DREXEL UNIVERSITY
Office of Continuing Medical Education
College of Medicine

APPLICATION GUIDELINES FOR PROVIDERSHIP BY DREXEL UNIVERSITY COLLEGE OF MEDICINE (DUCOM)TO CONDUCT CONTINUING MEDICAL EDUCATION ACTIVITIES AND AWARD CONTINUING MEDICAL EDUCATION CREDIT

Checklist - Requirements for Application Submission
(Please check each item that has been included with your application)

	Application signed by Department Chair, Activity Director and DUCOM Department Chair (for activities that are jointly provided (DUCOM and an external partner)
	Provide Performance Gap and Needs Assessment Worksheet and Needs Assessment References
	Program Planning Documentation
	Projected Budget
	Sample Evaluation Form for this activity
	Disclosure of Relationships and Declaration Forms for Program Planners/Activity Director (Disclosures for speakers are due 8 weeks prior to the start of the activity.)
	Engagement Letter and/or email to the Speaker
	Program Agenda
	Draft of Flyer or Brochure
	Evaluation Summary from Prior Year
	Year End Program Budget Summary from Prior Year Budget Summary
	$350 Application Fee (waived for DUCOM Regularly Scheduled Series)

Please identify the type of providership requested

Direct Providership
(Activities provided solely by DUCOM)

Joint Providership
(Activities provided by DUCOM and external partner)

Please identify the type of activity to be accredited

Single Activity (conference, symposium, course, seminar, etc.

Regularly Scheduled Series (RSSs are grand rounds, M&M, tumor board, case conferences, etc.)
*** *A separate application is required for each activity.***

Seminar Series (more than 2 hours in length, up to 10 times a year)

Enduring Materials: 1. Journal Article   2. Monograph   3. Web Based Activity   4. Video

** Submit this page with your application

*** Incomplete applications will be returned, delaying the approval process

Important Notes and Instructions for Completing the CME Application

The Accreditation Council for Continuing Medical Education (ACCME) has a rigorous policy for accrediting CME activities. As an approved Provider, DUCOM is required to maintain strict compliance with the ACCME standards and guidelines. Requirements are outlined in the [ACCME Standards for Integrity and Independence](#) . It is the responsibility of the Office of Continuing Medical Education (OCME) to ensure that all of DUCOM's CME activities are in compliance. Failure to comply with the standards not only jeopardizes continued accreditation for individual programs, but also puts the University in jeopardy of losing its accreditation status as a CME Provider. Due to the severity of the sanctions, the OCME is committed to ensuring that CME activities meet ACCME standards and compliance requirements.

Planning Process
The planning process of the activity is an important factor. Content should be appropriate to the [OCME Mission Statement](#) and address improved physician performance and patient outcomes. The planning documentation should also explain how content/topics were selected as well as criteria used in the selection of speakers. **As a reminder, employees of a pharmaceutical company and/or medical device manufacturer CANNOT be involved with the identification of speakers and/or topics.**

Template - Planning Minutes

Needs Assessment
Needs assessment is the systemic process of gathering information and using it to determine instructional solutions to close the learning and/or performance gap between:

What learners currently know & how they practice	VS	What learners should know & how they should practice	= Performance Gap

Use the Performance Gap and Needs Assessment Worksheet to work through the needs development process. Submit the worksheet as part of the needs assessment documentation.

Needs Assessment Guidelines
Refer to Attachment files

Steps to consider:
a. What is the current performance/practice demonstrated by the target group?
b. What is the performance/practice desired from the target group?
c. Does the difference between the current practice and the desired practice represent a deficit (gap) in knowledge, competence, and/or performance?
d. What methods and resources did you use to identify the performance/practice gaps? (i.e. clinical guidelines, chart audits, quality improvement/risk management data, etc.)
e. Review and analyze your findings in terms of how this information will be used to help identify the specific steps needed to address/resolve the gaps identified for your target audience.
f. Identify the desired outcomes and the level at which you want the audience to perform after the activity.
g. Define the outcomes in terms of the educational objectives you wish to achieve. "After completing this CME activity, the physician will be able to…" Refer to application guidelines, page 5A, for help developing objectives.

Evaluations
All CME activities must be evaluated. Evaluations provide critical feedback for improving the quality of CME activities, planning future activities, assessing the educational impact and measuring changes in practice habits and attitudes.

Application Deadlines
(Submit complete applications with all attachments. Incomplete applications will be returned)
Applications for regularly scheduled series (RSSs) are due at the end of fiscal year - June 30th. Applications for all other activities should be submitted 6 to 9 months before the activity. M**arketing materials CANNOT be printed before OCME has reviewed and approved both the CME application and all marketing materials**. Once the application has been approved, the activity director will be notified.

Disclosure of Relevant Financial Relationships Form must be completed and submitted with the CME application for each of the planning committee members, activity director, moderator and speakers. The form must be updated annually or more often if relationships change. *Disclosure of Relationships and Declaration Forms* for all faculty must be submitted no later than 8 weeks prior to the start date of the activity. All conflicts of interest must be identified and mitigated prior to the presentation. **If speakers refuse or fail to submit the Disclosure Form, the individual may not participate in the CME activity.**

Speakers – Provide speakers with guidelines. He/she must be independent of and **not** employed by a commercial entity, disclose relevant financial relationships prior to the presentation, assist in the mitigation of conflicts of interest, use generic names, deliver an evidence-based, scientifically valid presentation, and clearly identify unlabeled and investigational application of treatments.

Activity Directors are responsible for ensuring that speakers submit the Disclosure of Relevant Financial Relationships Form well in advance of the activity; confirm there is no relevant financial relationship or that potential conflicts have been mitigated; acknowledge relevant financial relationships and methods used to mitigate conflicts of interest to the audience; and ensure that programs are independent and free from commercial bias.

Commercial Support must be in the form of an educational grant, made payable to the Provider (DUCOM) or approved designee. The grant must be preceded by the *Letter of Agreement,* which has been signed by the Commercial Supporter and the Assistant Dean of CME. If the commercial supporter intends to cover the cost of refreshments for a grand round, the department makes all arrangements then reimburses the departmental account when grant funds are received. A representative of the Commercial Supporter (i.e. marketing rep.) **cannot** make independent arrangements to supply refreshments for a CME accredited event or "drop by" with food/beverage.

ACCME prohibits the use of Commercial Interest Logos in educational materials, marketing, and in the disclosure of commercial support. The ACCME defines a commercial interest as *"*An ineligible company that is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients." The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

How do I manage interactions with Commercial Supporters and Marketing Representatives - See the *Commercial Support Dos and Don'ts* **for details.**

Commercial Support Do's and Dont's

How do I design my marketing materials?
Marketing materials must be pre-approved by the OCME prior to distribution. Allow 1 week for review of flyers, 4 weeks for brochure. The AMA Designation Statement, the Accreditation Statement and the Disclosure Statement must appear on marketing materials. See "Accreditation and Disclosure" Policy for additional details".

<u>Definition of Terms</u>

Continuing Medical Education (CME)
> *"Continuing medical education consists of educational activities that serve to maintain, develop or increase the knowledge, skills, professional performance and relationships a physician uses to provide services for patients, the public or the profession. The content of CME is 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".*

Core Competencies

> **Patient Care or Patient-Centered Care:** compassionate, appropriate, and effective in the treatment of health problems and the promotion of health.

> **Medical Knowledge:** established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.

> **Practice-Based Learning and Improvement:** investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

> **Interpersonal and Communication Skills:** effective information exchange and teaming with patients, their families and other health professionals.

> **Professionalism:** a commitment to professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

> **Systems-Based Practice:** demonstrates an awareness of and responsiveness to the larger system of health care and the ability to utilize system resources to provide optimal care.

Performance/Practice Gap

> The Practice Gap is the difference between the current practice and the practice desired (optimal practice) in order to meet the standard of care.

Knowledge

> Acquaintance with facts, truths, and principles of medicine. Demonstrates knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.

Competence

> Knowing how to do something. Knowledge, in the presence of experience and judgment, is translated into ability (competence) - which is not yet put into practice. It is what a professional would do in practice, if given the opportunity.

Performance

> The appropriate application of skills and techniques. Demonstrates the best evidence and practices compared to peers and national benchmarks.

Patient Outcomes

> Promote outcomes that are compassionate, appropriate, and effective in the treatment of health problems and the promotion of health.

Acronyms

> NCQA   National Committee for Quality Assurance
> JCAHO Joint Commission on Accreditation of Healthcare
> HEDIS   Health Plan Employer Data and Information Set

Forms/Documents

Data Submission Form – check off sheet to be used when forwarding materials to OCME	PDF Data Submission Form
Audience Disclosure Announcements – announcements which must be made to the audience	PDF Examples of Disclosure statements
Verification and Resolution Form – form completed by the Activity Director and used to document and report the review of relationships and resolution of conflicts of interest	Verification and Resolution Form
Disclosure of Relationships and Declaration Form – All individuals who have an opportunity to influence content of the CME activity (planning committee members, activity director, moderators, speakers, etc.) are required to disclose his/her commercial relationships and methods used to resolve potential conflicts of interest to the audience prior to the start of the activity.	PDF Disclosure of Relevant Financial Rel
Evaluation Form – form used to collect feedback on CME activity. Data must be summarized and forwarded to OCME.	Evaluation Form
Guidelines for Individuals Planning and/or Presenting at CME Activities – outlines expectations and requirements.	Speaker Guidelines
Speaker Letter – letter to speaker which outlines obligations and expectations	PDF Speaker Letter.pdf
Letter of Agreement (LOA) – contract between the CME Accredited Provider and the commercial supporter of a CME activity. LOA must be signed by the Commercial Supporter and Director of CME	Letter of Agreement.doc
Exhibitor Contract – contract between the CME Accredited Provider and commercial supporters who wish to exhibit at a CME activity. The Exhibitor contract must be signed by the Commercial Supporter and Director of CME.	Exhibitor Contract.doc
Policy and Procedures on Disclosure, Mitigation of Conflicts of Interest and Content Validation – conflicts of interest must be resolved prior to the CME activity. The individual's commercial relationship(s) and method used to mitigate the conflict must be announced to the audience prior to presentation.	PDF Policy - Procedures for Mitigation of Relat
Content Validation Form – form used to document review of all content presented prior to the activity	PDF Content Validation.pdf
Mitigation of Relevant Financial Relationships – form to identify and mitigate relevant financial relationships that you have identified for planners, faculty, and others who will control educational content for your education activity.	PDF Mitigation of Relevant Financial Rel
Learning Objectives – objectives must be measurable.	Action Verbs

CME APPLICATION

Activity Title:

Institution:

Department:

Location(s):

check here if activity is being video conferenced

Start Date: End Date:

Day of the Week: Start Time: End Time:

Type of Activity: CME hours requested:

***A separate application is
required for each activity***

Anticipated Attendance:

CME Activity Director:	CME Activity Coordinator:
Department:	Department:
Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
E-Mail:	E-Mail:

ACTIVITY DIRECTOR:

As the Activity Director I understand the DUCOM Continuing Medical Education Policies and Procedures and find this program to be in compliance with all requirements. Compliance requirements include (but are not limited to) the following. As Activity Director I understand that:

1) I am responsible for ensuring compliance with the ACCME Standards for Integrity and Independence
2) I am responsible for identifying and mitigating all conflicts of interest in accordance with ACCME requirements prior to the beginning of the CME activity
3) If the conflict cannot be mitigated or the speaker/author/planning committee member has failed to submit a Disclosure Form, the individual is recused from participating in the CME activity
4) I am responsible for ensuring that the relevant financial relationships of speakers and others involved in the planning of the CME activity are disclosed to the audience prior to the activity
5) The Office of Continuing Medical Education must be advised of all funding for the CME activity
6) I am responsible for submitting all marketing materials to the OCME for approval prior to production/dissemination.

Signature   Name   Date

DEPARTMENT CHAIRMAN RESPONSIBLE FOR UNIT SPONSORING CME ACTIVITY:

I have reviewed this application to offer continuing medical education and I am in full support of this activity. I understand that any funds remaining after completion of this activity may be held in the OCME account for future programs. Funds from educational grants must be used toward expenses for that particular CME activity unless other arrangements are made. A funder may request a refund of the excess funds. I further understand that any shortfall in funding is the responsibility of the Department or the Partner if this is a jointly provided activity.

Signature of Department Chair   Name   Date

Signature of DUCOM Department Chair   Name   Date
(if joint providership)

1. Describe the proposed CME activity; content; how the activity supports the CME mission (page 2A); the activity type (RSS, conference, web-based, etc); justification for the educational format; and the expected outcomes.

2. Complete and include with the application, the *Performance Gap and Needs Assessment Worksheet* (Click on link below) as a review and analysis of the performance/practice gaps or quality gaps identified for your target audience.

   Performance Gap
   Worksheet

3. Identify anticipated potential barriers to incorporate new knowledge, competence, and /or performance
   objectives into practice. Select all that apply.

	Minimal time to counsel patients		Institutional hierarchy
	Lack of time to update medical knowledge		Lack of consensus on professional guidelines
	Navigating Insurance/reimbursement		Budgeting constraints
	Lack of administrative support/resources		Therapy related adverse issues
	Patient compliance		Other: (*please specify*)

   How will you address these barriers?

4. Describe the **physician** target audience for this activity.
   .

5. Will the activity be targeted to **other healthcare professionals**?   Yes   No
   If "Yes", identify the specific groups

6. Based on the identified performance gaps and target audience, which educational design will you use for this activity?

   Lecture/Didacticsession (Knowledge)
   Panel discussions (Knowledge)
   Case studies (Knowledge and Competence)
   Round table or small group discussion (Knowledge)
   Workshops (Knowledge)
   Pre/Post Test (Knowledge)
   Demonstration of procedures in a lab environment (Competence and Performance)
   Additional methods (describe)

7. What strategies and measures will you use to evaluate the activity's impact on competence, performance or patient outcomes? Check all *(a minimum of two)* that apply. You will be expected to provide the results of the analysis after the activity.

Competence		
	Participant Evaluation Form (Required)		Physician and/or Patient Survey
	Customized Pre and Post-Test		Other: *(please specify)*
Performance		
	Case-Based Studies		Pre and Post Chart/Medical Records Reviews
	Follow-up survey/interview/focus group to access actual change in practice at specified intervals		Other: *(please specify)*
Patient Outcomes		
	Observe changes in health status measures		Obtain patient feedback and surveys
	Observe changes in quality/cost of care		Pre and Post Chart/Medical Records Reviews
	Measure mortality and morbidity rates		Other: *(please specify)*

8. Are there other initiatives within the institution working on this issue or external organizations we can partner with that are working on this issue?

    Yes   No   *If "Yes", identify the specific groups.*

9. Are there non-educational strategies currently used to address this issue *(i.e., facilitate a peer to peer feedback system to reinforce new practices or incorporate questions about the new practices into patient satisfaction questionnaires)***?**
    Yes   No   If no, what types of non-educational strategies could be used?

10. List the individual names of the planning members below (or attach a separate list) and attach a *Disclosure of Relevant Financial Relationships form* for each planning committee member. An individual **cannot participate** in the CME activity if Disclosures are not on file prior to the event. All conflicts must be mitigated **before** the individual is appointed to the planning committee or approved as a speaker.

Planning Committee Members

Name	Academic Title	Institution	Role in Planning Content

11. What documentation is **attached** that explains the program planning process? Documentation must include how speakers and topics were selected, as well as how the need for the activity as determined? Check all that apply.

   Program Planning minutes   E-mails and memos   Other_____

12. What core competences are addressed? See definition of terms, page 4A of guidelines.

   Patient Care or Patient-Centered Care
   Medical Knowledge
   Practice-Based Learning
   Interpersonal and Communication Skills
   Professionalism
   Systems-Based Practice

13. Indicate the method(s) for speaker selection:

   Planning Committee recommendation
   Faculty Contacts
   Literature Review
   Internal Faculty
   Past Program Evaluations
   Professional Society
   Other _____

14. How will the activity be marketed?   All promotional materials must be reviewed and approved by the OCME prior to printing and distribution. Attach a copy of the **program agenda** and sample of the marketing material(s) which will be used to promote the activity.

   Brochure/Flyer
   E-mail Announcement
   Newsletter Announcement
   Journal Advertisement
   Post on Website
   Other: _____

15. The ***Disclosure of Relationships and Declaration Form*** (see attachment) is required for **all** speakers, authors and planning committee members prior to the activity and forwarded to the Office of Continuing Medical Education (OCME).

    I acknowledge that the speaker's failure or refusal to disclose relationships prohibits participation in the CME activity.

    I acknowledge that all conflicts of interest must be resolved prior to the start of the CME activity.

16. Will you solicit educational grants or exhibit opportunities from 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.*

    Yes ___ No ___ *If yes, please check all that apply and list the names of the companies on the Anticipated Activity Budget Sheet.*

Funding Sources	Educational Grants	Exhibit Opportunity
Government		
Med. Device Co.		
Med. Education Co.		
Pharmaceutical Co.		
Non-Profit		
Other		

17. Do you anticipate In-Kind support?   Yes ___ No ___
    If yes, please provide 1) Name and type of organization, 2) Type of In-Kind Support.

18. Will you provide meals/refreshment/snacks?   Yes ___ No ___
    If yes, please describe. (must be self-serve or buffet)

19. Will you provide an honorarium?   Yes ___ No ___
    If yes, please itemize amount for each faculty on the Anticipated Activity Budget Sheet.

20. How are program expenses (including faculty honoraria and meals) paid?
    (Honoraria and meals cannot be paid directly by commercial supporter).

21. Provide name, e-mail address and phone number of staff who will act as liaison to the OCME?

22. If your expenses exceed income, what University or other account will be charged for these expenses?

23. If your income is greater than your expenses, how will the difference be used *(i.e. for future CME activities)?*

24. OCME levies a fee for recording credit and preparing certificates/transcripts. How will fees be paid?

    DUCOM faculty will access credit transcripts for RSSs from CME Website, free of charge.

    Institution will pay for CME conference certificates for DUCOM faculty.

    Partners in jointly provided activities will pay for RSS transcripts and CME conference certificates.

    Certificate fee is included in registration fee paid by attendees.

    Attendees must pay OCME individually.

    Other (describe) _____

25. If sponsoring a conference/course/enduring activity, provide a copy of your working budget.

ANTICIPATED ACTIVITY BUDGET

YOU MUST PROVIDE AN ACCOUNTING OF ACTUAL EXPENSES AND REVENUES (YEAR-END BUDGET SUMMARY) FOLLOWING THE ACTIVITY - WITHIN 30 DAYS AFTER A CONFERENCE OR BY THE END OF THE FISCAL YEAR FOR A REGULARLY SCHEDULED SERIES

ESTIMATED REVENUES

Tuition and Fees	$
Department Funds	$
Commercial Support [list below]	$
Grants [non-commercial] [list below]	$
Other [Please list below]	$
TOTAL (*Must equal or exceed expenses*)	$

*   Waived for DUCOM RSS activity
** Waived for DUCOM and clinical campuses RSS activity

*** DUCOM RSS - Transcripts no cost for DUCOM Faculty only

ESTIMATED EXPENSES

* CME Application Fee (NON-REFUNDABLE)	$
** CME Accreditation Fee	$
***Transcript/Certificate Fee	$
[RSS]	
()transcripts@$45/person Non DUCOM	
()transcripts@$0/person DUCOM	
[Seminar/Conference]	
()certificates@$40/person [	$
Office of CME Management Fee [when applicable]	$
Marketing [printing, fliers, mailing, etc.]	$
Food/beverage	$
Activity expenses [AV equipment, room lease syllabus, etc.]	$
Speaker honoraria	
Speaker travel, accommodations, etc.	$
Conference meeting management fee	$
Other [office, miscellaneous]	$
TOTAL	$

POTENTIAL COMMERCIAL SUPPORT

Company	Support
	$
	$
	$
	$
	$
	$
	$
	$

NON-COMMERCIAL GRANTS (government, non-profits, private individuals, etc.)

Company	Support
	$
	$
	$
	$
	$
	$
	$