**Sample CME Activity Process**

*This form is* ***not*** *required and will not guarantee a TMA finding of “compliance”. The information provided offers a method to meet several of the core accreditation criteria, Standards for Integrity and Independence in Accredited Continuing Education (Standards), and relevant policies for an activity.*

Forms referenced in this document are available in the Sample Forms Packet, with each form noted by its respective page number(s). If you are not preparing the documentation for an activity, consider reviewing and approving what others have prepared.

**An activity may not be retroactively approved for credit.** **Accredited CME providers may never indicate that “*AMA PRA Category 1 Credit*™ has been applied for” or any similar wording.**

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| Criteria Standard Policy | CME Tasks | **Documentation****Forms****Resources** |
| **Standard 3.1, 3.2, 3.3, 3.4****Standard 1.1, 1.2, 1.3, 1.4** (Standard 1 is listed in the cover letter used with the form to collect financial relationships) | [ ]  Before you begin planning your education, collect information from all CME Committee reviewers, planners, known faculty, authors, and others who would be in positions to control content [3.1] 1**1Note:** If any of the following statements apply to the education, you do not need to identify, mitigate, or disclose relevant financial relationships for this accredited continuing education: * It will only address a non-clinical topic (e.g., leadership, communication, mindfulness training). For non-clinical topics, there is no opportunity for those in control of content to insert commercial bias toward the products and business lines—for example, medications, medical devices, or pharmaceuticals—of an ineligible company.
* It is for a learner group that is in control of the content entirely (e.g., spontaneous case conversations among peers such as team huddles, well-being check-ins, impromptu leadership-learning discussions). The exception does not apply to conferences or rounds that have set times and dates and have traditionally been planned as accredited CE. Activities such as regularly scheduled series, department rounds, morbidity and mortality rounds, and tumor boards do not fall under the exceptions.
* It is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan). When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods forlearning that are not controlled by ineligible companies.

[ ]  Review the disclosed relationships and exclude owners and employees of ineligible companies from participating as planners, faculty, or other roles unless the educational activity meets one of the exceptions listed below [3.2]:1. When the content of the activity is not related to the business lines or products of their employer/company.
2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

[ ]  Determine which financial relationships are relevant to the content of the continuing education activity. Financial relationships are relevant if the following three conditions are met for the individual who will control content of the education [3.3]:1. A financial relationship, in any amount, exists between the person in control of content and an ineligible company.
2. The financial relationship existed during the past 24 months.
3. The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

[ ]  Mitigate those relevant financial relationships [3.4]  | [ ]  Copies of signed form [3.1] *(refer to Sample Forms Packet, pp. 3-4)* **Note:** Providers may accept verbal disclosure of financial information from those in control of content in accredited CE. Providers must be able to verify to the TMA that the individual was given the definition of an ineligible company and was informed that they must disclose all financial relationships with ineligible companies over the 24-month period prior to their involvement in accredited CE.**Note:** You can track the information for all individuals in control of content of the activity (and how you mitigated the relevant financial relationships) in the **Individuals in Control of Content** table and then keep at least one example of a completed form from the activity *(refer to Sample Forms Packet, p. 21)* [ ]  Document the steps taken to mitigate relevant financial relationships [3.4] *(refer to Sample Forms Packet, p. 5)***Note:** 1. Steps for planners will likely be different than for faculty and would occur before planning begins.
2. Some mitigation options are supported by sample forms. For **faculty,** one option is to is ‘Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)’ *(refer to Sample Forms Packet, p. 6).* Another option for mitigating relevant **faculty** relevant financial relationships is ‘Peer review of content by persons without relevant financial relationships’ *(refer to Sample Forms Packet, p. 7)*

**Resources:** Standards Toolkit <https://accme.org/resource/https-accme-org-standards-toolkit/> and <https://accme.org/rules/standards/>  |
| **Educational Needs** **Designed to Change** **Appropriate Formats****Competencies****Analyzes Changes** | [ ]  Meet with planning committee to discuss preliminary ideas for the following or share/complete your mechanism for planning a CME activity:* Activity type
* Professional practice gap(s) (PPG) or problem-in-practice for your learners this activity was based on (i.e., What is ideal practice/What is current practice? What is the problem in practice for learners?)
* Educational needs that you determined to be the cause of the PPGs. Why does this issue exist? Is there a…
* knowledge need (i.e., “Learners need to understand…”), and/or
* competence need (i.e., “Learners need a new/better strategy…”), and/or
* performance need (i.e., “Learners need to do something differently…”)
* Identification of what you could change and measure in terms of competence (new strategies/approach), or performance (what they do in practice), or patient outcomes (the impact on patient care). How will you evaluate/measure the change?
* Educational format(s) for the activity and why (how does it support the objectives, setting and desired results)?
* Professional competencies the activity will support (e.g. ACGME/ABMS, IOM, Interprofessional Education Collaborative competencies, others, etc.)
* Promoting the activity
* How activity will be financed (i.e., registration fees, private donations, government grants, advertising and exhibits, commercial support)
* TMB requirements (if applicable)
* Individuals in control of content
 | [ ]  CME Activity Development Planning Form or copies of planning notes, minutes, etc. that address these core criteria as they become available throughout the entire development process *(refer to Sample Forms Packet, pp. 8-9)***Note:** The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner. If you plan to offer this option, you may want to consider how you will obtain consent from learners as a part of your planning process. **Resource:** The AMA Physician’s Recognition Award and Credit system booklet – Format-specific requirements for certifying activities for *AMA PRA Category 1 Credit*™: <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pra-booklet_0.pdf> *(refer to booklet, pp. 4-5)* |
| **Standard 2.2**(included in letter) | [ ]  Contact speakers | [ ]  Faculty Letter *(refer to Sample Forms Packet, p.10)* |
| **Standard 3.1, 3.2, 3.3, 3.4****Standard 1.1, 1.2, 1.3, 1.4** | [ ]  Collect financial information from other faculty identified during the planning process, if applicable [3.1][ ]  Repeat steps listed in the first section on pp. 1-2 of this document [3.2-3.4] | [ ]  Copies of signed forms [3.1] *(refer to Sample Forms Packet, pp. 3-4)*[ ]  Document the steps taken to mitigate relevant financial relationships [3.4] *(refer to Sample Forms Packet, p. 5)* |
| **Standard 4.1, 4.2** | **If accepting commercial support,** [ ]  Contact potential financial supporters and complete online application or written agreement for commercial support | **If accepting commercial support,**[ ]  Copy of letter of agreement signed by accredited provider and commercial supporter **prior** to activity date. [4.1 & 4.2] *(refer to Sample Forms Packet, pp. 11-12)***Resource:** <https://accme.org/rules/standards/>  |
| **Standard 5.1, 5.2, 5.3** | **If organizing ancillary activities—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education,** [ ]  Determine and confirm exhibitors and advertisers and other ancillary activities | [ ]  Send a letter/agreement that includes guidelines [5.1-5.3] *(refer to Sample Forms Packet, p. 13)***Resource:** <https://accme.org/rules/standards/> |
| **Standard 1** **Policy - Accreditation Statement** **AMA Credit Designation Statement****Standard 3.5** **Standard 4.4** | [ ]  Prepare promotional materials **Promotional materials typically include:*** Title of the activity and topics to be presented
* Specific learning objectives
* Educational methods to be used
* Target audience
* Names, credentials of faculty
* CME Accreditation Statement
* AMA Credit Designation Statement
* Credit statements for TMA requirements, if applicable
* Disclosure to learners, if available
* Acknowledgement and disclosure to learners of educational grants or other financial contributions.
 | [ ]  Copies of all promotional materials *(refer to Sample Forms Packet, p. 14)***Resources:** The AMA Physician’s Recognition Award and Credit system booklet <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cme/pra-booklet_0.pdf> *(refer* *booklet, pp. 7-8)* and TMA Accreditation Manual <https://www.texmed.org/uploadedFiles/Current/2016_CME/CME_Requirements/TMA_Accreditation_Manual.pdf> *(refer to manual, pp. 29-30 for Accreditation Statement)* |
| **Standard 3.5****Standard 4.4**  | [ ]  Prepare format for speakers, planners, CME Committee members, reviewers, etc. disclosures to audience and disclose the presence or absence of all relevant financial relationships to learners prior to the activity. If there were relevant financial relationships, inform learners that all relevant financial relationships have been mitigated. **[ ]** If you received commercial support,prepare format to recognize any commercial supporters | [ ]  Copy of speaker/planner disclosure statements to audience and mitigation statement, if applicable (e.g., in syllabus, signage at registration, or on slides, or verbally. If verbal, you must have a signed attestation of what was disclosed and mitigation statement, if applicable [3.5] *(refer to Sample Forms Packet, pp. 15-16)*[ ]  Copy of acknowledgement of commercial support, if applicable and has not been included in the materials above [4.4] *(refer to Sample Forms Packet, pp. 15-16)* **Resources:** Standards Toolkit <https://accme.org/resource/https-accme-org-standards-toolkit/> and <https://accme.org/rules/standards/> |
| **Standard 1** **Standard 2.2** | [ ]  Prepare syllabus, if applicable | [ ]  Copy of syllabus, if applicable |
| **Analyzes Changes** | [ ]  Design evaluation process. If using participant evaluation form to measure change in competence, include a question about what the participant might change as a result of attending the activity. (It should not be just “yes” or “no”)  | [ ]  Copy of blank evaluation form and summary, or if no evaluation form is used, evidence of how the activity was evaluated, e.g. review of data or follow-up surveys of participants *(refer to Sample Forms Packet, pp. 17-19)* |
| **Policy – CME Attendance Records Retention** | [ ]  Determine how you will record attendance  | [ ]  Keep attendance records [ ]  Track # of physicians and non-physicians for reporting in PARS |
| **Standard 4.3****PARS** | [ ]  Prepare final budget | [ ]  Copy of final budget that includes commercial support, if applicable [4.3] for reporting in PARS *(refer to Sample Forms Packet, p. 20)* |
| **PARS** | [ ]  Program and Activity Reporting System data entry (PARS) | [ ]  Online reporting**Resources:** <https://www.accme.org/pars> and<https://www.accme.org/faq/what-program-summary>  |