



NEW/ANNUAL RENEWAL FOR A REGULARLY SCHEDULED SERIES (RSS)

Dear Regularly Scheduled Series Director,

In preparing an application for renewal of your Regularly Schedule Series (RSS) CME activity, it is imperative that the applicant realize the need to follow the ACCME requirements. The ACCME Policies for regularly scheduled series can be reviewed at http://www.accme.org/accreditation/sec_acc_pol.asp. Periodically the SUNY CME Office is surveyed by the ACCME. As part of the survey, the Documentation Review is an opportunity for ACCME surveyors to assess the performance in practice of the CME provider with respect to the planning and presentation of CME activities. The goal is not to judge the quality of the documentation, but rather that documentation is present. As you prepare your application please keep in mind that in order for the CME Office to maintain its ACCME accreditation, your activity file must meet or exceed the requirements listed below.

The documentation for your activity reviewed by the ACCME will show that...

- A planning process was used that linked the identified needs with a desired result.
- Needs assessment data was used to plan the activity.
- The purpose/objectives of the activity were communicated to the learners prior to the activity through an announcement.
- The activity was evaluated in terms of the effectiveness in meeting the identified needs.
- Printed materials for the activity carry the appropriate accreditation statement.
- Disclosure of relevant financial relationships was made by each speaker prior to the start of the activity.
- Signed agreement(s) between the provider and the commercial supporter(s) is acquired.
- Faculty relationships with commercial supporters were disclosed to the participants prior to CME activity.
- Acknowledgment of commercial support occurred prior to the CME activity.

RSC DOCUMENTATION FOR ANNOUNCEMENT

Surveyors will review the documentation for the RSC to determine if the following required information is communicated to prospective learners prior to each activity:

- SUNY Upstate Medical University is identified as a sponsor.
- The appropriate accreditation statement.
- Intended target audience.
- Specific learning objectives.
- Principal faculty and their credentials. If non-SUNY faculty will be presenting, identify affiliation/institute.
- Faculty Disclosures are provided, any relevant financial relationships that exist between faculty and drug or device manufacturers.
- Commercial support is acknowledged.

After completion of this application, please save as a WORD file and email to gamels@upstate.edu.

If you have questions regarding the application process, please contact Sharon Gamel, Administrative Director, at (315) 464-4606 or email gamels@upstate.edu. We look forward to working with you.



NEW/ANNUAL RENEWAL FOR REGULARLY SCHEDULED SERIES (RSS)
2009

FOR AMA PRA CATEGORY 1 CONTINUING MEDICAL EDUCATION CREDIT

ACTIVITY DIRECTOR/CHAIRMAN			
Name			<TAB> to next question
Mailing Address			
Telephone Number		Fax Number	
E-mail Address			

PRIMARY CONTACT PERSON			
Name			
Mailing Address			
Telephone Number		Fax Number	
E-mail Address			

1	Title of Activity			RSS Code		
2	Sponsoring Department/Division					
3	Is this activity:	<input type="checkbox"/> Grand Rounds	<input type="checkbox"/> M&M	<input type="checkbox"/> Journal Review	<input type="checkbox"/> Other:	
Logistical Information:						
4	Frequency of Activity:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
5	Day of the Week (or Month):	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
6	If monthly or bi-monthly, please specify which week of the month activity is held:					
	<input type="checkbox"/> First Week	<input type="checkbox"/> Second Week	<input type="checkbox"/> Third Week	<input type="checkbox"/> Fourth Week	<input type="checkbox"/> Every Other Week	
7	Start Time		End Time		Usual Location	
8	Duration in terms of month of the year when activity is available (i.e. September to June, January to December)					
9	Estimated Attendance	MDs & DOs		Non-MDs & non-DOs		
10	Is this activity appropriate for non-faculty physicians?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
11	Specialty of the physician target audience					
12	Joint Sponsorship: will a non-SUNY institution jointly sponsor this RSC? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If YES, provide Name of Joint Sponsor:					
13	AMA PRA Category 1 Credits Applying for: (Add total minutes of formal education and divide by 60 e.g. lecture, workshops, Q & A, panels.)					

Educational Planning	
14	<p>Identify CME Planners, Advisors, Evaluators, and Planning Committee members: ACCME requires disclosure of relationships with relevant commercial interest by anyone who can control CME content. Please identify the names of individuals involved in selecting topics, speakers, evaluation, or who can influence the content of this activity in some other way. * Conflict of Interest Disclosure forms are required</p> <p>1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____</p>
15	What are the professional practice gaps that this conference will address?
16	What are the underlying needs of the participants in this conference?
17	<p>How were these needs identified? (mark all that apply and <u>attach documentation</u>)</p> <p><input type="checkbox"/> Continuing Review of changes in care as revealed by medical literature</p> <p><input type="checkbox"/> Ongoing census of diagnoses made by the physicians on your staff</p> <p><input type="checkbox"/> Surveys of staff interests (by use of questionnaire or interviews)</p> <p><input type="checkbox"/> Advice from authorities in the field</p> <p><input type="checkbox"/> Formal or informal requests from members of the staff</p> <p><input type="checkbox"/> Periodic discussions in departmental meetings <input type="checkbox"/> Judgment of Department Chair</p> <p><input type="checkbox"/> Data from outside sources (public health statistics) <input type="checkbox"/> Mortality/morbidity statistics</p> <p><input type="checkbox"/> Changes in care as revealed by medical audits <input type="checkbox"/> Literature Review</p> <p><input type="checkbox"/> Other methods used:</p>
18	<p>What are the overall learning objectives you hope to achieve through this RSS?</p> <p>Example: Participants will be able to discuss new treatment modalities and indications.</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>
19	<p>What are the expected/desired results of this activity?</p> <p>Change in: <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient outcomes</p>
20	How will it be determined if this conference is having a positive effect on patient care? (i.e. what are the measurable outcomes?)

21	<p>How is this RSS structured to achieve the overall learning objectives? <i>(mark all that apply)</i></p> <p><input type="checkbox"/> Lectures and panel discussions or questions & answers</p> <p><input type="checkbox"/> Case discussions including special subject areas</p> <p><input type="checkbox"/> Demonstration of procedures, including the use of electronic media</p> <p><input type="checkbox"/> Bedside rounds or similar observation and discussion of patients</p> <p><input type="checkbox"/> Individual study assignments <i>(research in literature and/ or patient records and subsequent report to larger group)</i></p> <p><input type="checkbox"/> Other (identify):</p>
22	<p>Which of the following IOM, ACGME or ABMS MOC competencies will be addressed in this conference?</p> <p><u>Institute of Medicine Core Competencies</u></p> <p><input type="checkbox"/> Provide patient centered care</p> <p><input type="checkbox"/> Work in interdisciplinary teams</p> <p><input type="checkbox"/> Employ evidence-base practice</p> <p><input type="checkbox"/> Apply quality improvement</p> <p><input type="checkbox"/> Utilize informatics</p> <p><u>ACGME/ABMS Competencies</u></p> <p><input type="checkbox"/> Patient care</p> <p><input type="checkbox"/> Medical knowledge</p> <p><input type="checkbox"/> Practice-based learning and improvement</p> <p><input type="checkbox"/> Interpersonal and communication skills</p> <p><input type="checkbox"/> Professionalism</p> <p><input type="checkbox"/> Systems-based practice</p> <p><u>ABMS Maintenance of Certification</u></p> <p><input type="checkbox"/> Professional standing</p> <p><input type="checkbox"/> Commitment to lifelong learning</p> <p><input type="checkbox"/> Performance in practice</p>
23	<p>How will the participants be assessed on what they have learned as a result of participating in this RSS?</p> <p><input type="checkbox"/> Pre and post-test <input type="checkbox"/> Course evaluation <input type="checkbox"/> Audit</p> <p><input type="checkbox"/> Quality/utilization data <input type="checkbox"/> Demonstration of skills</p> <p><input type="checkbox"/> Other, please describe:</p>
24	<p>How often will the participants be assessed?</p>
Commercial Support	
25	<p>Do you accept dollars/services from any pharmaceutical or device companies to support this RSS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, signed Letter of Agreements must be submitted to SUNY CME prior to the conference</i></p> <p>If yes, is the support provided: <input type="checkbox"/> on an activity-by-activity basis <input type="checkbox"/> in support of a series of activities</p> <p><input type="checkbox"/> Other (please describe):</p>
26	<p>How will you communicate speaker disclosure to participants? <i>(REQUIRED; check one or both.)</i></p> <p><input type="checkbox"/> in writing handed out to participants <input type="checkbox"/> by announcement when speaker is introduced</p> <p style="padding-left: 40px;">(documentation required) (completion of Verification of Disclosure form required after each presentation)</p> <p><i>Please note:</i> 1) That speaker disclosure is required, even if the conference does not receive commercial support.</p> <p style="padding-left: 40px;">2) No matter how disclosure is accomplished, a written record of the disclosure must be kept.</p>

Advertising/ Promotional Materials

27 **How will notification of the RSS be distributed to the participants prior to the activity?**

- | | |
|---|---|
| <input type="checkbox"/> Announcement (attach sample) | <input type="checkbox"/> Website: URL site: |
| <input type="checkbox"/> Email (attach sample) | <input type="checkbox"/> Facsimiles |
| <input type="checkbox"/> US Postal Mail | <input type="checkbox"/> Interdepartmental Mail |
| <input type="checkbox"/> Monthly Conference Calendar | <input type="checkbox"/> Other |

The ACCME requires that learning objectives, correct sponsorship and specified accreditation statements, faculty disclosures, and acknowledgment of commercial support be communicated to participants prior to the activity.

Please have SUNY CME work with you to meet requirements and approve the format of your advertising.



Continuing Medical Education

At least 2 weeks prior to each conference, please forward:

1. RSS Announcement/Flyer/Brochure, to include these items:
 - The Office of Continuing Medical Education listed as a sponsor
 - The accreditation statement
 - Faculty disclosure statement (must be included even if there is no relevant financial relationship to disclose)
 - Learning objectives
 - Target audience
 - Acknowledgment of commercial supporters
2. Signed Faculty Disclosure forms (content to be included on RSS announcement),
3. Curriculum Vitae for all presenting faculty not affiliated with SUNY Upstate Medical University,
4. Signed Letter of Agreement if any commercial support (included on RSS announcement),

After each conference, please forward:

1. Excel spreadsheet via email to cme@upstate.edu
2. Summary or completed Evaluation forms
3. Signed Verification of Disclosure form (if disclosure statement was not included on announcement/promotional materials)
4. Handout Materials (if applicable)

This is mandatory in order for every Regularly Scheduled Series to be compliant with ACCME Essential Areas and their Elements. If this is not adhered to routinely, your accreditation privilege may be revoked from SUNY CME.

Accreditation & Designation Statements

Please ensure the correct accreditation statement is on your RSS announcements:

Direct Accreditation & Designation Statement (*For SUNY Upstate Departments only*)

SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this educational activity for a maximum of **[number of credits]** AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Or: Joint Accreditation & Designation Statement (*For Non-SUNY Upstate Facilities*)

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of SUNY Upstate Medical University and **(your facility name)**. SUNY Upstate Medical University is accredited by the ACCME to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this educational activity for a maximum of **[number of credits]** AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty Disclosure

The ACCME requires that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider (SUNY Upstate Medical University). The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

The following information must be disclosed to the learners prior to the start of the education activity:

- The name of the individual
- The name of the commercial interest
- The nature of the relationship the person has with each commercial interest (such as honorarium, grants or research support, employment, consultant, major stockholder, member of speaker's bureau, etc.)

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

To meet this requirement, each speaker must complete the Faculty Disclosure Form **prior** to the CME activity regardless of whether or not there is direct commercial support for the activity.

If the speaker does have a relevant financial relationship to disclose to the participants of the CME activity, disclosure must be made PRIOR to the presentation. This disclosure must be made to the audience in writing. Each speaker who has disclosed a relationship with a company should be listed along with the name(s) of each company and the relationship, i.e. “Dr. *[enter physician's name]* is on the Board of Directors of Pfizer”. If a presenter has no significant financial relationship to disclose, please state the following in writing: Dr. *[enter physician's name]* has no significant relationship with commercial entities to disclose.

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

Financial Documentation

ACCME guidelines require that the accredited sponsor maintain financial oversight for all activities that it certifies for credit. The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds.

An Annual RSS Financial Summary is required at the end of each fiscal year identifying all commercial support and other activity funds (i.e. exhibitor fees, luncheons) your department/division received. If needed the CME Office can deposit your monies into a Faculty Student Association (FSA) account to be re-directed to your department if a mechanism is not in place for your RSC monies. Checks for CME deposit must be made payable to “SUNY CME-FSA”. Tax ID number 15-6025404.

Letter of Agreement

Whenever commercial support is provided for a CME activity, the CME Office must obtain a commercial support letter of agreement between SUNY CME and the commercial supporter. For jointly sponsored activities, the letter of agreement must be between the accredited sponsor (SUNY CME) and the commercial supporter (**not** the non-accredited sponsor and the commercial supporter). This agreement must be signed by the commercial supporter and the accredited sponsor (the current administrative director of the CME Office OR the Associate Dean for CME are the only authorized signers).

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

All checks for commercial support for CME activities should be made payable to “SUNY CME-FSA”, tax ID number 15-6025404.

ACCME Standards for Commercial Support require:

- a. All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.
- b. No commercial promotional materials be displayed or distributed in the same room immediately before, during or after the educational activity;
- c. Representatives of commercial companies not engage in sales activities while in the room where the CME activity takes place;
- d. Commercial support be acknowledged in printed announcements and brochures and no reference be made to specific products (commercial supporters are not called “sponsors”);
- e. Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name, or a product-group message.
- f. Hospitality, travel arrangements, and honoraria must be handled by the CME Office (or their designee), not by representatives of commercial companies.
- g. The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- h. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.