

Regularly Scheduled Series (RSS) Handbook

(Grand Rounds, M&M, Lecture Series, Journal Club, etc.)



**UT Health San Antonio
Office of Continuing Medical Education**

**Mailing Address:
7703 Floyd Curl Drive, MSC 7980
Dental School Building, Room 3.050R
San Antonio, Texas 78229**

(210) 567-4491 ♦ Fax: (210) 562-5579

**Email: cme@uthscsa.edu
Website: <http://cme.uthscsa.edu>**

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Introduction

Regularly Scheduled Series (RSS) are defined as recurring daily, weekly or monthly CME activities that are **primarily planned by** UTHSA Long School of Medicine Departments/Divisions and *Centers and **presented to** the accredited organization's own professional staff (same audience) and are designated for credit as one activity. Examples of activities that are planned and presented as a Regularly Scheduled Series are Grand Rounds, Tumor Boards, M&M Conferences, Lecture Series and Journal Club.

*Based on CME Planning Guide submitted, the Office of CME will determine if the activity qualifies as a Regularly Scheduled Series or other type activity.

The Office of Continuing Medical Education serves as the provider of CME credit for the **UT Health San Antonio Long School of Medicine (UTHSA SOM)**. The Office of CME plays a critical role in the planning, implementation and evaluation of all RSS.

UTHSA Long SOM Office of Continuing Medical Education has developed a process that monitors all regularly scheduled series ensuring compliance with the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and Elements, ACCME Standard for Commercial Support and UTHSCSA Policies. This system ensures that activities are:

1. Planned, implemented and evaluated based on real performance data
 - State the learner's performance gaps (for professional practice gaps that are identified in methods other than direct measurement of your professional staff – e.g., national trend data, state level data – explain how you connect these gaps to your own RSS attendees (learners))
 - State the needs you identify based on these gaps
 - Articulate the need in terms of knowledge, competence or performance
 - Incorporate the identified needs into the RSS (state specific topics that will address needs)
 - Describe how the content of your RSS is matched to your learner's current or potential scope of practice
 - Establish improvement measures
 - Describe changes in performance, competence, or patient outcomes that take place as a result of improvements derived from the RSS educational interventions

2. Each UTHSA Long SOM Department/Division or Center that organizes a RSS is expected to comply with Institutional and LSOM policies located on the Office of CME website and the following step-by-step processes as they relate to how the RSS will be planned, implemented and evaluated. UTHSA LSOM Departments and Center should consider the following when planning RSS activities:
 - A complete RSS CME Planning Guide must be submitted to the UTHSA Long SOM Office of CME no less than two months prior to the beginning of the

RSS. Should grant funding be required, the RSS CME Planning Guide should be submitted five months prior to the beginning of the RSS. This allows time for review and follow up with the Department/Division/Center should there be any questions or additional information required by the Office of CME.

- There must be at least one individual from the Department/Division or Center who serves as the RSS Activity Coordinator for each RSS.
- The RSS Activity Coordinator participates in CME RSS training as required by the Office of CME. RSS Activity Coordinator also consistently adheres to the UTHSA Long SOM Office of Continuing Medical Education RSS Handbook guidelines.
- Each RSS series will be required to complete the annual evaluation provided by the Office of Continuing Medical Education.

- Per the AMA PRA/The Physician's Recognition Award (PRA) and credit system 2017 revision states:
 - **Credit certificates, transcripts or other documentation available to physicians**
 - Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded *AMA PRA Category 1 Credit™* by accredited CME providers.
 - **Credit certificates, transcripts or other documentation available to non-physician participants**
 - Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may choose to issue documentation of participation to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit™*.

- The Office of Continuing Medical Education documents and maintains all attendee records for a period of six years. The attendee record consists of:
 - Name/topic of activity/presentation
 - Date of activity
 - # of credits awarded and/or claimed

- Attendees may download/print a transcript of all CME credits/attendance for RSS for the past six years from date of activity/session via
 - <https://cmetracker.net/UTHSCSA/Publisher?page=pubOpen#/about> .

- The Office of CME customers have access to their transcripts 24/7. Anyone who attends UTHSA CME-sponsored activities (grand rounds, tumor boards, M&M

conferences, journal clubs, lecture series, live conferences, internet courses, etc.) has the ability to view and print their CME transcript.

- Instructions on how to access your transcript:
 - Go to: <http://cme.uthscsa.edu>
 - Scroll down and click on the button “**My CMEs**”
 - Scroll down and Click on **CME Transcript** button (on the menu to the left)
 - Click **Sign In to generate Transcript button**
 - **Enter your email address** (the one used to register). Then enter your password.
 - If you have an account but have forgotten your password, click on “**Forgot Password**” (a numeric code will be sent to your email)
 - **If this is your very first time claiming credit for a UT Health-sponsored educational activity:**
 - **Enter your email address** (the one used to register)
 - Click **Create Account** (you will be sent a numeric code via e-mail for you to log in)
 - Update your Profile with the required information
 - Enter a Begin Date Range
 - Enter an End Date Range
 - Click on **Submit** button
- If you have any questions, please contact the Office of CME via email at cme@uthscsa.edu or at 210.567.4491. We are here to assist you!

Administrative Fees for FY21

- ____ 1-12 sessions/\$1,000.00
- ____ 13-24 sessions/\$1,500.00
- ____ 25-36 sessions/\$2,000.00
- ____ 37-52 sessions/\$2,500.00

Other costs:

- For all grant requests, a grants management fee of 10% of the face value of the grant will be charged.
- If you wish to offer your live activity as an enduring material, the fees are below:

- ____ 1-12 sessions/\$1,000.00
- ____ 13-24 sessions/\$1,500.00
- ____ 25-36 sessions/\$2,000.00
- ____ 37-52 sessions/\$2,500.00

- If medical ethics credit is requested for a presentation, an additional \$150.00 fee will be charged.

Step-by-Step process for requesting *AMA PRA Category 1 Credit*[™]

Planning a quality Continuing Medical Education (CME) program is a thoughtful process which often begins a year or more prior to intended activity. The Accreditation Council for Continuing Medical Education (ACCME) requires that the UT Health San Antonio Long School of Medicine use planning processes that link identified educational needs with a desired result in its provision of all CME activities. To assist with this process the Director of the Office of Continuing Medical Education is available to meet with UTHSA Long SOM RSS Chairs to discuss how the Office of CME can be involved in the overall planning process for RSS, and to provide ACCME, AMA, or UTHSA LSOM Office of CME updates for RSS.

We encourage Departments/Divisions/Centers to contact our office at cme@uthscsa.edu as early as possible when considering a new series. The Office of CME does not provide retroactive AMA PRA Category 1 Credit [™].

Following is a step-by-step process to help guide you.

Step 1 – Contact the UTHSA Office of CME

The first step is to contact the Office of CME to inform us of your intent to plan an RSS and your desire to have this activity designated for *AMA PRA Category 1Credit*[™]. At this time, you can inform us of the dates/times of planning meetings, your target audience, estimated # of attendees, the general description of your RSS, and provide an overview of how the educational need for this activity was identified.

- Email: cme@uthscsa.edu
- Phone: 210-567-4491

Step 2 – Complete the CME RSS Planning Guide

Access and complete the CME Planning Guide at

<https://www.uthscsa.edu/academics/medicine/about/ocme/resources>

and submit to the Office of CME via email to cme@uthscsa.edu. Upon receipt of your planning guide, UTHSA Office of CME will review for approval. Completed planning guide documents the following:

- Proposed agenda with dates, topics, planning committee members and speakers
- Sponsoring Department
- Links to Source documents which provide evidence that the series is planned based on real data
- Supporting source documents attached
- Specific educational needs of the target audience (professional performance gaps)
- Overall (general) series learner-focused objectives for RSS only
- Proposed educational format that is consistent with educational need and learning objectives
- Specified desired results
- Evaluation plan
- Outcomes measurement plan

Web site resources to assist with completion of the CME Planning Guide

A. Needs assessment

1. AHRQ National Healthcare Quality Report - <http://statesnapshots.ahrq.gov>
2. US Department of Health and Human Services <http://www.hhs.gov>
3. HHS Office of the Surgeon General - <http://www.surgeongeneral.gov>
4. Texas Health Data - <http://soupin.tdh.state.tx.us/>

5. Robert Wood Johnson - <http://www.rwjf.org/>
6. JAHCO - <http://www.jointcommission.org/>
7. Council of Medical Specialty Societies (with links to member Specialty Societies) <http://cmss.org/>
8. Journal of the American Medical Association <http://jama.ama-assn.org/>
9. New England Journal of Medicine <http://content.nejm.org/>
10. The Lancet <http://www.thelancet.com/>
11. The State of Quality Healthcare <http://www.ncqa.org/tabid/447/Default.aspx>
12. Institute for Healthcare Improvement <http://www.ihl.org/ihl>
13. National Institute for Quality Improvement and Education <http://www.niqie.org/>

B. Outcomes measurement

1. ACGME Toolbox of Assessment Methods <http://www.chd.ubc.ca/files/file/instructor-resources/Evaluationtoolbox.pdf>
2. ACGME - Outcomes Project (Teaching From a Competency Perspective) <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/id/110022>
3. AAMC Medportal <https://www.mededportal.org/>
4. HEDIS and Quality Measurement <http://www.ncqa.org/tabid/59/Default.aspx>

After assessment by the Office of CME and determination that the RSS series is in full compliance with ACCME Essentials and Policies, the Office of CME will send a Service Agreement to the department finance director/business administrator, RSS chair and RSS Activity Coordinator.

Director, Office of Continuing Medical Education
Letti Bresnahan
Bresnahan@uthscsa.edu
210-567-0299

Step 3 – Submit Sample of Marketing Materials

A sample of each type of marketing material used to market or announce your RSS series must be attached when submitting the RSS Planning Guide. Marketing materials include flyers, posters, websites and/or e-mails.

All marketing materials must be approved by the Office of CME in advance of their circulation.

Step 4 – Submit Planning Committee and Speaker Documentation

- **Pre-activity.** Adhere to CME activity requirements as provided in the CME RSS Handbook
 - **PLEASE NOTE: Beginning FY21-22 Academic Year, financial disclosures will now be valid for a period of 2 years from date of completion**
 - Ensure planners/speakers complete their biographical data and financial disclosure information via the following link in advance of the activity:
 - <https://www.surveymonkey.com/r/CMEFinDis052021>
 - CVs, Profiles, and Biographical Sketches will not be accepted.
 - **Financial disclosures:**
 - Planners must complete financial disclosure via above referenced link prior to activity being approved for *AMA PRA Category 1 Credit*™
 - Ensure speakers complete financial disclosure at least 5 working days prior to lecture to allow time to resolve any potential conflicts of interest and receive approval for *AMA PRA Category 1 Credit*™

- **Financial disclosure for each speaker must be provided to attendees at the beginning of each session (prior to the lecture), per the ACCME**
 - Speaker disclosure may be done using one or more of the following options:
 - PowerPoint slide (**see Forms and Resources on the CME web site for templates**)
 - Included in course handouts, if applicable (**see Forms and Resources on the CME web site for templates**)
 - Included in flyer, and then posted on the door of the session. (**see Forms and Resources on the CME web site for templates**)
 - Included in meeting invite for virtual RSS activities

Step 5 – Submit Requests for Medical Ethics and/or Professional Responsibility/Pain Management Credit

The Office of CME can facilitate the review of any presentation within the series for compliance with criteria established by the Texas Medical Board regarding Ethics and/or Professional Responsibility/Pain Management. To facilitate this process please email the following information to cme@uthscsa.edu no less than 2 weeks prior to the presentation.

1. Date of presentation
2. Title of presentation
3. Speaker title
4. Learning objectives
 - a. For presentations related to medical ethics the learning objectives must mention ethics
 - b. For presentations related to professional responsibility (which include risk management, domestic abuse or child abuse), the learning objectives must mention risk management
 - c. Requirements for Pain Management must involve the study of the following topics:
 - best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments;
 - safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding:
 - standards of care;
 - identification of drug-seeking behavior in patients; and
 - effectively communicating with patients regarding the prescription of an opioid or other controlled substances; and
 - prescribing and monitoring of controlled substances.
5. Presentation slides (in PowerPoint or pdf)

If your presentation is approved for Medical Ethics and/or Professional Responsibility/Pain Management, the Office of CME will provide the Texas Medical Board Ethics/Pain Management statement for your marketing material.

Step 6 – Submit attendance documentation (electronic format)

Newly assigned RSS Activity Coordinators should contact the Office of CME via email to cme@uthscsa.edu to schedule training.

RSS activities are encouraged to use the Clancy System for attendance sign-in. Attendance documentation will only be accepted in an electronic format (via Google Docs or by using the Attendance Roster template on the CME website under Forms and Resources/Regularly Scheduled Series). **Hard copy sign-in sheets are no longer be accepted.** Attendance documentation for each session is due to the Office of CME no later than 5 business days after the session has ended. File name of attendance roster template must be in the following format: Medicine Grand Rounds 1/1/21, 1/7/2021, etc.

Step 7 – Submit Post Activity Documentation:

Per the ACCME, attendees of your program must be provided with the opportunity to **evaluate the educational activity's effectiveness in meeting the identified educational need in terms of their satisfaction, knowledge improvement, and skill improvement.** To meet this ACCME requirement, the Office of CME will send an annual evaluation for you to provide to your audience to complete by a specified date.

Step 8 – Responsibilities

The **RSS Chair/Content Expert** is responsible for the following:

- Ensuring** your Regularly Scheduled Series is in compliance with the following guidelines/policies:
 - UTHSA HOP 10.1.11 - Guidelines for Interactions Between Clinicians and Industry
 - UTHSA HOP 10.1.12 - Policy on Conflict of Interest
 - UTHSA Office of Continuing Medical Education Policy on Review and Approval of CME Ethics/Professional Responsibility Credit/Pain Management Credit
 - UTHSA HOP 2.4.1 - Continuing Education Policy
 - Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education – 12_1_2020
 - ACCME Policies & Accreditation Criteria

- Completing** the **RSS CME Planning Guide**
- Providing** your RSS Activity Coordinator with proposed and confirmed speaker(s) and their contact information
- Supporting** the RSS Activity Coordinator in obtaining the required documentation from planning committee members/proposed speaker(s)
- Reviewing** speaker presentation(s) to resolve Conflict of Interest when a UTHSA faculty presenter, planning committee member or visiting faculty disclose relationships
- Completing** the Conflict of Interest Presentation Form when a:
 - UTHSA faculty presenter discloses relationships
 - planning committee member discloses relationships
 - visiting faculty presents
- Providing** completed Conflict of Interest Presentation Form to your RSS Activity Coordinator
- Verifying** that Financial Disclosure took place before presentation
 - Verification may include financial disclosure on a slide and/or verbally

The **RSS Activity Coordinator** is responsible for the following:

- Submit** completed RSS CME Planning Guide with supporting documentation to Office of CME prior to beginning of annual series

- Provide** current SurveyMonkey link for the Speaker/Planner Financial Disclosure forms to planners/speakers

- **PLEASE NOTE: Beginning FY21-22 Academic Year, financial disclosures will now be valid for a period of 2 years from date of completion**
 - For planners – this should be completed before the first session begins
 - For speakers – this should be completed at least 5 days prior to their lecture
 - For speakers that you believe may be providing a presentation anytime during the upcoming academic year, we suggest requesting that they all complete a disclosure prior to the beginning of the academic year. Having the speakers complete their financial disclosures at the beginning of the academic year will save you time as you prepare your flyers/meeting invites/etc each week to distribute.
 - For planners and speakers – be sure to instruct them to note your grand rounds/M&M/tumor board/case conference in the Activity Title when they are completing their disclosure.

- Review** weekly master financial disclosure spreadsheet sent each Monday by the Office of CME for financial disclosure information for your marketing materials

- Submit** Marketing Materials (flyers/meeting invites/etc) to the Office of CME prior to distribution for review/approval for compliance.
 - All marketing materials **MUST** contain
 - disclosure statements for planning committee members and speakers
 - CME accreditation statement
 - LSOM AMA PRA Category 1 Credits statement
 - SUBJECT LINE MUST INCLUDE YOUR ACTIVITY TITLE AND DATE:
 - Medicine Grand Rounds 1/1/2021, 1/7/2021, etc

- Submit ONLY** presentations of **UTHSA faculty** who disclose financial relationships and **Non-UTHSA (visiting) faculty** who are presenting at your activity. These presentations should be submitted to the Office of CME in advance of the lecture for review/approval.

- Ensure Conflict of Interest form is completed by RSS chair or their delegate **AND** that the completed form is returned to the Office of CME.
- Retain** completed Model Authorization Release Form (formerly titled the Talent Release Form) in your files. It is only required to be completed for **non-UTHSA** faculty (**ONLY** if session is videotaped)
 - Provide** attendance mechanism – either by providing a Clancy Event ID to the attendees of your RSS or providing the Office of CME a roster of attendees, with spreadsheet labeled with name of RSS activity and date of session.

The **Office of CME** is responsible for the following:

- Responding promptly to CME inquiries
 - Communicating with RSS Activity Coordinators on a regular basis regarding updates
- Reviewing the completed **RSS CME Planning Guide** to ensure compliance current ACCME accreditation criteria.
 - Review presentations for any commercial bias
 - Identify potential conflicts of interest
- Notifying the RSS Chair/RSS Activity Coordinator when there is a Conflict of Interest and provide the Conflict of Interest Presentation Form for completion prior to the speaker's lecture.
- Designating approved regularly scheduled series for *AMA PRA Category 1 Credit*[™].
- Tracking CME participation and credit for each RSS activity for up to six years
- Submitting requests for educational grants from commercial interests
- Executing letters of agreement with commercial interest for educational grants
- Communicating updates to RSS Activity Coordinators via emails/newsletters / workshops
- Monitoring the Regularly Scheduled Series usage of ACCME accreditation and AMA designation statements and the documentation submitted by the RSS Activity Coordinator
- Monitoring the Regularly Scheduled Series for compliance with the following:
 - UTHSA HOP 10.1.11 - Guidelines for Interactions Between Clinicians and Industry
 - UTHSA HOP 10.1.12 - Policy on Conflict of Interest
 - UTHSA Office of Continuing Medical Education Policy on Review and Approval of CME Ethics and/or Professional Responsibility Credit
 - UTHSA HOP 2.4.1 - Continuing Education Policy
 - Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education – 12_1_2020

- ACCME Policies

Office of CME Management Fees:

The Office of CME offers any one of the following services for all CME activities. Standard services provided for UTHSA RSS activities are noted below.

File Management for CME	Inclusive of record data management, credit records, transcripts, audit services for state/national medical board, retention of records
Accreditation Maintenance	Monitoring and ensuring compliance with various accreditation bodies, manage peer review process for content
Faculty Management	Collect and review faculty documentation needed for CME accreditation
	Manage disclosure process and conflicts of interest resolution process
Technical Support	Provide on-line registration services/via Clancy System
	Develop on-line record of attendance
	Develop/maintain on-line annual evaluation instrument
	Develop Online certificates and/or transcripts
	Design and manage registration in CME data services/via Clancy System
	Upload activity to CME Web site
Marketing	Review/approve all marketing communications
Administrative and management	ACCME annual reporting
RSS Chair/RSS Activity Coordinator post conference meeting	Review evaluation summaries
	Post-activity meeting
	Pre-planning activities for upcoming year

GLOSSARY OF CME TERMS



Accreditation Council for Continuing Medical Education (ACCME®) and American Medical Association (AMA) Glossary of Terms and Definitions

ACCME Recognized Accreditors

State and territory medical societies recognized by the ACCME as accreditors of intrastate CME providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the [Markers of Equivalency](#).

Accreditor

An organization that sets and enforces the standards for CME provider organizations and/or activities through review and approval of organizations/activities, and monitors and enforces guidelines for these organizations/activities.

Accreditation

The framework by which a program of CME is assessed to determine whether the program meets the accreditor's requirements. See also "Accredited CME provider."

Accreditation criteria

The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation.

Accreditation decision

The decisions made by an accreditor concerning the accreditation status of CME providers. In the ACCME System, there are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview

A step in the accreditation and reaccreditation process. In the ACCME System, volunteer surveyors review the CME provider's self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation Review Committee (ARC)

The ACCME volunteer committee that reviews and analyzes the materials submitted by CME providers and surveyors to determine providers' compliance with the ACCME Accreditation Criteria and policies. Based on this review, the ARC makes recommendations about accreditation decisions to the ACCME Decision Committee.

Accreditation statement

The standard statement that must appear on all CME activity materials and brochures distributed by ACCME-accredited providers. There are two variations of the statement; one for directly provided activities and one for jointly provided activities.

Accreditation with Commendation

The highest accreditation status available in the ACCME System, accompanied by a six-year term of accreditation; available only to providers seeking reaccreditation, not to initial applicants.

Accredited CME

The term used to refer to continuing medical education that has been deemed to meet the requirements and standards of a CME accrediting body.

Accredited CME provider

An organization accredited as a provider of continuing medical education. Accredited CME providers assume the responsibility and accountability for developing certified educational activities. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. Intrastate-accredited providers offer CME primarily to learners from their state/territory or contiguous states.

Activity

See "CME activity."

Activity review

One of the ACCME requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation.

Advertising and exhibits income

Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are **not** considered to be commercial support under the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM.

AMA core requirements

The AMA requirements that every activity certified for *AMA PRA Category 1 Credit*TM must meet. They can be found in the AMA PRA booklet.

AMA Credit Designation Statement

The statement that indicates that the activity has been certified for *AMA PRA Category 1 Credit*TM, and includes the type of activity and number of credits.

AMA Direct Credit Activities

Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the AMA PRA booklet.

AMA House of Delegates

The principal policy-making body of the AMA. This democratic forum represents the views and interests of a diverse group of member physicians who meet twice per year, to establish broad policy on health, medical, professional and governance matters, as well as the broad principles within which the AMA's business activities are conducted.

AMA Physician's Recognition Award (PRA)

The AMA PRA has recognized physician participation in CME since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. More information can be found in the AMA PRA booklet.

AMA PRA Category 1 Credit™

The type of CME credit that physicians earn by participating in certified activities sponsored by CME providers accredited by either the ACCME or an ACCME-recognized State/Territory Medical Society; by participating in activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and by participating in certain international activities recognized by the AMA through its International Conference Recognition Program.

AMA PRA Category 2 Credit™

Credit that is self-claimed and self-documented by physicians by participating in activities that are not certified for *AMA PRA Category 1 Credit™* and that the physician individually determines comply with the AMA definition of CME; and comply with the relevant AMA ethical opinions (see CEJA Opinions relevant to CME); and are not promotional; and the physician finds to be a worthwhile learning experience related to his/her practice.

AMA PRA CME credit system

Developed in 1968, the credit system initially described the type of educational activities that would qualify to meet the requirement to obtain the AMA's PRA (See Physician's Recognition Award). The AMA PRA Standards and Policies have evolved and now AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.

Annual Report Data

Data that accredited providers are required to submit to the ACCME on at least an annual basis describing their overall CME program. This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and other learner participants, and some financial information. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

Certified CME

Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or nonpromotional learning activities for which the credit system owner directly awards credit.

CME activity

An educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies; the AMA Physician's Recognition Award CME credit system standards and policies; and the AMA Council on Ethical and Judicial Affairs pertinent opinions.

CME credit

The "currency" assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Besides the AMA, other organizations in the US that administer credit systems for physicians include the American Academy of Family Physicians and the American Osteopathic Association. Please refer to those organizations for more information. See *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™* above.

Commercial bias

Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.

Commercial interest

Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation or participation in joint providership.

Commercial support

Monetary or in-kind contributions given by an ACCME-defined commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial Support. Advertising and exhibit income are not considered commercial support.

Committee for Review and Recognition (CRR)

The ACCME volunteer committee that collects, reviews, and analyzes data about Recognized Accreditors' (state or territory medical societies) compliance with the ACCME's recognition requirements, the [Markers of Equivalency](#), through a process called [Maintenance of Recognition](#). The CRR makes recognition recommendations to the ACCME Decision Committee. See also "Maintenance of Recognition."

Committee learning

A live CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Competence

In the context of evaluating effectiveness of a CME activity in the ACCME System, the extent to which learners know how to implement (or stop doing) what the activity intended to teach them.

Compliance

The finding given when a CME provider has fulfilled the ACCME's/Recognized Accreditor's requirements for the specific criterion in the Accreditation Criteria or policy.

Conflict of interest

The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. See also "relevant financial relationships."

Continuing Medical Education (CME)

The educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Continuing Professional Development (CPD), or Continuing Physician Professional Development (CPPD)

Includes all activities that doctors undertake, formally and informally, including CME, in order to maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients.

Co-provided activity

A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting ACCME and AMA requirements and reporting activity data to the ACCME. See also “directly provided activity.”

Council on Ethical and Judicial Affairs (CEJA)

The AMA elected body responsible for developing ethics policy for the AMA. Comprising seven practicing physicians, a resident or fellow, and a medical student, CEJA prepares reports that analyze and address timely ethical issues that confront physicians and the medical profession. CEJA maintains and updates the AMA Code of Medical Ethics, widely recognized as the most comprehensive ethics guide for physicians. In addition, CEJA has judicial responsibilities, which include appellate jurisdiction over physician members' appeals of ethics-related decisions made by state and specialty medical societies. To protect the integrity and quality of the CME enterprise and to support the autonomy of physicians as voluntary participants in CME activities, CEJA has rendered Opinions 9.2.6, Ethical Issues in CME; 9.2.7, Financial Relationships with Industry in Continuing Medical Education; and 9.6.2, Gifts to Physicians from Industry. Activities certified for *AMA PRA Category 1 Credit*[™] must be developed in accordance with these opinions.

Council on Medical Education

The AMA elected body that formulates policy on medical education (including undergraduate, graduate, and CPPD/CME) by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council provides stewardship of the AMA PRA credit system, and is also responsible for recommending nominees to the boards of ACCME and other accrediting bodies, as well as to other national organizations.

Course

A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

Designation of CME credit

The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also “CME credit.”

Directly provided activity

One that is planned, implemented, and evaluated by the accredited CME provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Documentation review

See “performance-in-practice review.”

Enduring material

An activity that endures over a specified time and does not have a specific time or location designated for participation; rather, the participant determines whether and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Faculty

The individuals responsible for teaching, authoring, or otherwise communicating the activity content to learners.

Financial relationships

See “relevant financial relationships.”

Focused accreditation interview

A specially arranged interview between the ACCME/Recognized Accreditor and an accredited provider to address noncompliance areas that had been identified in an accreditation review or had not been corrected in a progress report.

Hours of instruction

Hours of instruction represents the total hours of educational instruction in a CME activity. The information is used for the purpose of reporting the activity in PARS. (See PARS below.) For example, if a one-day course lasts eight hours (not including breaks or meals), then the total hours of instruction reported for that course is eight. Hours of instruction may or may not correspond to the number of *AMA PRA Category 1 Credits™* for which the activity is designated.

In-kind commercial support

In the context of the ACCME’s Standards for Commercial Support, non-monetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Internet enduring material activity

An enduring material provided via the Internet, meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Internet live activity

A live course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Example: webcast.

Internet Point of Care (PoC) learning (Internet searching and learning)

An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

Intrastate accredited provider

See “Accredited CME provider.”

Jointly provided activity

An activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities.

Journal-based CME

An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

Knowledge

In the context of educational needs for a CME activity in the ACCME System,, the extent to which learners have a need for new information.

Learner

An attendee at a CME activity. See also “physician learners,” and “other learners.”

Learning from teaching

Personal learning projects designed and implemented by the learner with facilitation from the accredited provider. It recognizes the learning that occurs as physicians prepare to teach.

Live activity

Activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

Maintenance of Recognition

ACCME system to ensure that Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process. Recognized Accreditors submit documents and information on an ongoing basis. The ACCME provides detailed, formative feedback to Recognized Accreditors in real time as the data is reviewed. Feedback is given in relation to the [Markers of Equivalency](#). The ACCME adopted Maintenance of Recognition in 2011 in order to improve the quality, value, and efficiency of the recognition process and to enable the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis.

Manuscript review activity

Activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

Monitoring

The ACCME monitors accredited providers between formal accreditation reviews by reviewing the program and activity data they submit on at least an annual basis. In addition, the ACCME and AMA each have a formal procedure for accepting and reviewing complaints from the public and the CME community about accredited providers' compliance with accreditation and credit system requirements.

New procedures and skills training

Activity whereby accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA framework for new skills and procedures training consists of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training.

Nonaccreditation

The accreditation decision by the ACCME/Recognized Accreditor that a CME provider has not demonstrated compliance with the appropriate ACCME requirements.

Noncompliance

The finding given by the ACCME/Recognized Accreditor when a CME provider does not fulfill the ACCME's requirements for the specific criterion in the Accreditation Criteria or policy.

Other learners

Learners other than those who have obtained an MD, DO, or equivalent medical degree from another country.

Parent organization

An outside entity, separate from the accredited provider, that has control over the accredited provider's funds, staff, facilities, and/or CME activities.

Performance

In the context of evaluating effectiveness of a CME activity in the ACCME system, the extent to which learners *do* what the CME activity intended them to be able to do (or stop doing) in their practice.

Performance Improvement CME (PI CME)

An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

Performance-in-practice review

During the initial accreditation, reaccreditation, and progress report processes, the ACCME/Recognized Accreditor selects activities to review from the CME provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables the ACCME/Recognized Accreditor to ensure that accredited providers are consistently complying with requirements on an activity level.

Physician learners

Activity learners who are MDs or DOs, or have an equivalent medical degree from another country.

Probation

Accreditation status given by the ACCME/Recognized Accreditor to accredited providers that have serious problems meeting ACCME requirements. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to return to a status of Accreditation.. While on probation, a provider may not jointly provide new activities. See also "progress report."

Program of CME

The provider's CME activities and functions taken as a whole.

Progress Report

Accredited providers that receive noncompliance findings in the Accreditation Criteria or policies must submit a progress report to the ACCME/Recognized Accreditor demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the ACCME may require a focused accreditation interview to address the areas of noncompliance. The ACCME/Recognized Accreditor can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.

Program and Activity Reporting System (PARS)

A web-based portal from the ACCME designed to streamline and support the collection of program and activity data from accredited CME providers. PARS is also used by accredited providers to register CME activities that will count for Maintenance of Certification™ and other uses, such as the Food and Drug Administration's Risk Evaluation and Mitigation Strategies (REMS).

Provider

See "Accredited CME provider."

Provisional Accreditation

A two-year term given to initial applicants in the ACCME System that comply with the necessary Accreditation Criteria.

Recognition

The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.

Regularly scheduled series

A course planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Relevant financial relationships

The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. See also "conflict of interest."

Self-study report

One of the data sources used in the ACCME process of accreditation or reaccreditation. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

State medical society accreditor

State medical societies may choose to become "recognized" by the ACCME. Recognition refers to a designation awarded to state and territorial medical societies that allows them to accredit intrastate providers of continuing medical education.

Test-item writing activity

An activity wherein physicians learn through their contribution to the development of examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential test items.

Unstructured online searching and learning

An activity in which a physician uses Internet sites to learn about a topic. If it meets the guidelines for

AMA PRA Category 2 Credit™ a physician may designate it as such and claim credit based on the time devoted to it.

Abbreviated CME Terms

ACCME	Accreditation Council for Continuing Medical Education
AMA	American Medical Association
COA	Certificate of Attendance
COC	Certificate of Credit
COI	Conflict of Interest
CME	Continuing Medical Education
CPE	Continuing Professional Education
LOA	Letter of Agreement for Commercial Support
PRA	Physician's Recognition Award
RSS	Regularly Scheduled Series
SOA	Statement of Attendance