability and Accountability Act is included in such materials.
- l. **Attendance Sheet** - The Joint Provider will prepare an attendance sheet for the Educational Activity and provide it to the ISMA for initial review. After conclusion of the Educational Activity, the Joint Provider will provide the ISMA with a complete listing of all attendees.
- m. **Registration** - The Joint Provider will receive and process all attendee registrations, collect the registration fees, send confirmations of registration, and provide sufficient staffing for on-site check-in during the Educational Activity. The Joint Provider will ensure that attendees provide email addresses at registration and check-in.

# Income Associated with Jointly Provided Activities

If your organization is the accredited provider for a jointly provided activity, **ACCME requires you to report the same financial data that you do for directly provided activities, even if the joint provider was the recipient of the funds.**

The ACCME expects that written agreements for commercial support will:

- Be between the accredited provider and commercial supporter. (*This means that the accredited provider's name and commercial supporter's name must be included in the written agreement as the parties entering into the agreement for commercial support.*)
- Include the name of the joint provider or third party that would be receiving and disbursing the funds (when applicable).
- Be signed by both the accredited provider and the commercial interest providing the commercial support. (*Third parties and/or joint providers may also sign the written agreement but may not sign it **instead** of the accredited provider.*)
- Be signed prior to the activity taking place.

# Approval of Marketing Materials

The Accredited Provider should supply the Joint Provider with established **Marketing Guidelines** and obtain a copy of all print and electronic marketing materials for review & approval prior to publishing/distributing to ensure the Joint Provider has included all required elements.

- Program description and/or learning objectives
- CME accreditation statement
- CME designation statement
- Disclosure statement
- Acknowledgement of educational grants/commercial support

# Informing Learners

The accredited provider must inform learners of the joint provider relationship through the use of the appropriate accreditation statement.

All printed materials for jointly provided activities must carry the appropriate accreditation statement.

**“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (*name of accredited provider*) and (*name of non-accredited provider*). The (*name of accredited provider*) is accredited by the ISMA to provide continuing medical education for physicians.”**





322 Canal Walk • Indianapolis, IN 46202-3268  
(317) 261-2060 • Toll free: (800) 257-4762 • [www.ismanet.org](http://www.ismanet.org)

### CME JOINT PROVIDER MARKETING GUIDELINES AND REQUIREMENTS

All marketing of your activity (both print & electronic format) must be approved by the ISMA prior to distributing or posting online. If any materials are found to be unacceptable, we will advise you of required edits and request an additional proof. If unapproved materials have already been printed or distributed, you will be asked to reprint and/or redistribute these items where applicable. Additionally, no statements of credit may be included on marketing materials without notification from the ISMA that credit has been awarded. **DO NOT STATE "ISMA credit applied for" or similar wording.**

**All marketing must include the Designation Statement, Accreditation Statement, and Disclosure Policy and Statement. See required text and notes below:**

- **Designation Statement** – The Indiana State Medical Association (ISMA) designates this live activity for a maximum of \_\_\_\_ (# of assigned credit hours here) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.  
**Note:** Per ACCME/AMA requirements, “AMA PRA Category 1 Credits” must be italicized; the # of credits or the “TM” should not be italicized.
- **Accreditation Statement** – This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the ISMA and \_\_\_\_\_ (your organization name here). The ISMA is accredited by the ACCME to provide continuing medical education for physicians.
- **Disclosure Policy** – In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, educational programs sponsored by the ISMA must demonstrate balance, independence, objectivity and scientific rigor. Prior to the activity, all faculty, authors, editors and planning committee members participating in an ISMA-sponsored activity are required to disclose to attendees any relevant financial relationships with an “ineligible company” whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- **Disclosure Statement** – No members of the CME Planning Committee or our speaker(s) have any relevant financial relationship with an ineligible company to disclose.  
**Note:** If relationships exist, disclosure to learners must include the following:
  - a. The names of the individuals with relevant financial relationships.
  - b. The names of the ineligible companies with which they have relationships.
  - c. The nature of the relationships.
  - d. A statement that all relevant financial relationships have been mitigated.

*You are not required to use the ISMA logo on your marketing, but if you choose to do so, you must abide by the usage requirements below. Upon request, we will email you an electronic copy of our logo. In your request, please specify the file type you’d like and if you will be using it in black/white or color.* The logo must be resized proportionally as is.



**Submit your marketing materials to:**

Cheryl Stearley, ISMA CME Accreditation & Recognition Administrator, via email at [cstearley@ismanet.org](mailto:cstearley@ismanet.org).

## ISMA’s marketing guidelines include the statement .....

**“If any materials are found to be unacceptable, we will advise you of the required edits and request an additional proof. If unapproved materials have already been printed or distributed, you will be asked to reprint and/or redistribute these items where applicable.”**

This includes websites.

***Please refer to copy included in your Handout Packets***

# Meeting Materials

The Accredited Provider should supply the Joint Provider with templates for all documents to be utilized.

- Speaker Disclosure & Content Validity Forms
- Disclosure Grid, statements and/or script
- Evaluation Form
- CME Certificate Template
- Activity Budget Template

# Presentation Materials

The **Accredited Provider** should review the following in advance of the activity to ensure content is free of promotion, commercial bias, and is fair balanced:

- Program Syllabus/Agenda
- All handouts
- All presentation slides

This step might involve peer review.

REMINDER: All financial relationships disclosed must be reviewed for relevancy and mitigated before speakers/moderators are allowed to present.

# Post Conference

The Accredited Provider should collect the following documents from the Joint Provider:

- Program Evaluation Summary
- Pre/Post Test Summary (if applicable)
- Attendance List
- Final Activity Budget - listing all expenses and revenue, including registration fees, exhibitor fees and commercial support/grants

REMINDER: You'll need to report this information in PARS, just as you do for Directly Provided activities.

# CME Certificates

The American Medical Association (AMA) **does not** require that an Accredited Provider issue CME certificates.

However, the AMA does provide certificate language that serves as an example.

**“The (*name of accredited CME provider*) certifies that (*name of physician*) (*degree*)  
has participated in the (*learning format*) titled (*title of activity*)  
(*at location, when applicable*) on (*date*) and  
is awarded (*number of credits*) AMA PRA Category 1 Credit(s)<sup>TM</sup>.**

The AMA **does** require that an Accredited Provider supply documentation to participating physicians of the credit awarded, at the request of the physician.

# CME Certificates (con't.)

**Required elements** on documentation provided to participating physicians includes:

- Physician's name and degree
- Name of Accredited Provider
- Title of activity
- Learning format
- Location of activity
- Date(s) of activity (or date physician completed the activity)
- Number of *AMA PRA Category 1 Credits<sup>TM</sup>* awarded

The AMA credit designation statement is not required on certificates or transcripts.

# DO YOU HAVE ANY PEARLS YOU'D LIKE TO SHARE WITH THE GROUP?

For more information on Joint Providerships,  
you may visit the ACCME website at:

<https://www.accme.org/accreditation-rules/policies/joint-providership>

# Tumor Board RSS Compliance





# For Those Who Don't Know..... What are Tumor Boards?



Tumor Boards provide a forum where a team of experts from a wide range of specialties in a hospital system meet regularly for in-depth discussion of tumor cases to determine the best possible cancer treatment and care plan for patients.

This includes review of clinical history, imaging, and pathology for each patient.

Specialists typically include medical oncologists, radiation oncologists, surgeons, radiologists and pathologists.

# What is an RSS?

A **Regularly Scheduled Series** (RSS) is a live activity planned as a series with multiple, ongoing sessions, offered weekly, monthly, or quarterly. An RSS is primarily planned by and presented to the accredited organization's professional staff and generally targets the same audience over the whole series.

Examples include:

- Tumor Boards (Case Conferences)
- Morbidity & Mortality Conferences
- Grand Rounds
- Journal Club



# Reflecting on RSS Decision-Making

Each CME provider that offers RSS is faced with making decisions about how RSS will be planned, implemented, and evaluated.

The questions below offer a perspective for providers to consider when reflecting on the planning and implementation of RSS activities.

## How do you organize your RSS?

- Is each session one activity? or
- Is each series an activity?

**In the case of Tumor Boards, you would consider the series 1 activity, and each session would fall under it.  
(You would enter the session dates in the “Description” field within PARS)**

# Organizing Your Tumor Board

The ACCME expects that **all** series, and **all** sessions within a series, will meet the criteria/standards.

Provider's monitoring systems must incorporate, measure and document compliance in meeting these requirements.

## **Consider organization of your filing system for this RSS:**

- Monthly Flyers (which should include accreditation/designation/disclosure statements)
- Annual Disclosure Forms (and record of any COI mitigation required)
- Monthly Attendance
- Certificates
- Participant Evaluation Data (whether after each session, quarterly, or biannually)
- Annual Program Analysis (by Cancer Program/Committee Chair & Cancer Registrar)

# Continuing our Reflection on RSS Decision-Making

## What procedures do you use to plan your RSS?

- Do you have a yearly planning meeting for all RSS where needs are identified?
- Do you have applications that RSS planners must complete?
- Do you have meetings with each group/individual who has responsibility for an RSS activity?

# Final Reflections on RSS Decision-Making

## How do you implement your RSS?

- Who are the individuals responsible for the implementation of the RSS?
- Do you have expectations of these individuals? If so, what are they?
- Do you have guides or templates that are used for implementation?
- Are there different procedures for different series?

# Planning & Implementing Your Tumor Board

- Have an application process in place and request yearly application renewal from your Tumor Board RSS planners/coordinators.
  - Needs can change
  - Staff involved can change
  - Educational formats can change
  - Credit hours can change
  - You'll need a list of new session dates planned for the year
- Collect annual disclosures from all involved (planners/presenters)
  - Request they provide you with updates if anything changes during the year

# Provide Templates to Your Planners/Coordinators

- Flyer Template
- Sign-in Sheet Template
- CME Disclosure Script Template
- PPoint Disclosure Slide Template
- Evaluation Template
- Certificate Template

CME staff should also work together with department personnel to ensure:

- The Tumor Board RSS is developed and presented independent of ineligible companies (commercial interests);
- Implementation of mechanisms to identify and mitigate conflicts of interest;
- Disclosure to the learners occurs appropriately.



# Promote Engagement & Dialogue With Your RSS Coordinator(s)

- Conduct initial training with new coordinators so they know what's expected (RSS workflow and/or checklist)
- Hold Focus Groups with coordinators where CME staff seek insight on:
  - What's going well (successes)
  - Issues and pain points
  - What's the vibe
  - Parting thoughts/novel ideas

**Foster interaction!**



# Design RSS Planning Committee Discussions to Foster Meaningful Dialogue and Inform Continuous Improvement

Ensure your Tumor Board RSS Coordinator and Cancer Program/Committee Chair take time to conduct the Annual Program Analysis for the series.

## Feedback Sought:

- What **program improvements, process changes or new treatment strategies** have been implemented within your Cancer/Oncology Program as a result of the Tumor Board RSS Conference series?
- Have any **Quality Improvement opportunities** been identified, or recommendations made, because of your Tumor Board RSS Conference series?
- What type of **improved patient outcomes** have you seen because of these identified opportunities/changes?
- Are any **adjustments/renewal focus** required?

# Final Thoughts on RSS Monitoring

The ACCME expects that a CME provider will plan and implement its regularly scheduled activities **according to its own policies and procedures,**



but in a manner that is in compliance with ACCME's Accreditation Criteria, Standards and Policies

**DO YOU HAVE ANY PEARLS  
YOU'D LIKE TO SHARE  
WITH THE GROUP?**

