

Keeping You Updated in CME

Director's Comments

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The National Task Force on CME Provider/Industry Collaboration Conference was recently held in Baltimore. Sponsored by the American Medical Association, the purpose of the conference is to bring together all sides involved in the accreditation, design, implementation, and funding of CME activities for open discussion on how the various groups involved can collaborate to improve public health through appropriate continuing medical education.

One session deserves special mention. Panelists representing the Alliance for CME (ACME), the Society for Academic CME (SACME), the Council of Medical Specialty Societies (CMSS), the CME / Communication Companies, and pharmaceutical industry highlighted trends of the past 12 months when it comes to commercial support and CME. Here's a just taste of what's been happening.

From Organizations Involved in Medical Education

- The Macy Foundation issued a report calling for significant changes in the relationship between commercial support and CME
[Josiah Macy Jr. Foundation Report](#)
- The AMA Ethics Council reviewed a recommendation that raised ethical issues of commercial support and CME. The recommendation was tabled but it will be revised and resubmitted in the near future
[AMA Ethics Council Recommendation](#)
- The AAMC issued its report on Medical Education and Industry Funding, calling for academically-oriented institutions to be the only providers of CME credit. It also recommended that academic medical centers develop central CME offices to oversee and coordinate all commercial support interactions relating to institutionally sponsored CME, and that all CME content be carefully monitored "to ensure the quality and objectivity of [the] education provided..."
[AAMC Medical Education & Industry Funding Report](#)
- The Accreditation Council for Continuing Medical Education (ACCME) issued several Calls for Comments. One proposed changes that affect how CME providers and industry interact in relation to CME activities. Another suggested that faculty who have are engaged by pharmaceutical companies for non-CME speaking engagements be completely excluded from developing and presenting content at CME activities.
[ACCME Calls for Comments](#)

- The IOM convened a special committee to review issues of conflict of interest in research, medical education, and practice.
[IOM Conflict of Interest](#)

From Pharmaceutical Manufacturers

- A new Pharma Code effective Jan 1 2009, was published. It calls for tight restrictions on how pharmaceutical personnel interact with healthcare professionals, and what they can and cannot fund.
[New Pharma Code](#)
- Pharma companies, reacting to FDA and OIG investigations, continue to separate their educational granting functions from their marketing/sales functions. Some are also restricting the types of organizations that may apply for funding.

From Government Organizations

- Congressional and other legislative bodies continued their interest in the financial relationships between industry and physicians.
[Senate Committee on Finance](#)

[United States Senate Special Committee on Aging](#)

The take-home message is that it's been a turbulent year for CME and how it's funded, with more turbulence predicted for the near future. It means change is in the air and that the operation of CME-accredited units like Jefferson's will need to change much more quickly than in the past.

The ACCME Standards for Commercial Support form the basis for all CME Provider interactions with industry. We will systematically present these Standards in the Newsletter to help our CME community better understand the rules under which CME functions.

[ACCME Standards for Commercial Support](#)

As always, your comments and questions are welcome!

Upcoming Events- Registration Is Open!

Please visit the OCME website for course and registration information:
[OCME Website](#)

Patient Safety Considerations

in Nutrition Support

December 11, 2008

Bluemle Life Science Building, Room 101

6:30am Registration

7:00am-12:15pm Lectures

What Every Doctor Should Know:

A General Medical Update

*****For Jefferson Alumni & Faculty Only!*****

February 1-5, 2009

Lions Square Lodge, Vail, CO

14th Annual JacXCs 2009

Jefferson Anesthesia Conference

February 21-27, 2009

Huntley Lodge, Big Sky, Montana

36th Annual Course

in Electrodiagnostic Medicine

March 3-6, 2009

Bluemle Life Science Building, Rooms 101

Intake Process Update

In the next few months the Committee on CME and the OCME will go "live" with the new online CME application that is designed to comply with the Updated ACCME Criteria. Watch for announcements about the launch of this web-based process, and for training opportunities on how to use it

Quick Facts About PA CME Requirements for License

Documentation of CME Credits required every 2 years.

- 100 credit hours
 - at least 20 Category 1 credits
- Patient Safety/Risk Management
 - 12 credits
 - *Either Category 1 or 2*

Get your transcript for your Jefferson-sponsored CME credits at JEFF ETC

[Jefferson Electronic Transcripts & Certificates](#)

All grand rounds credits through November 30 will be posted as soon as reported to the CME Office

For resources to help you meet patient safety/risk management requirements, click here:

<http://jeffline.jefferson.edu/jeffcme/office/requirements.html#15>

RSC

What is the most common question for Regularly Scheduled Conferences (RSCs)?

Question:

Why do I not see a red box with the “S” next to the WebID in the Session Registration Database (SRD)?

Answer:

The problem is that the SRD and the COI database are linked. If you don’t see the red box “S”, check to be sure that:

- The session date is correctly entered in BOTH databases
- The presenter has completed the online COI form

The dates on the two databases must link up in order to see the little red box with the “S”, also known as the Disclosure Summary page.

**Please make sure that the “S”, Disclosure Summary Form is printed out and posted along with the Session Documentation Form at your meeting.

Reminder! Session Documentation Forms for FY 2009

The check off boxes for “ACCME New Criteria” are very important. The RSC Program Director is responsible for identifying ways each RSC session address the “ACCME Updated Criteria.”



A Special Thanks To Our Committee Members

Karl Doghramji, M.D., Chair	Karen Novielli, M.D.	<u>OCME Staff</u>
Peter Chodoff, M.D.	David Reiter, M.D.	Jeanne G. Cole, M.S.
James Heitz, MD	Ralph Riviello, M.D.	Pauline Sylvester, M.B.A.
Leo Katz, M.D.	Steven Selbst, M.D.	Vaughn Wurst, B.S.
Eugene Kennedy, M.D.	Joseph Seltzer, M.D.	
Martin Koutcher, M.D.	Alexandria Skoufalos, Ed.D.	
Tsai-Wei Liang, MD	Carmen Sultana, MD	
William Morrison, M.D.	Richard Wender, M.D.	

“Our committee members made this newsletter possible.”

The ACCME Standards for Commercial Support

As noted earlier in this issue of the CME Newsletter, the topic of Commercial Support and its use as funding for Continuing Medical Education activities has been discussed at great lengths during the past year. The Accreditation Council for Continuing Medical Education (ACCME)'s *Standards for Commercial Support* (SCS), first issued in 1992 and significantly revised in 2004, are intended to ensure independence in certified CME Activities. This is the first in a series of articles that will review the *Standards* and help you gain a better understanding of these Standards and how the Office of CME complies with them.

The *Standards for Commercial Support* are: **Independence; Resolution of Personal Conflicts of Interest; Appropriate Use of Commercial Support; Appropriate Management of Associated Commercial Promotion; Content and Format without Commercial Bias; Disclosures Relevant to Potential Commercial Bias.** Each *Standard* contains subheadings that are important to its interpretation and compliance.

All parties to a CME Activity – participants, presenters, and planners—are affected by the SCS. **Participants** can be assured that activities that carry AMA Cat 1 credit are developed and presented free from commercial influence. **Presenters** are required to disclose all commercial relationships. The disclosures are reviewed and acted upon, if necessary, to assure their presentations will be free from commercial bias. **Planners'** relationships are also prospectively reviewed and acted upon if necessary to assure that the potential for commercial bias is identified from the planning stages of a CME activity.

Before discussing Standard 1: Independence, note the ACCME's definition of a commercial interest

“A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”

Examples of commercial interests include: Pharmaceutical Companies and Medical Device Manufacturers as well as marketing companies that work with them. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

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Standard 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest.

- (a) Identification of CME needs
- (b) Determination of educational objectives
- (c) Selection and presentation of content
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME
- (e) Selection of educational methods
- (f) Evaluation of the activity

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

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The ACCME Standards for Commercial Support Continued...

What does this Standard mean for Jefferson-sponsored CME activities?

The Independence Standard means Jefferson cannot partner with any commercial interests (Pharma Co. or Device Manufacturer) to design, implement or evaluate certified CME activities. It limits the types of organizations who can be involved in the educational aspects of a CME activity.

When the Office of CME is approached about a potential CME activity, we will ask questions during the initial discussion to examine the proposed activity in light of the Independence Standard. These questions may include:

- Are there other organizations outside of Jefferson involved in planning this activity?

If yes, what role(s) do they play in the activity?

- How has the need for the proposed activity been determined?
- Will there be Commercial Support for this activity?

If yes - What sources for commercial support will you apply to?

The ACCME requires that the OCME document compliance with this Standard. We accomplish this documentation via several processes within the Office. First, the online application process contains questions or check off boxes that specifically address the question of independence. This is our major form of documentation available for ACCME audit. In addition, OCME Staff members will document conversations about proposed activities through a formalized "Note to File" type of process.

The ACCME *Standards for Commercial Support* are designed to ensure that participants in any accredited CME Activity are receiving the proper education that will help them move toward a primary goal – Improving Patient Outcomes. The OCME's role in this process is to assist you in designing an educational activity that will help your participants move towards this goal and stay compliant with the *Standards for Commercial Support*.

In our next issue, we will present **Standard 2: Resolution of Personal Conflicts of Interest**