

# CME

# FACTS VS. MYTHS

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Not Everything



is as it seems

# Fact or Myth?

You must have a  
CME Committee to  
review your activities

# Myth

## You do not need a CME committee!

- The requirement is that a provider must have resources/a process in place to ensure that CME activities and the overall CME program comply with ACCME and AMA requirements.
- With that said, many providers have found a CME committee to be an effective vehicle for reviewing upcoming programs and approving them for CME credit.

# Fact or Myth?

Your CME Mission  
Statement must describe  
your target audience

# Myth

The ACCME currently requires that a provider has a CME mission statement that includes **expected results** articulated in terms of changes in competence, performance and/or patient outcomes that will be the results of the program. (C1)

In years past, providers were required to include 5 focus areas:

- 1) Purpose
- 2) Content areas
- 3) Target audience
- 4) Types of activities
- 5) Expected results



# Is this Mission Statement in Compliance?

## EXPECTED OUTCOMES:

CME activities are developed, implemented, and evaluated to promote life-long learning with the expected results to facilitate a change or advancement in the physician's medical knowledge and competence, promote improvements in the physician's professional practice, and/or improve patient and system outcomes.

# YES

Providers are only required to list one expected result articulated in terms of:

- Competence, and/OR
- Performance, and/OR
- Patient Outcomes

Providers are not required to aim for all three.



# Fact or Myth?

The accreditation statement must appear on all CME activity materials and brochures distributed by an accredited organization.

# Myth

The accreditation statement must appear on all CME activity materials and brochures, with the exception of:

- Initial Save-the-Date activity announcements

Such announcements need only contain general, preliminary information about the activity such as the date, location and program title.

If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

# Fact or Myth?

A provider with a status of Provisional Accreditation (Initial Accreditation – 2 year term) is not permitted to Joint-Provide until they receive a status of full 4-year Accreditation

# Myth

Accredited providers with an accreditation status of  
“**Provisional Accreditation**” – 2 years  
“**Accreditation**” – 4 years, or  
“**Accreditation with Commendation**” – 6 years  
are all permitted to Joint-Provide.

If an ACCME-accredited provider receives an accreditation status of “**Probation,**” it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision.

(ACCME Policies)

# Fact or Myth?

Evaluating the program objectives after a CME activity is not required.

# Fact

ACCME requires the evaluation of learner change in competence, performance or patient outcomes. (C11)



# Fact or Myth?

Participants must complete individual evaluations and complete them for each activity.

# Myth

- As long as you evaluate for change in competence, performance, and/or patient outcomes, according to C11, you are evaluating your programs appropriately.
- Also, you do not have to evaluate every single session of a multiple session series like an RSS such as Grand Rounds (and may choose not to do that in order to avoid evaluation fatigue). However, you do need to evaluate a representative sample of the sessions. Depending on the frequency of the programs, the number may vary.

# Fact or Myth?

An evaluation is  
required by  
participants in order  
to receive CME credit.

# Myth

The AMA does not have policy specific to this situation.

An accredited CME provider may require the evaluation prior to awarding the credit certificate, **but they must make it clear to physicians what the expectation is prior to the activity.**

# Fact or Myth?

Sign-in sheets are  
required for  
all events.

# Myth

Sign-in sheets are not required, but an accredited provider must have a mechanism in place to record and verify participation for a period of six (6) years from the date of a CME activity.

Records Retention Policy



# Fact or Myth?

Disclosure for  
planners/speakers  
must be obtained through  
a signed paper document.

# Myth

In some manner, providers must be able to show that everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to the provider. (SCS 2.1)

Providers may document in the form of:

- Financial Disclosure Form
- Email
- Written documentation of an in-person or phone conversation

# Fact or Myth?

If during the planning process a provider determines there are no potential COI **because the content of the activity is not related to products/services of a commercial interest, or is not clinical in nature**, they do not have to obtain information regarding the financial relationships of those in control of the content (i.e., collect disclosure information).

# Fact

SCS-2 requires the provider to identify relevant financial relationships of those who control the content of a CME activity in order to identify conflicts of interest.

Two things must be present for there to be a conflict of interest:

1. Financial relationship(s) with an ACCME-defined commercial interest, and
2. The ability to control content related to products/services of the commercial interest(s).

If no financial relationships exist, or the content of the CME activity is not clinical in nature or not related to the products/services of a commercial interest, there are no relevant financial relationships to identify and no conflicts of interest to identify or resolve.

However, before the activity, disclosure must be made to learners that there are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of the activity.

(SCS 6.2)

# Fact or Myth?

Performance-in-Practice (PIP)  
activity files need to be  
100% accurate to be  
found in compliance

# Myth

During Reaccreditation, and for the Standards of Commercial Support (SCS), the survey review committee uses a benchmark that 80% of the PIP files must demonstrate compliance. However, the review committee is not bound by this.

A surveyor may request additional information/missing documentation to help inform the committee as to the thoroughness of a provider's process.



# Fact or Myth?

A Letter of Agreement  
must be executed for  
any type of financial support  
associated with a  
CME activity

# Myth

The terms, conditions and purposes of commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). (SCS 3.4)

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

(SCS 3.5)

# Fact or Myth?

If you are attempting to meet the criteria for Accreditation with Commendation and do not satisfy the criteria, your overall accreditation will be adversely affected.

# Myth

CME providers have nothing to lose from attempting to meet the criteria for Accreditation with Commendation.

If you do not meet the criteria, your standard accreditation will not be in jeopardy.

# I HOPE WE'VE HELPED CLARIFY

- Some things are a true requirement

**MUST HAVE**

- Some things are an institutional guideline

**GUIDELINE**

- Some things are simply an urban myth

**MYTH**