



CME Activity Review Instructions and Data Collection Instrument

[For initial applicants seeking accreditation decisions on or after November 2005](#)
[For accredited providers seeking reaccreditation decisions on or after November 2006](#)

ISMA surveyor forms may be modified as a result of feedback from implementation of the Updated Standards for Commercial Support.

GOAL:

The goal of the activity review is for the CME provider to demonstrate performance in practice, especially regarding compliance with those Elements of the Essential Areas and those policies that can be measured through the direct observation of an activity. The observations made during an Activity Review will be used as supplementary information to an accreditation survey conducted before, after, or at the same time as the Activity Review.

PURPOSE:

By observing and/or participating in an activity, the activity reviewer should be able to assess the level of compliance with those Elements of the Essential Areas and those policies that can be measured by observing an activity;

OBJECTIVES

- Direct observation of an activity and its components including each format of educational activity and exhibits;
- Data gathering interview with staff of the CME provider;
- Discussion with participants (e.g., regarding disclosure, balance of content, separation of promotion and education); and
- Completion of an Activity Review Form.

TIME NECESSARY TO COMPLETE THE ELEMENTS OF AN ACTIVITY REVIEW:

Enough time should be taken to allow for a thorough and comprehensive review of the activity for compliance with the specified Elements of the Essential Areas and policies as outlined in the *Goals* and *Objectives* of an Activity Review. The Activity Review is not a mini accreditation survey. Please limit your data gathering to the questions on the "Activity Review Form."

Please answer the questions while observing the activity or immediately following the activity review. Please clarify and resolve any questions you have with the CME provider about the activity review, either in person, or through a phone call or e-mail.

One form should be completed for each activity that is reviewed by the survey team.

Activity Review Report Form

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Provider Name:			
Provider Number:		Date of Review	
Title of Activity:			
Date of Activity:			
Reviewer:			
This activity is:	Directly Sponsored	<input type="checkbox"/>	Or Jointly Sponsored <input type="checkbox"/>
This format of the activity is a/an:			
Live face to face (lecture and small groups)	<input type="checkbox"/>	Journal CME Activity	<input type="checkbox"/>
Regularly scheduled conference	<input type="checkbox"/>	Enduring Material (tapes, printed, CD ROM, internet)	<input type="checkbox"/>
Internet Activity (Live)	<input type="checkbox"/>		

The Standards for Commercial Support are about ensuring the independence of CME activities. Please answer the following questions regardless of whether commercial support was provided for the activity.

Element 3.3 Standards for Commercial Support		Yes	No	Unable to assess
1	SCS 1.1 Based on your observations, did the provider retain ultimate responsibility and control for the design and production of the activity? Please describe what you observed <u>below</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	SCS 4.3 Were the educational materials (slides, abstracts, handouts) free of advertising, trade names, and group messages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	SCS 5.1 Based on your observations, did the content of the educational activity promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	SCS 5.2 Based on your observations, did the presentation give a balanced view of therapeutic options, including the use of generic names? Please provide evidence or a description of what you observed <u>below</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to write descriptive narrative for questions 1-4.

<input type="checkbox"/>	←Check here if the activity was a Live Activity and answer the following:						
	Lecture	<input type="checkbox"/>	Posters	<input type="checkbox"/>			
	Hands-on	<input type="checkbox"/>	Panel	<input type="checkbox"/>			
Other, please describe:							
How much time was spent observing the activity?		1 hour	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	other	<input type="checkbox"/>
	No	Yes	If yes, please describe				
Did you speak to the provider's staff while at the activity?		<input type="checkbox"/>	<input type="checkbox"/>				
Did you speak to participants while at the activity?		<input type="checkbox"/>	<input type="checkbox"/>				

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		Not Applicable	Yes	No	Unable to assess
5	SCS 3.11 If there was a social event or meal associated with the CME activity, did the educational event take precedence over the social event? Please provide evidence or a description of what you observed <u>below</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	SCS 4.2 Were representatives of commercial interests engaging in sales or promotional activities while in the space or place of the activity? Please provide evidence or a description of what you observed <u>below</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	SCS 4.2 Were advertisements or promotional materials displayed or distributed in the educational space either before, during or after the activity? Please provide evidence or a description of what you observed <u>below</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence or a description of what you observed.					

Element 3.1 Organization Framework

8	What observations did you make that made you believe that the provider had the resources to support the activity financially? Describe:
9	What observation did you make that made you believe that the provider had sufficient staff and/or volunteers to support the activity? Describe:

Element 3.2. Obligations and Commitments are Met:

		Yes	No opportunity to observe	No, provider refused
10	Did you see evidence that the provider offered to make accommodations for the special needs of the learner and/or faculty?			
11	Did you see evidence that the provider made and /or provided accommodations for the special needs of the learner and/or faculty?			
Please provide evidence or a description of what you observed.				

←Check here if the activity was an Enduring Material and answer the following:

Enduring Materials Policies: Are the following communicated to the learner prior to the start of the activity?		Stated	Not Stated
12	Principal faculty and their credentials.	<input type="checkbox"/>	<input type="checkbox"/>
13	Medium or combination of media used.	<input type="checkbox"/>	<input type="checkbox"/>
14	Method of physician participation in the learning process.	<input type="checkbox"/>	<input type="checkbox"/>
15	Estimated time to complete (the credit designation statement can be used if time was the measure to designate units of credit).	<input type="checkbox"/>	<input type="checkbox"/>
16	Dates of original release.	<input type="checkbox"/>	<input type="checkbox"/>
17	Date of termination.	<input type="checkbox"/>	<input type="checkbox"/>
18	Date of the most recent review and update, or approval.	<input type="checkbox"/>	<input type="checkbox"/>
19	SCS 4.2 Were advertisements and promotional materials kept separate from the education materials?	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to write descriptive narrative for questions regarding enduring materials.

←Check here if the activity was a Journal-based CME Activity and answer the following:

Journal CME Policies		Yes	No
20	Does the activity include reading an article or articles, a provider stipulated/learner directed phase, and a requirement for the completion by the learner of a predetermined set of questions or tasks related to the content of the material? Please describe and attach evidence.	<input type="checkbox"/>	<input type="checkbox"/>
21	Is there a process for documenting participation by the learner in the activity to the provider? Please describe and attach evidence.	<input type="checkbox"/>	<input type="checkbox"/>
22	Does advertising exist within the pages of the article(s) or within the pages of the related questions or evaluation materials? Please describe and attach evidence.	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to write descriptive narrative for questions regarding journal based CME.



←Check here if the activity was an Internet Activity and answer the following:

Internet Policies		Not Applicable	Yes	No
23	Does this Internet CME activity reside on a commercial interest's website? If yes, please describe and attach evidence to support your finding.			
24	If this Internet CME activity links to a commercial interest's website, is there clear notification that the learner is leaving the website of the CME activity? If no, please describe and attach evidence to support your finding.			
25	If this Internet CME activity links to a commercial interest's website, is the link embedded in the educational content of the CME activity? If yes, please describe and attach evidence to support your finding. (NOTE: Links from the website of an ISMA accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.)			
26	Is there advertising of any type within the content of the CME activity? If yes, please describe and attach evidence to support your finding. (NOTE: Advertising includes, but is not limited to banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.)			
27	Are the hardware requirements needed to participate in this Internet CME activity listed at the beginning of the activity?			
28	Are the software requirements needed to participate in this Internet CME activity listed at the beginning of the activity?			
29	Is there a mechanism in place for the learner to contact the provider for information if there are questions about the Internet CME activity?			
30	Is the learner informed of the provider's privacy and confidentiality policy as it relates to Internet CME activities?			

Please use this box to write descriptive narrative regarding internet CME.