

Regularly Scheduled Conferences: Turning a Headache into an Opportunity

In reference to ACCME
Policy 2003-A-08.

Beth Mullikin, BA
University of Wisconsin
Continuing Medical Education

The Accreditation Council for Continuing Medical Education (ACCME) mandates (at www.accme.org/whatsnew/sec_new_nw1_238.asp) that continuing medical education (CME) providers seeking accreditation or re-accreditation must verify that there is a system in place to monitor regularly scheduled conferences (RSCs) for compliance with the ACCME Essential Areas and Their Elements, including the Standards for Commercial Support. Examples of RSCs are grand rounds, morbidity/mortality conferences, journal clubs, case conferences, and other recurring activities (note: not road shows or repeated activities).

Sound like a headache? At the University of Wisconsin, we thought so. That is why we took the opportunity to share our understanding of the rules—as well as effective methods to follow them—with participants at the 2004 Alliance Annual Conference. This article is intended to provide readers with explanations of the requirements as well as what those requirements imply. In turn, this will lead to an understanding of what must be done in order to construct an effective and successful regularly scheduled conference monitoring system.

What do the rules mean and how can providers be in compliance with all of them? Each contains key words that help to understand its purpose (see Table 1). The following list provides key words to each rule as well as examples of methods to help your organization be in compliance. Please note that the specific policy is not provided with the interpretation. It is recommended that you refer to the actual policy by using Table 1 or the web address in the first paragraph of this article.

RSC-A

What it means: The key word is *describe*. Providers need to be able to exactly describe their system for monitoring compliance.

How to do it: Put it in writing. A written and approved policy that describes the system will codify the process, and provide evidence that the system has been implemented. In addition to the

Inside

- REALITY CME [5]
- UPDATE ON PROVIDER SECTIONS: FEDERAL HEALTH CARE EDUCATORS [5]
- BEST PRACTICES IN CME ACCREDITATION, 3RD EDITION [6]
- A NOTE FROM THE ALMANAC EDITORS [6]
- ON THE ALLIANCE WEB SITE [7]
- CALENDAR OF EVENTS [8]

Educational Opportunities

CME: The Basics

2000 course now available
ONLINE at the Alliance web site
(www.acme-assn.org)

**Evaluating Educational Outcomes:
Electronic Workbook**
(www.acme-assn.org)

CME: The Basics

July 30–31, 2004
Doubletree Hotel O'Hare
Airport–Rosemont
Rosemont, Illinois

**2005 Alliance for CME
Annual Conference**
January 26–29, 2005
San Francisco Marriott
San Francisco, California

Table 1. What the ACCME Will Measure During the Accreditation Process.

RSC-A

The Provider is required to describe and verify it has a system in place to monitor for compliance with the ACCME Elements and Policies, including the Standards for Commercial Support.

RSC-B

The Provider is required to verify its system to monitor for compliance is based on actual performance data and information derived from the RSCs that describe compliance (in support of ACCME Elements 2.1–2.5 and 3.1–3.3).

RSC-C

The Provider is required to verify its system to monitor for compliance results in improvements when called for by this compliance data (in support of ACCME Elements 2.4, 2.5 and 3.1).

RSC-D

The Provider is required to verify its system to monitor for compliance ensures that appropriate ACCME Letters of Agreement are in place whenever funds are contributed in support of CME (in support of ACCME Element 3.3).

RSC-E

The Provider is required to make available and accessible to the learners some form of an information management system (examples include paper-, web-, or LAN-based systems) through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. (Note: The ACCME limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.)

(Based on ACCME Policy 2003-A-08.)

policy, The University of Wisconsin has a flowchart that provides a quick, visual guide to our system (see Figure 1).

RSC-B

What it means: The key phrase is *verify its system to monitor for compliance*. The action word is *verify*, meaning actual documentation of a planning process needs to be on file to verify the RSC was based on needs, that needs are linked to objectives and outcomes, that an evaluation mechanism was used, and that all the Essential Areas and Elements are being followed.

How to do it: First, design and implement a needs assessment planning kit/application for credit to document the planning process. Next, monitor for compliance: maintain pertinent documents by using a checklist (see Figure 2), have spot checks through onsite visits, and hold meetings with RSC planners. Hold back issuance of credit certificates until all documentation is complete.

RSC-C

What it means: Key words are *system* and *results in improvements*. Providers need to show evidence of improvements in order to verify the system is working. In other words, verify that the system includes a process for follow-through and document each improvement that is made.

How to do it: Develop a newsletter to inform the RSC distribution list about system improvements, hold monitoring visits with each department to provide written feedback to the planners that summarize the improvements, and set up a *2.5 improvement file* for handwritten notes and other documentation that demonstrates the implementation of the system results in actual improvements to the process.

RSC-D

What it means: Key words are *letters of agreement (LOAs)*. LOAs are formal, signed documents which confirm that the contributor and provider conform to the ACCME Standards for Commercial Support. LOAs are required for speaker support funds, food and beverage offsets, and/or any other funds received from a contributor.

How to do it: LOA is an item to be listed on your *pertinent document checklist* (see Figure 2). Also, departments must maintain copies of checks received; an RSC coordinator assures that LOAs are reviewed, approved and signed; and that external organizations operate under joint sponsorship rules by using 3-party LOAs. Finally, do a sniff test: look at budgets to see if commercial support is planned. It could be a hint that an LOA should be on file.

RSC-E

What it means: This is a long one, but it is pretty straightforward. It means that the provider is required to maintain, and make accessible, a tracking system that documents and identifies the learner and amount of credit earned, name and topic of activity, date of activity, and presenter information. In addition, learners must have access to this information.

Figure 1. Flowchart of System for Monitoring Compliance for Regularly Scheduled Conferences (RSCs).

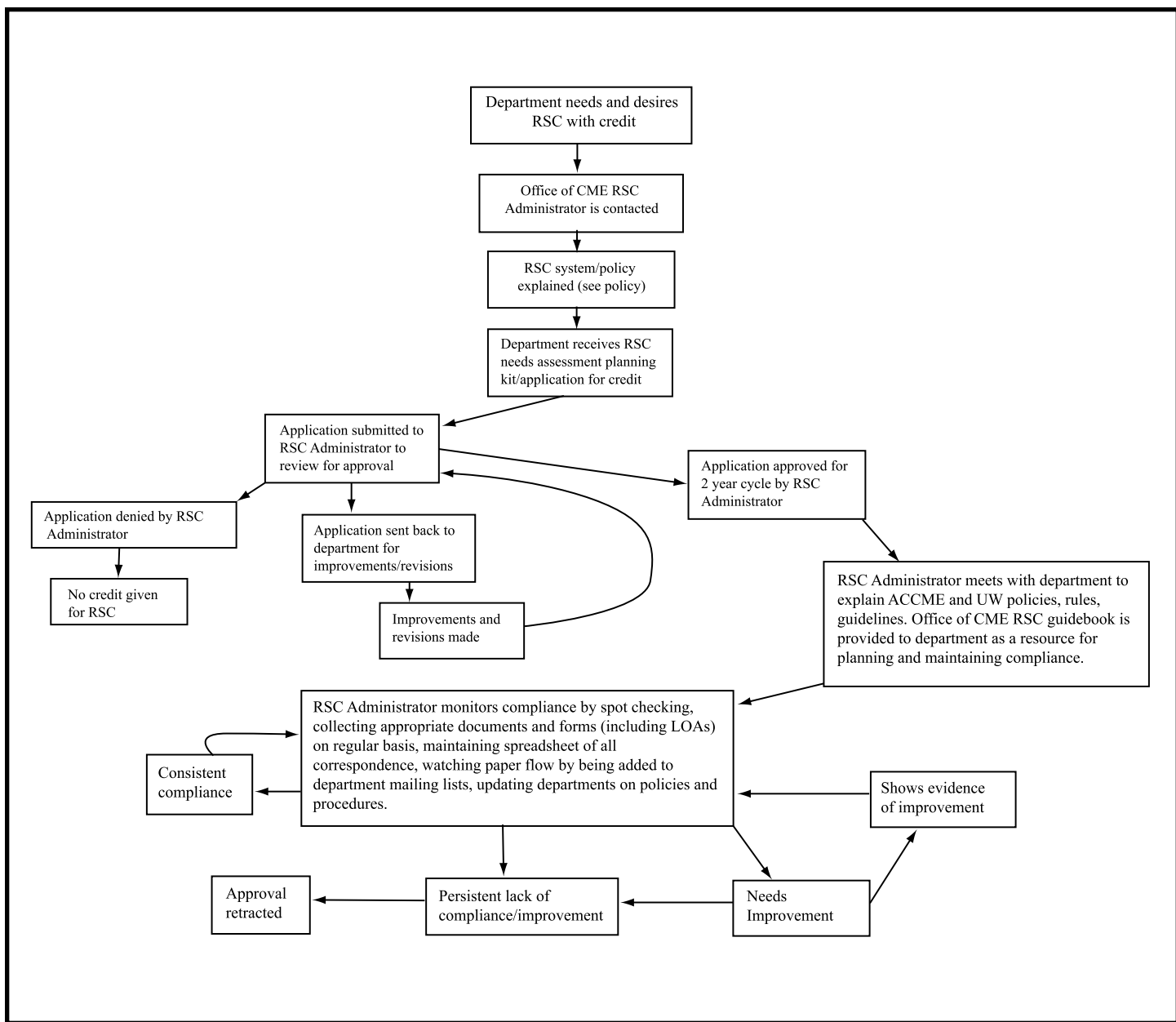


Figure 2. RSC Checklist.

Department/Name of Conference: _____

Date and Time of Activity: _____

Title of Presentation: _____

Name of Presenter: _____

**Please check the following prior to the activity
(*indicates a copy of the item needs to be submitted with the checklist):**

***Faculty Letter**
Sent to speaker to: Confirm objectives, confirm time/date/location, notify the need to comply with ACCME Essential Areas and Policies on Commercial Support (include disclosure form with letter), notify use of evaluations, and request audiovisual equipment (if applicable).

***Disclosure Form**
Completed by speaker prior to the activity.

***Accreditation Statement**
Must be visible on every flyer, e-mail, web site, or any type of announcement of the CME activity. Please add Beth Mullikin to announcement mail/e-mail lists.

***Letter Of Agreement (If Applicable)**
*If any form of **commercial support** is used, an LOA must be prepared and signed by the Office of CME and the Commercial Supporter. Please let Beth know in advance. Check one of the two boxes:*

Arrangements were made in advance with Beth and an LOA is on file at the CME Office.

No commercial support, LOA not applicable to this activity

Budget Remains Complete And Updated
Changes to the budget must be submitted. If no changes at this time, check the box and continue.

Will Food Be At This Activity?

No Yes, supported by _____


**Please check the following after the activity is complete
(*indicates a copy of the item needs to be submitted with checklist):**

***Sign-In Sheet**
*Must be legible. Participants must sign to verify attendance in order to receive credit **and** to verify disclosure was made to the participants (even if there is nothing to disclose). Please see sign-in sheet template for appropriate wording.*

***Evaluations/Questionnaires**
Summaries of evaluations are preferred.

Please send completed checklist and all necessary copies to:

How to do it: Tracking the information on paper, spreadsheets, web or LAN-based systems are the most common methods of documenting compliance to this rule.

The University of Wisconsin Office of CME is happy to take any questions, comments or suggestions regarding the information provided in this article. Please feel free to e-mail the author at eamullikin@wisc.edu. 

Reality CME

The Reality CME Team:

Laird Kelly Hank Slotnick
Judy Ribble KM Tan

What is your fear factor as a CME professional? Are you stressed out, striving to survive in a maze of confusing rules and regulations? Looking for a little reality in the CME world? Take a risk—send your most urgent CME question to realityCME@acme-assn.org. Let our panel of experts make your day.

This is the first in a series of columns dedicated to demystifying the CME universe. Questions will be selected for relevance to current CME issues. *The Reality CME Team* will come to consensus [or not] and post a response. Anonymity of the sender will be respected if requested. Here's our first question:

Q: *I just received an e-mail from a participant who claims one of my CME activities is biased. My CME Committee decided there was no significant bias—and I happen to know the e-mail came from a competitor of the company that supported the activity. How should I respond?*

Uneasy in Cutbank, Montana


A: Dear Uneasy,

You'd be well-advised to treat any inquiry with respect, even if you feel you *know* the motives of the questioner. Don't become defensive about the content and, for that matter, don't assume the question has no merit.

Even if you are aware that the question came from a competitor, you might want to seek out the instance where bias was alleged and consider your options. You could share the

concern with the Chair of your CME Committee, and ask her/him to respond; this has the advantage of keeping you above the fray. And if it turns out that the concern was well-founded, you're in the position of being able to act dispassionately to remedy the situation.

Or, if you think the complaint was simple harassment, you could write back directly to the participant, expressing concern and declaring that you want to respond with all appropriate attention; toward that end, you wonder whether the complainant would be kind enough to provide you with a detailed description of both what happened and how it represented a less-than-balanced treatment of the topic. If the complainant is nothing more than a complainer, you'll hear nothing back (and you add that to your note in your complaint file). If you do hear back, you'll have a more complete picture to take to your CME Committee.

An alternative approach would be to reply that you take the suggestion of bias very seriously and you'd like the names of others sharing the opinion so you can contact them to get their views. In fact, you could ask if the complaint was a personal observation or represented the view of the company the complainant worked for, in which case you wonder if you could contact someone else in the company to get more information. 

Update on Provider Sections: Federal Health Care Educators

Diana J. Durham, PhD
Director
Education and Accreditation
Audio-Digest Foundation

The Veterans Affairs Provider Section has broadened its scope and, as a result,

changed its name to the Federal Health Care Educators Provider Section. Lynn D. Ward, EdD, Provider Section Leader, Federal Health Care Educators, comments, "What we want to do is to reach out especially to CME/CE educators/administrators with the Department of Defense, the National Institutes for Health (NIH), the Public Health Services (PHS), and other federal health care providers. Together, we can strengthen our activities and our outreach."

Dr. Ward continues, "Our newly redefined Provider Section will offer these CME/CE providers a Provider Section home to identify and share with. We'll all learn from one another." The Provider Section Leader notes that the Department of Defense and the Veterans Administration have collaborated successfully on educational initiatives for some time. "This name change allows us to broaden the scope of the section, and provides another venue to involve more CME and CE educators in those organizations."

Federal Health Care Educators Provider Section Profile

Targeted audience/background of members:

All Federal providers of CME including educators from Veterans Affairs, Department of Defense, PHS, NIH, and Bureau of Prisons. While we focus on those who develop education for health care providers in U.S. federal settings, we invite those who share interests in CME from government communities around the world.

Purpose/goal of the section:


CME providers must continually address the needs created by changes in federal health care delivery, as well as in the CME world. The meeting provides an opportunity for federal educators to discuss common issues, goals and challenges that affect CME, and examine areas for common/joint ventures to strengthen professional education in government settings. Participants will:

- Review and discuss the latest changes, issues and needs in employee education.

- Discuss opportunities to share and leverage resources, products and activities that have already been developed.
- Discuss partnering among government agencies to reduce or eliminate redundancies with regard to educational activities and products, by joint development or sharing of educational activities.

Planned activities of the Federal Health Care Educators Section:

The Section meets for two hours at the annual meeting. Other groups with similar target audiences, but not limited to Alliance members, communicate during the year. Alliance members of the Federal Health Care Educators will encourage others to become involved in Alliance.

During the 2004–2005 year of this expansion, Dr. Ward will contact all potential Section members in Alliance membership and invite them to the 2005 session. If you want to be included in this Section, she can be contacted by e-mail at lynn.ward@lrn.va.gov. 

Best Practices in CME Accreditation, 3rd Edition

A handy reference guide of more than 750 pages of practical examples of the best practices demonstrated by CME providers. Ordering information and order form available on the Alliance web site at:

www.acme-assn.org/files/BestPrac8-21-03.pdf.

A Note from the Almanac Editors

We need your support and strongly encourage you to participate in the *Almanac* newsletter by submitting an article. In addition, your feedback helps us know what you need. We look forward to hearing from you. Please e-mail submissions and/or comments to:

David Pieper, PhD—dpieper@med.wayne.edu

Jane Eckstein, MA—jeckstein@psychiatrist.com

Judith Ribble, PhD, FACME—jribble@webmd.net

On The Alliance Web Site

www.acme-assn.org

Alliance for CME Awards

Many CME professionals are engaged in innovative CME activities worthy of recognition. These individuals and activities exemplify the best practices many are striving toward in the profession of CME. The Alliance acknowledges such excellence through its annual Awards selection process.

The Alliance encourages you to reflect on the activities you've planned and implemented, CME professionals who have impacted your job, or some innovation you feel is worthy of recognition, and then invites you to submit an application by July 15, 2004. These awards are presented at the Alliance's Annual Conference at a special reception for recipients. For more information, click on *Alliance Awards Brochure*.

CME: The Basics

This year's CME: The Basics Institute will be held Friday–Saturday, July 30–31, 2004 at the Doubletree Hotel Chicago O'Hare-Rosemont, Chicago, IL. Don't miss the opportunity to benefit from this one-of-a-kind institute. CME: The Basics is intended to present knowledge basic to, and demonstrate skills essential for, today's CME professional. It emphasizes CME, adult learning principles and accreditation in the United States.

The early registration deadline for CME: The Basics is Friday, June 18, 2004. Save as much as \$50.00 by meeting the early registration date! Information & Registration is available by clicking on *2004 CME: The Basics Institute*.

Call for Nominations for the Board of Directors

Nominations are being requested for members to serve on the Board of Directors of the Alliance. These are individuals, elected by peers, who are willing and able to contribute time and energy to the Alliance Board of Directors—the governance and policy body of the organization. Four members are required in the coming year, with terms beginning at the Annual Conference in January 2005.

Written nominations must be received by July 15, 2004. The Nominating Committee will select a slate from the nominations submitted. Alliance members will vote for candidates either on a mailed ballot or electronically on the Alliance web site. This year the Committee identified specific areas of expertise that are needed on the Board. These include skills in marketing, public relations and quality improvement. Members with expertise in these areas are encouraged to seek nomination. Additional information for candidates including expectations, how to apply, process of election and an application form can be found by clicking on *2004 Call for Nominations Alliance Board of Directors*.

Calendar of Events

June 20-22, 2004

GAME Annual Meeting
 The Westin New York at Times Square
 New York, New York
 Contact: www.game-cme.org

July 30-31, 2004

CME: The Basics
 Doubletree Hotel O'Hare Airport-Rosemont
 Rosemont, Illinois

September 27-30, 2004

*Effective CME and Industry Collaboration:
 Understanding Boundaries*
 15th Annual Conference of the National
 Task Force on CME Provider/Industry
 Collaboration
 The Baltimore Marriott Waterfront Hotel
 Baltimore, Maryland
 Contact: Regina Littleton at 312-464-4637 or
 regina_littleton@ama-assn.org

September 29, 2004

NAAMECC 3rd Annual Meeting
 5:30 to 7:00 pm
 The Baltimore Marriott Waterfront Hotel
 Baltimore, Maryland

January 26-29, 2005

2005 Alliance for CME
 Annual Conference
 San Francisco Marriott
 San Francisco, California

Alliance Almanac

Almanac Editors

David Pieper, PhD—Editor-in-Chief
 Jane Eckstein, MA—Associate Editor
 Judith Ribble, PhD, FACME—Associate Editor
 Bruce J. Bellande, PhD, FACME—
 Managing Editor
 Matt Roth—Production Editor

Almanac Editorial Board

Sharon Ashley, MD, MPH
 Robert J. Cullen, PhD, FACME
 Diana Durham, PhD, FACME
 Kristi Eidsvoog, PhD
 John M. Harris, Jr., MD
 James C. Leist, EdD, FACME
 Karen M. Overstreet, EdD, FACME
 Floyd Pennington, PhD
 Marissa Seligman, PharmD
 David Shore, PhD
 Jennifer Smith, PhD, FACME
 K.M. Tan, MD, FACME

2004 Board of Directors

Marcia J. Jackson, PhD—President*
 Harry A. Gallis, MD, FACME—Secretary/Treasurer,
 President-Elect*
 Sue Ann Capizzi, MBA, FACME—
 Secretary/Treasurer Elect*
 Leanne M. Andreasen, MBA
 Stephen S. Biddle, MEd, FACME
 Robert J. Cullen, PhD, FACME
 Howard J. Dworkin, Jr., MD
 Stuart C. Gilman, MD, MPH*
 Terry F. Hatch, MD
 Dennis R. Lott, EdD
 Bernard A. Marlow, MD
 Karen M. Overstreet, EdD, FACME*
 Greg Paulos, MBA
 Henry B. Slotnick, PhD, FACME
 K.M. Tan, MD, FACME
 Suzanne M. Ziemnik, MEd

*Executive Committee

Headquarters Office

Bruce J. Bellande, PhD, FACME—Executive Director*
 Bernie Halbur, PhD, FACME—
 Professional Development Director
 Jay Brown, BA—Project Manager and Meeting Planner
 James C. Leist, EdD, FACME—Interim Director,
 Center for Learning and Change
 Diane Baker—Administrative Assistant
 Marissa K. Green—Administrative Assistant
 Anne Marie Smith, BS—Staff Consultant
 Debrah Fisher, BA—Coordinator of Member Services
 and Special Projects
 Patricia L. Bryson—Executive Assistant
 Zanthia Matthews, MSM—
 Special Projects Coordinator

The *Almanac* is published monthly by the Alliance for CME,
 1025 Montgomery Highway, Suite 105, Birmingham, AL 35216;
 Tel.: 205-824-1355; Fax: 205-824-1357; e-mail: acme@acme-assn.org;
 ISSN#1076-3899. The views expressed in the *Almanac* are those of
 the authors and are not intended to represent the views of the
 Alliance or its membership.

Nonprofit Org.
 US Postage
 PAID
 Permit No. 2230
 Birmingham, AL