Subject: Program Purpose & Mission

CME Mission Statement

The mission of Inova Health System's Office of Continuing Medical Education (Office of CME) is to improve patient care and outcomes by providing robust, objective, and evidence-based continuing education for the healthcare delivery team.

Purpose

The purpose of Inova Health System's Office of CME is to support the Inova Health System's commitment "to provide world-class healthcare – every time, every touch – to each person in every community we have the privilege to serve." This is accomplished by creating and facilitating the highest quality and relevant educational opportunities to advance physician competence, enhance practice performance, improve patient safety, and cultivate lifelong learning.

Content

The Office of CME provides educational activities based on competencies related to clinical medicine, medical research, and medical education. The content areas of primary importance are driven by systematic ongoing needs assessment that leads to higher standards of patient care consistent with the current health care environment. The scope of the activities provided includes but is not limited to clinical practice, education, research, teaching, and patient and population health care education.

Target Audience

Primary focus of the Office of CME is to offer continuing education to practicing physicians in Northern Virginia and adjoining regions. Participation of medical students, residents, nurses, and other healthcare professionals to foster multidisciplinary collaboration is welcomed and encouraged. When consistent with our mission, the Office of CME works with outside organizations through joint providership.
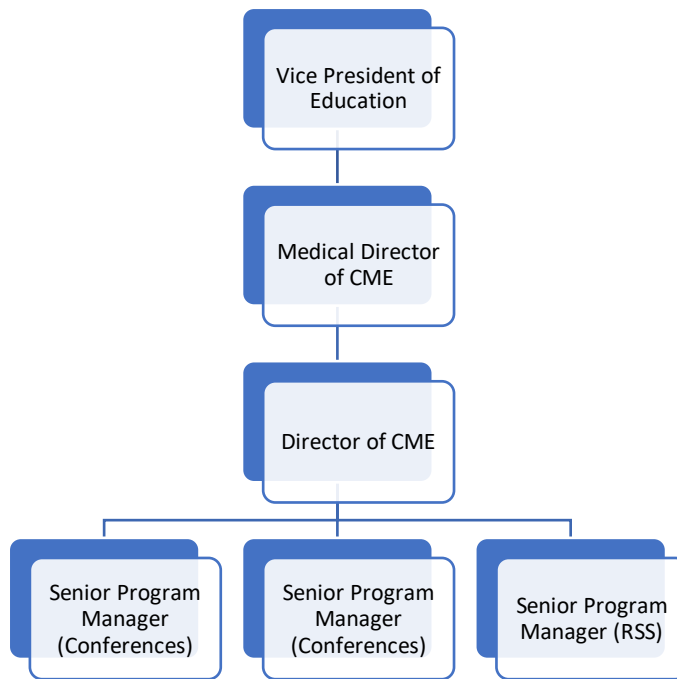
Types of Activities

The Office of CME programs provide both traditional and innovative continuing education activities. Methods of instruction are varied to offer learning experiences, appealing to diverse and individual learning styles and practice setting requirements. These activities may include didactic lectures, seminars, regularly scheduled series (RSS), symposia, enduring materials, and hands on workshops.

Expected Results of the Program

The Office of CME is committed to assessing the impact and effectiveness of its CME program on learners through qualitative and quantitative methods including: pre activity self-report, post

activity self-report, assessment evaluation, and follow-up assessments and/or outcomes measurements. Following an educational intervention, learners are expected to report one or more of the following: 1) expanded or reinforced knowledge, 2) greater confidence in their approach to clinical problems, or 3) express their intent to change their behavior and apply newly acquired strategies in clinical practice.

Departmental Structure

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        ┌─────────────────────┐
        │ Vice President of   │
        │ Education           │
        └─────────┬───────────┘
                  │
        ┌─────────┴───────────┐
        │ Medical Director    │
        │ of CME              │
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        │ Director of CME     │
        └─────────┬───────────┘
      ┌───────────┼───────────┐
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│ Senior    │ │ Senior  │ │ Senior  │
│ Program   │ │ Program │ │ Program │
│ Manager   │ │ Manager │ │ Manager │
│(Conferences)│(Conferences)│ (RSS)   │
└───────────┘ └─────────┘ └─────────┘
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Program Business and Management Procedures

The Office of CME adheres to the policies and procedures set by Inova in all areas of business, management, financial, and legal issues. All Inova policies and procedures can be found at Inovanet.net.inova.org. In addition, the Office of CME is committed to comply with applicable rules and guidelines established by the Medical Society of Virginia (MSV), Accreditation Council for Continuing Medical Education (ACCME) and American Medical Association (AMA).

Subject: CME Advisory Committee Composition and Membership Appointment

Medical Society of Virginia (CME) Administration and Oversight of the CME Program:

The MSV reviews the organizational structure of applicants seeking initial accreditation and continued accreditation. The provider must:

- Have an organizational framework for the CME unit that provides the necessary resources to support the CME mission.
- Have an organizational structure for the CME program and its administration, designating an entity responsible for CME, and delineating its authority.
- Define individuals involved in the CME program and their function in the planning process.
- Have written policies and procedures for the CME program, including position descriptions.
- Define a budget for the overall CME program and its major components.
- Provide information resources conducive to learning.
- Utilize competent faculty.

Membership:

The CME Advisory Committee comprises of the following:

- Medical Staff Presidents
- Education Representatives from Service Lines
- Vice President of Education
- Medical Director of the Office of CME
- Ad hoc members as deemed necessary by departmental leadership.

Appointment and Terms of Office:

The CME Advisory Committee is reassessed every two years, but the standard is those involved will remain intact for the duration of their affiliation with Inova Health System or for the period in which physician education falls under their purview.

Role of CME Advisory Committee:

The primary role of the CME Advisory Committee is to ensure that there is strategic alignment. The members of the committee must be engaged in continuing education within Inova Health System. Dates and times for meetings will vary as necessary but the committee will meet at least once a year. The Director of CME will send notices of scheduled meetings and cancellations to all members of the CME Committee. The Director will also circulate meeting notes and keep correspondence on file in accordance with ACCME/MSV regulations.
The CME Advisory Committee shall:

- Evaluate the overall CME programming annually.
- Participate in the annual review of the CME mission statement.
- Participate in the annual review of the CME Policy and Procedure Manual and approve any policy changes as appropriate.

- Review educational needs assessed in other key committees and Operating Units on a as necessary basis, suggest program needs to the Director of CME and department planners.
- Review issues pertinent to adherence to policy and procedure in the design, implementation and ethics associated with developing continuing medical education.
- Disseminate relevant information pertaining to CME guidelines, changes, procedures, etc., to relevant medical staff members.
- Assist in the MSV Accreditation survey and participate in the survey review.

Subject: CME Content

Educational activities that change competence, performance, or patient outcomes

Each department developing a CME activity implements a planning process following the Plan Do Study Act (PDSA) model best suited to their individual activity.

CME offerings at Inova are designed to change learners' strategies/skills (i.e., competence), and/or what learners actually do in practice (i.e., performance), and/or the impact on the patient or on the care delivered (i.e., patient outcomes).

The annual CME needs assessment, CME activity evaluations, medical staff interest, and current topics within the medical field may be utilized to determine the direction of the individual planning committees.

Activities/Educational Interventions in the context of desirable physician attributes

CME activities are developed in the context of desirable physician attributes. Program Directors are required to identify the Institute of Medicine (IOM), American Board of Medical Specialties (ABMS) core competencies, and/or Interprofessional Education Collaborative (IPEC) core competencies being addressed and to explain how the competencies are integrated into the educational intervention.

ABMS Core Competencies:

- Patient Care or Patient-Centered Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological, and social-behavioral) sciences and the application of this knowledge to patient care.
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- System-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

IOM Core Competencies:

- Interdisciplinary Teams: cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
- Quality Improvement: identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving care.
- Utilize informatics: communicate, manage knowledge, mitigate error, and support decision making using information technology.
- Employ Evidence-Based Practice: integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.

Interprofessional Education Collaborative (IPEC):

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

CME Content Definitions and Examples

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, professional performance, and relationships that 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.

Examples of topics that are included in the MSV/ACCME definition of CME content include:

- Management, for physicians responsible for managing a health care facility.
- Educational methodology, for physicians teaching in a medical school.
- Practice management, for physicians interested in providing better service to patients.
- Coding and reimbursement in a medical practice

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the MSV/ACCME definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician's nonprofessional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content by the MSV/ACCME and will not be eligible for CME credit.

Content Validation

The Office of CME adheres to the [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#). **Standard 1** applies to all accredited continuing education and addresses content validity. Program Directors certify on the CME application that:

- Education is fair and balanced and that any clinical content presented supports safe, effective patient care.
- All recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

Advocacy for unscientific approaches to diagnosis or therapy, or promotion of recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients is not permitted.

Subject: Logistics Management

The Office of CME plans and offers many continuing medical education meetings each year. The following outlines policies around logistics and meeting management:

Staffing

- The Office of CME staff is required to help prepare the week of an event, set-up pre-event, assist with registration, and other on-site tasks. It also includes virtual support for virtual events.
- Team members may be relieved or phased out at the discretion of the program manager.

Meeting Facilities

- Live events are typically held on-site at an Inova facility or virtually via Zoom webinar.
- Occasionally, an activity warrants using an off-site hotel property or conference facility.
- Best practices in contract negotiation are utilized when contracting with a hotel or conference center.

Budget

- Program Managers keep budgets for each live activity and for any RSS that receives commercial support.
- Program budgets should be closed 90 days after each program. A final copy is distributed to the Program Directors.

<u>Audio-Visual</u>

- Program Managers order AV support based on the needs outlined by the Program Directors.
- Events are charged for AV costs (internal and external venues) that will be detailed in each program's budget.
- Additional charges may be accrued for complex requests such as hybrid events.

<u>Food/Catering</u>

- Meeting planners are not required to use internal catering services.

<u>Registration</u>

- Registration pages are built online in the LMS.
- Program Managers are responsible for building registration pages for their assigned events.

<u>Subject: Planning Fees</u>

The Office of CME offers an array of services and administrative fee is collected to defray the cost of logistical planning, coordination, event management, and compliance review by staff. Fee varies based on the format and scope of activity.

Live, In-Person Event (Full-service Planning)	- Half-day starts at: $5,000 - Full day starts at: $7,500 - More than one day starts at: $10,000
Live, Virtual Event (Full-service Planning)	- Half-day starts at: $3,000 - Full day starts at: $5,000 - More than one day starts at $7,500
Hybrid Add-on	$1,500 (not including vendor fee)
Activity Credit Fee for One-offs (CME accreditation only, event planning not included)	- Starts at $1,500 1-3 credits: $1,500 4-8 credits: $3,000 9-13 credits: $5,000

Joint Providership Application Fee (in addition to activity credit fee)	• $1,000
MOC Add-on	• Starts at $1,000
Enduring Material Fee (max. 1 year)	• $1,500
Rush Fee (45-30 days before the event date)	• $500

- Event Management for Live/In-Person Events:
  - Half-day (1-4 hrs) starts at: $5,000
  - Full day (5-8 hrs) starts at: $7,500
  - More than one day starts at: $10,000
  - It includes processing and approval of CME application, speaker management including collection of disclosures and mitigation of relevant conflicts of interest, creation and distribution of marketing collaterals, management of finances, registration, exhibits, fundraising, evaluation, credit claiming, on-site support, and record retention for six years as required by ACCME.
- Event Management for Live/Virtual Events:
  - Half-day starts at: $3,000
  - Full day starts at: $5,000
  - More than one day starts at $7,500
  - It includes processing and approval of CME application, speaker management including collection of disclosures and mitigation of relevant conflicts of interest, creation and distribution of marketing collaterals, management of finances, management of virtual platform (Zoom webinar), registration, exhibits, fundraising, evaluation, credit claiming, live/virtual support, and record retention for six years as required by ACCME.
- Activity Credit Fee:
  - Minimum fee of $1,500 to provide credit for a CME Activity.
  - It includes processing and approval of CME application, collection of disclosures, mitigation of relevant conflicts of interest, review of marketing collaterals, collection of commercial support LOAs (if applicable), awarding credits, and record retention for six years as required by ACCME. Planning and/or event management services are not included.
    - ~1-3 Credits - $1,500
    - ~4-8 Credits - $3,000
    - ~9-13 Credits - $5,000
    - ~13+ Credits - Fees to be negotiated with the Office of CME
- Joint Providership Application Fee:
  - $1,000
  - It applies to nonaccredited organizations seeking to offer *AMA PRA Category 1 Credit™* in collaboration with the Office of CME (the accredited provider).
  - Additional fees will be charged based on requested services (full-service event planning or activity credit fee).
- Enduring Materials (Live for maximum of 1 year):

- o Fee: $1,500
- Rush Fee:
  - o Any application that is submitted less than 45 days before the start date of an event (RSS/Activity/Enduring Material) will be subjected to a $500 rush fee. Office of CME does not accept applications less than 30 days from the start of the activity. Any lapse in application for a recurring RSS will incur a $500 fee.
- Recovery of Fees: Planning fees will come directly from the sponsoring department/service line's cost center. Fees will be the first line item taken out of any incoming funds, prior to other reimbursement.

Registration and Tuition Fee:

Per Phase III of the Stark Law, CME providers cannot grant free or discounted CME to physicians or other health care professionals. This phase, released in 2007, clarified the relationship of Stark to CME. "Free or discounted CME could violate the law because CME has value (nonmonetary compensation)." The Stark Law allows non-monetary compensation to be provided by a Healthcare facility to a physician provided it is under the $452.00 annual limit and tracked by the facility.

There are exceptions to the Stark Law Phase III provision. CME can be granted for free if:

- CME is for compliance training.
- CME programs that provide a DIRECT BENEFIT to hospitalized patients (ex. Prevention of nosocomial infections)
- CME addressing requirements of Federal, State, or local laws that govern the conduct of physicians.
- Medical staff dues at Inova help offset the cost of offering RSS programs.

Financial Responsibility:

- The department/service line sponsoring the activity is responsible for the activity's cost and any deficit that the event may incur. The Office of CME does not directly fund CME activities from its operational budget; therefore, meetings must be funded through grants, exhibitor fees, tuition, and the department/service line. Although the Office of CME assists with funding efforts, the sponsoring department/service line must agree to fully fund any program that is planned and/or accredited by the Office of CME.
- For activities managed by the Office of CME, a projected budget is developed, and sponsoring service line is expected to provide a cost center for payment of expenses.
- Surplus funds derived from grants awarded to specific events cannot be dispersed to either party and are returned to the commercial supporter or placed in a foundation account to be used for future CME programs in accordance with the terms and conditions of the LOA.
- The activity expenditures include all expenses incurred during the planning and execution of the activity, including a planning fee paid to the Office of CME. Any events or materials not related to the stated educational activity are not coordinated by the Office of CME nor paid through the activity's CME budget.

- Exhibitor contacts are shared by the Program Director and the department/service line. The Office of CME staff works with the potential sponsor(s) to obtain support for program costs. The Program Director, Co-Director and/or Planning Committee must take an active role in fundraising. If revenue generating efforts do not cover the budget, the Program Director is informed as soon as possible prior to the program. At that time, it is at the discretion of the Program Director and/or the Department Chairman to cancel the program. Depending on when the program is cancelled, there may be fees for which the sponsoring department will be responsible.
- If the program has a deficit and the Program Director and/or Department chooses to continue with the program, or if there is a deficit post-event, the sponsoring department/service line is solely responsible for paying the balance of the deficit. At the completion of the program, the Office of CME staff forwards a copy of budget to the accounting representative from the sponsoring department/service line.
- Revenue generated from CME events is transferred to the sponsoring department/service line.

Subject: Educational Planning, Needs Assessment, Objectives, and Types of Activities

Planning

- The Office of CME promotes the use of IDEA principles (Inclusion, Diversity, Equity, and Accessibility); these principles acknowledge learners' identities, demographics, learning preferences and needs, experiences, and professional backgrounds that should be considered and applied when providing a learning opportunity.
- Each department developing CME activities implements a planning process best suited to their individual department following rules and regulations established by the Office of CME and ACCME/MSV.
- The annual CME needs assessment, activity evaluations, medical staff interest, and current topics within the medical field is utilized to determine the direction of the individual planning committees.

Needs Assessment

Needs assessment is the systematic process of gathering information and using it to determine instructional solutions to close the gap between what learners know and do (current practice) and what learners should know and do (best practice). Identification and analysis of CME needs provides the basis for developing educational objectives. The resulting educational intervention must relate to increasing learner knowledge, competence, and/or performance.

The Office of CME incorporates educational needs (knowledge, competence, or performance) that underlie professional practice gaps of learners in CME planning. Use of multiple needs assessment sources is encouraged whenever possible, more specifically, quality or safety data where applicable. Appropriate forms of documentation for needs assessment should include at least two categories from the list below:

- Previous Participant Evaluations
  - This data must be collected and correlated in a spreadsheet by the sponsoring department.
- Faculty/Clinical Staff Perceptions
  - Must be an evaluation done within the department or of annual meeting participants to identify educational needs.
- Literature Review
  - At least two peer reviewed resources that support the educational gap being addressed.
- Medical Record Audits/QI Reviews/Recommendations Data
  - Must be presented in a way that does not violate HIPAA standards.
- Patient Surveys; Clinical or Patient Care Indicators
  - Surveys should be taken by the department and/or service line over a period of no less than six months. Data must be correlated appropriately for submission to CME.
- Physician Surveys
  - Surveys filled out by physicians within the sponsoring department(s)
- Industry Sources
  - Requirements within the industry that must be set for department compliance (i.e., Joint Commission requirement)
- Recent research and data from public health sources/publications
- Self-Assessment test results

Practice Gaps:

Identifying gaps in practice for learners is essential in planning and developing CME activities and helps to address the underlying educational needs (in knowledge, competence, and/or performance) that will close those identified gaps. Practice gaps are often phrased as deficits in a given area.

The Office of CME requires program directors to articulate professional practice gaps, underlying educational needs, learning objectives, and desired results on the CME application. Practice gaps must be approved by the Office of CME before an intervention is developed and implemented.

Learning Objectives:

A learning objective is a statement that describes the knowledge, skills, and/or abilities that participants will gain from an educational intervention. Learning objectives clearly state what the learner will be able to do upon completion of a CME activity. Keeping the intended goals in mind when developing an educational activity helps to guide its structure and design, including the selection of educational formats and content that promote the achievement of these goals. Learning objectives inform which evaluation and assessment tools should be utilized after an educational intervention, which helps to measure if goals were met.

Learning objectives should:

- Be congruent with the identified gaps.
- Reflect the CME mission of the Office of CME with a minimum of improving competence.
- Be in a learner-centric format versus a faculty- or instruction-centric format.
- Be measurable (e.g., do not use "understand," "know," etc., as these are not measurable verbs).
- Consist of only one action or outcome.

In addition:

- Learning objectives should be written after practice gaps, needs, target audience, teaching methods, and evaluation technique has been determined.
- Planners should use verbs based on [Blooms' learning domain taxonomy](#) to structure clear learning objectives.
- Employ the TACT (target, action, context, and time) principles to articulate the expected behavior or attitude change in clinical practice and how it can be measured.
- Planners are required to provide a minimum of three learning objectives for an intended activity on the CME application.
- Activity objectives are posted in an easily accessible location (activity landing page, brochure, etc.) prior to the beginning of the activity.

Activity Formats:

Planners must indicate the educational methods intended to be used to achieve the stated objectives and that are appropriate for the setting, audience, and desired results of the activities.

Program directors are encouraged to be innovative and creative in the content delivery format (case discussions, demonstration of procedures, simulations, skills lab, etc.).

Learners must evaluate the educational format and learning environment. Such feedback is used to plan future meetings.

Categories of CME Offerings at Inova:

- Live Conferences accredited, planned, and managed by the Office of CME
  - Virtual, in-person, or hybrid
  - Applications must be submitted **6 months** in advance of the program. The Office of CME recommends submission a year in advance so there is ample opportunity for promotion and execution strategies.
  - All programs requiring funding from Inova Health System must be submitted to the Department Chair or the Service Unit Triad for approval.
  - The Office of CME staff manages the processing and approval of CME application, speaker management including collection of disclosures, identification and mitigation of relevant conflicts of interest, creation and distribution of marketing collaterals, management of finances, registration, management of virtual platform if applicable, exhibits, fundraising, evaluation, credit claiming, on-site support, and record retention for six years.

- Activities accredited by the Office of CME (event planning is not involved)
    - CME applications for these programs are held to same standards of compliance with MSV/ACCME/AMA guidelines as those that are planned by the Office of CME.
    - The Office of CME staff manages the processing and approval of CME application, collection of disclosures, identification and mitigation of relevant conflicts of interest, review of marketing collaterals, collection of commercial support LOAs (if applicable), awarding credits, and record retention for six years as required by ACCME. Planning and/or event management services are not included.
    - Budget and logistics should be reported to the Office of CME during the planning period to ensure compliance with accreditation rules.
- Regularly Scheduled Series
    - The ACCME defines a regularly scheduled series (RSS) as a live activity with multiple, ongoing sessions 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, journal clubs, etc.
    - Live activities where the same content is offered multiple times for different audiences should be reported as separate live courses and not RSS.
    - When reporting RSS activities in PARS, each series is reported as one activity. Each series is reported for a maximum of a 12-month period. If a series lasts longer than 12 months, it is reported as separate activities.
    - If some or all of the sessions of a RSS are recorded and made available to the learners who would normally participate in the live sessions, those recorded sessions are still part of the RSS and do not need to be reported as separate enduring materials.
    - If some or all of the recorded sessions of an RSS are made available to a different audience (not the learners who normally participate in the live sessions), either as individual sessions or as a series, this new activity should be reported as a separate enduring material (or multiple enduring materials).
    - The Office of CME uses a web portal to monitor RSS's compliance with accreditation requirements. Our web portal provides performance data and information derived from the RSS's that describes compliance.
    - In addition to a Program Director, RSS approval requires designation of a staff who serves as a liaison between the sponsoring department and the Office of CME and is expected to complete the following tasks in a timely manner:
        - Create a flyer for the recurring event that includes activity ID, title, list of speakers, learning objectives, date/time, location, accreditation statement and designation statement.
        - Send the flyer to the Office of CME at least five days before the scheduled event date as well as to the intended target audience and upload the flyer in ICMES for record keeping.
        - Complete an attestation in ICMES to confirm that disclosures were shared with learners at the beginning of the presentation.

- ■ Ensure that appropriate ACCME/MSV Letters of Agreement are in place whenever funds are contributed to support CME.
        - ■ Inform the Office of CME of any schedule changes or cancellation.
        - ■ Review and revise the CME application 2-3 months before its expiration date and submit it for renewal. RSS applications are valid for two years from the date of approval.
  - Enduring Materials
    - o The ACCME defines enduring materials as CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples: online interactive educational module, recorded presentations, podcasts, etc.
    - o Because there is no direct interaction between the provider and/or faculty and the learner, the following information must be communicated to participants prior to starting the educational activity:
      - ■ Principal faculty and their credentials
      - ■ Medium or combination of media used
      - ■ Method of physician participation in the learning process
      - ■ Estimated time to complete the educational activity (same as number of designated credit hours)
      - ■ Dates of original release and most recent review or update; and termination date (date after which enduring material is no longer certified for credit)
      - ■ Provide access to appropriate bibliographic sources to allow for further study.
    - o Enduring materials approved by the Office of CME expire after 12 months of release and can be reviewed and renewed `by the program directors for up to three years. The review date must be included on the renewed enduring material, along with the original release date and a termination date.

CME Application:

The Office of CME uses a comprehensive web-based pre-application and full application for CME approval.

- Pre-application captures a high-level overview of the proposed activity. It is reviewed, vetted, and approved by the Office of CME and is the first step in planning a CME activity.
- Upon approval of pre-application, a full application is made available in the web portal. Essential components of the full application are:
  - o List of suggested speakers and criteria for their selection
  - o Gaps analysis
    - ■ At least two evidence-based resources are required to identify gaps and needs for the proposed intervention.
  - o Target audience
  - o Learning Objectives and planned impact of the activity

- o Desirable physician attributes/Core competencies
- o Barriers to implementation
- o Disclosures and COI
- o Commercial support
- o Supporting documents
  - ▪ Projected Budget
  - ▪ Marketing collaterals
  - ▪ LOA for commercial support (if applicable)

CME Application Approval Process:

- CME pre-applications and full applications are submitted, routed, approved, and stored in the web portal.
- Program Directors must submit applications for desired activities at least six months in advance to ensure adequate time to plan, fundraise, and promote the event.
- Program Director and/or designated staff on behalf of Program Director submits pre-application with preliminary information regarding the proposed activity.
- The Office of CME team reviews the pre-application and either sends it back for additional information/revisions or approve to proceed to full application.
- For live events, meeting planners schedule an initial call with the Program Directors to discuss the proposal in detail (establish a timeline and budget, develop fundraising strategy, gather contact information of suggested speakers, etc.).
- CME application for RSS is valid for two years. Upon expiration, a new application is required three months in advance if the Program Director wishes to continue the offering.
- Full applications are diligently reviewed to ensure completion and compliance with ACCME accreditation criteria as well as Standards for Integrity and Independence in Accredited Continuing Education.
- Once deemed complete, robust, and compliant, applications are approved by the Director of CME and Department Chair.

Grievance Process for Denial of an Activity:

All matters/complaints regarding CME applications must be directed to either the Director of CME, Medical Director, or the Vice President of the Office of CME.

Subject: Faculty Management

Faculty is suggested by the Program Director(s) and/or planning committee upon approval of pre-application. Assigned staff contacts faculty via email and confirms availability and participation. Timely completion of faculty forms (disclosure and COI) through the CME Portal is critical in the execution of the CME processes and timeline. Faculty must complete required tasks at least 7 days prior to the CME activity.

Copyright Agreement:

Faculty of accredited continuing education must adhere to copyright laws and obtain reprint permission from the copyright holder (i.e., author, publisher) for any original work (e.g., text, graphics, tables, images, etc.) included in presentations. The Office of CME does not evaluate whether the educational material is original work and as such is held harmless for any copyright infringements by faculty. Faculty is required to utilize citations for all diagnostic, therapeutic and scientific references.

Faculty Honoraria:

Honoraria for program faculty is determined by the Program Director; industry supporters of the activity cannot determine honoraria amounts. The following honoraria ranges have been determined to be appropriate by the Inova CME Advisory Committee. This policy governs only the activities approved by the Office of CME.

- Inova providers who are credentialed at an Inova facility will not receive an honorarium for presenting at Inova CME events.
- Honoraria for guest faculty for an Inova CME activity shall not exceed $2,500. In the instance of an exceptional speaker that requires a larger honorarium, the Program Director must obtain approval from the Director of OCME.
- No payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
- If presenters are listed on the agenda as facilitating or conducting a presentation or session but participate in the remainder of an educational event as a learner, their expenses can be reimbursed, and honoraria can be paid for their speaker role only.

Travel Guidelines:

- Speakers are requested to make their own travel arrangements.
- Travelers are expected to book the lowest available economy class airfare, consistent with business requirements. Inova will not reimburse for business class or first-class travel.
- If a penalty is incurred due to a traveler violating airline ticketing rules, the traveler will be responsible for the additional cost. However, penalties for making changes to or not using non-refundable tickets can be reimbursed if the penalty was unavoidable due to circumstances beyond the traveler's control.
- Travelers should choose a reasonably priced hotel with a single occupancy rate.
- Use of lowest cost ground transportation consistent with business needs is encouraged. For example, many hotels offer free airport shuttles, which should be used whenever practical. Private car service will not be reimbursed unless there are extenuating circumstances.
- Travelers will be reimbursed for reasonable actual meal expenses. When it is not practical to claim actual meal expenses, travelers may use the federally published domestic per diem or foreign per diem rates for meals and incidental expenses applicable for the city of travel.

Reimbursement:

- Travelers are expected to submit reimbursement request and required supporting documentation within 30 days of incurring the expense or returning from the trip. Out-of-pocket expenses (i.e., airfare, conference fees, mileage, hotel, meals, books, etc.) older than 120 days will not be reimbursed. This means that the faculty and staff have a maximum of 120 days from the date of the transactions to submit expenses. Faculty should use the Faculty Reimbursement Form and include original receipts.
- All expenses should be forwarded to the assigned team member for processing. Direct payments to speakers by commercial supporters and sponsoring departments are prohibited.
- Commercial support is not used to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity.

Payments from Cost Centers and Foundation Accounts:

- The sponsoring department must provide a cost center code to pay for the speaker's honorarium and travel expenses.
- The Foundation must provide the fund name and number to pay for the speaker's honorarium and travel expenses.

Content Review:

Slide sets must be submitted for content review two weeks prior to the activity for review to ensure it is non-biased. If necessary, an expert not affiliated with the activity and/or Inova may be consulted to ensure content is evidence-based and free of commercial influence.

* Identification, Mitigation, and Disclosure of Financial Relationships: (See the SOP on disclosures)

Subject: Identification, Mitigation, and Disclosure of Relevant Financial Relationships

The Office of CME adheres to the Standards of Integrity and Independence in Accredited Continuing Education established by ACCME and is required to have a mechanism to identify, mitigate, and disclose all relevant financial relationships to ensure content of education offerings is free of commercial bias. Therefore, all individuals who are in a position to control content must complete a disclosure form prior to the educational activity.

Financial relationships of any dollar amount are defined as ***relevant*** if the educational content is related to the business lines or products of the ineligible company.

Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Following steps are taken when developing accredited continuing education and exceptions are listed at the end:

1. **Collect information**: Disclosures are collected from all planners, faculty, and others in control of educational content about their financial relationships with ineligible companies within prior 24 months. Planners must disclose relevant financial relationships before activity planning begins and speakers must provide disclosure at least seven days prior to their presentation.
   a. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies.
   b. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information includes:
      i. The name of the ineligible company with which the person has a financial relationship.
      ii. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Owners or employees of ineligible companies are excluded from controlling content or participating as planners or faculty in accredited education.
   a. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
      i. When the content of the activity is not related to the business lines or products of their employer/company.
      ii. 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, and they do not make care recommendations.
      iii. 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.
3. **Identify relevant financial relationships:** Financial relationships are deemed relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate relevant financial relationships:** Appropriate steps are taken to mitigate relationships prior to the individuals assuming their roles and are documented via a COI form.
   a. Examples of mitigation steps for planners
      i. Recusal from controlling aspects of planning and content with which there is a financial relationship
      ii. Peer review of planning decisions by persons without relevant financial relationships
   b. Examples of mitigation steps for faculty
      i. Peer review of content by persons without relevant financial relationships

> ii. Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners includes:
   a. The names of the individuals with relevant financial relationships.
   b. The names of the ineligible companies with which they have relationships.
   c. The nature of the relationships.
   d. A statement that all relevant financial relationships have been mitigated.
   e. Absence of relevant financial relationships is disclosed to learners as well.

Exceptions:

ACCME does not require accredited providers to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as 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 for learning that are not controlled by ineligible companies.

Verbal Disclosure:

At the start of an activity, the activity director or speaker is required to announce disclosure information verbally and/or with visual media.

Refusal to Disclose:

Planners or speakers who refuse to provide disclosure information will not be eligible to serve in any capacity in planning or delivery of CME content. Refusal should be annotated on the online form by staff and escalated to the Program Director and Director of CME.

Subject: Commercial Support and Independence

The Office of CME adheres to the Standards of Integrity and Independence in Accredited Continuing Education established by ACCME and is responsible for ensuring that education remains independent of commercial bias or commercial influence. **Standard 4** applies to accredited continuing education that receives financial or in-kind support from ineligible companies.

When commercial support (defined as financial or in-kind support from ineligible companies) is accepted, the Office of CME

1. **Decision-making and disbursement:**
   a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
   b. Commercial support may be used to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
   c. Commercial support must not be used to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
   d. Commercial support may be used to defray or eliminate the cost of the education for ***all*** learners.
2. **Agreement:** The terms, conditions, and purposes of the commercial support are documented in an agreement between the ineligible company and the Office of CME.
3. **Accountability:** A record of the amount or kind of commercial support received and how it was used, is kept for six years.
4. **Disclosure to learners:** The name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, is disclosed to learners prior to the learners engaging in the education. Disclosure does not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Separation of Education and Promotion

All CME activities approved by the Office of CME shall maintain separation of promotion from education by ensuring the following:

- Commercial advertising and exhibits cannot influence planning or interfere with CME presentations. Exhibits and advertisements are restricted solely to promotional space.
- Product promotion material or product-specific advertisement of any type is prohibited in or during CME activities.
  - For live in-person CME activities:
    - advertisements and promotional materials cannot be displayed in the activity space or immediately outside the activity space if the location prohibits attendees from entering the activity space without direct intervention with sales and promotional activities.
  - For print materials:
    - advertisements and promotional materials cannot be interleafed within the pages of CME content.
  - For computer-based activities:
    - advertisements cannot be visible on the screen at the same time as the CME content.
  - For live in-person CME activities:
    - advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a

CME activity. Representatives of Commercial Interests cannot engage in sales of promotional activities while in the space or place of the CME activity.
- Education materials that are a part of a CME activity such as slides, abstracts and handouts cannot contain any advertising, commercial company name, trade name, or product-group message.
- Commercial interests cannot distribute a CME activity to learners e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

Gifts to Physicians and Staff:

No other forms of remuneration by outside funding sources are permitted. Examples of other forms of remuneration might include payments to the faculty member other than from the Inova, special gifts to the faculty or his/her family, special trips, special gifts of a high value, etc. This policy is not applicable to other outside consulting arrangements between a faculty member and a funding source, such as research arrangements, etc.

This policy applies to Office of CME staff, per Inova's system-wide gift policy.

AMA Policy on Gifts to Physicians: Faculty honoraria policy conforms to the American Medical Association's Policy on Gifts to Physicians from Industry and the ACCME's Standards for Commercial Support.

Social Events:

The Office of CME does not plan, approve CME, or use commercial support monies for social events associated with a CME activity. Planning of dinner or after hour events are sponsored and planned by the Program Director or the department.

Subject: Compliance Monitoring

RSS

- Program directors, or their designees are responsible to ensure that the programs are in compliance with MSV/ACCME accreditation standards.
- Office of CME monitors compliance as well as tracks disclosures, mitigates as needed, discloses to learners, etc. through the online CME Portal.

Live Activities

- An Inova OCME staff member, program director, or their designee is responsible for the educational content to ensure compliance with MSV/ACCME accreditation standards.
- In the case of jointly provided or accreditation-needed only activities, the same process to monitor compliance as outlined above is followed.
- Through the online learning management system, an Inova OCME staff member, assigned to program, will monitor event compliance and track all required paperwork.

Enduring Materials

- All required material documentation must be submitted by the department coordinator to the Office of CME via email or through ICMES.
- Required paperwork:
    - Financial disclosure form and COI form (if applicable)
    - LOA for commercial support (if applicable)
    - Presenter agreement
    - Appropriate bibliographic sources to allow for further study
- CME credit approval is granted only if all requirements are met in a timely manner.
- Enduring materials are valid for one year.

MOC Part 2

- A program director may request MOC Part 2 credits for an activity.
- Designation of MOC Part 2 points is approved in accordance with requirements set forth by ABMS and its member boards.
- Required paperwork:
    - Financial disclosure form
    - Compliant flyer
    - Test questions (at least 5) to serve as a pre/post-test for the activity (to be submitted to the OCME at least 2 weeks in advance of the activity).

Subject: Activity File Record Retention

Attendance Records

- The Office of CME uses a LMS to track attendance.
- Physicians must log-in to the CME Portal and verify their own attendance to claim credits.
- Attendee data can be accessed for up to 6 years after the activity occurred.

Documentation Records

- The Office of CME retains electronic documentation for live activities for the duration of the accreditation cycle.
- Important components for accreditation (i.e., budget, disclosures, LOA's, marketing, presentations) are also uploaded to the activity files.
- Documentation for RSS is kept within the LMS; flyers are uploaded to the LMS by the department coordinator prior to an RSS event.

Subject: Evaluation and Improvement

The Office of CME analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Data and information about the changes that result from its educational interventions, including changes it expects learners to make, changes that learners make, and/or the impact on patients is collected via activity evaluations. Using this data and information, the Office of CME looks across all its activities and analyzes its impact in terms of those changes.

Evaluations:

- RSS
  - Evaluation of each RSS is completed by attendees at regular intervals throughout the year.
- Activity
  - An online evaluation is prepared by the Office of CME staff based on the activity objectives and speakers. This evaluation is linked to the activity in ICMES.
  - The results are aggregated and shared with the Program Directors to make informed improvements for the next activity.
- Enduring Materials
  - An evaluation is required to deem the activity complete and before credit is issued.

Sustained Monitoring and Evaluation:

Follow-up evaluations are deployed between three and six months after a program to measure achievement of program objectives in practice and patient care.

Annual Program Evaluation:

The Office of CME evaluates it's CME program on an annual basis. Link to an electronic survey is sent to the CME Advisory Committee at Inova Health System. A diligent review is conducted based on the parameters listed below:

- Strategic planning process
- Continuous Quality Improvement
- Operational and cost effectiveness
- Meeting regulatory requirements as set forth by Inova Health System
- Sustainability of the CME program
- Practice-based improvement resulting from CME
- Operational effectiveness of CME Department and/or CME committee (staffing,
- scope of responsibilities, etc.)
- Program growth
- The degree to which needs of the target audience are being met
- Presence of commercial bias within CME activities
- Response to current issues in the health care environment

- General scope of the CME Program

Action items are identified, and a course of action is agreed upon to implement changes and address any concerns.

Subject: Promotion and Marketing of CME Activities

The Office of CME staff works closely with Program Directors to develop a marketing and outreach plan customized for each activity and adheres to the ACCME Standards for Integrity and Independence in Accredited Continuing Education.

- **ACCME Standard 2** covers prevention of commercial bias and marketing in accredited continuing education. It applies to all accredited continuing education; accredited continuing education must protect learners from commercial bias and marketing.
    1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
    2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
    3. 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.
- **ACCME Standard 5** addresses the appropriate management of ancillary activities offered in conjunction with Accredited Continuing Education. It applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education. Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.
    1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
        a. Influence any decisions related to the planning, delivery, and evaluation of the education.
        b. Interfere with the presentation of the education.
        c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
    2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
        a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited

education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.

    b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.

    c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.

    d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.

3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

Subject: Credit Claiming

Credit for Inova-accredited activities is claimed via the Inova CME Portal. All attendees (physician, nurse, and allied health care professional) must create a profile in the CME Portal and claim CME credit solely for the meetings they have attended.

- Attendees have 90 days to claim credit following a live activity.
- Credit claiming for RSS is done by either texting a unique 6-digit session code to 703-260-93931 or submitting it using this link. Credit claiming window for RSS in the new CME Portal is open for 30 days.
- If a meeting is deemed non-compliant (missing disclosure, missing or incompliant flyer/marketing materials) the Office of CME Director will authorize the activity to be removed from the event listing after notifying the Program Director, and attendees will not be able to claim credit.
- The Office of CME will not grant retroactive credit to programs/activities that have already occurred, per the American Medical Association's CME guidelines.

Activity Attendance

- Attendees are required to complete and submit an activity evaluation form in the CME Portal for all live activities to receive credit.
- For RSS activities, the evaluation may be completed on a quarterly basis or annual basis.

Transcripts

Attendees of Inova accredited CME activities can print/view their transcript by logging into their account in the CME Portal. Per ACCME guidelines, transcript records are retained for six years.

Subject: Joint Providership

- ACCME defines Joint Providership as the offering of a CME activity by one or more accredited and one or more non-accredited organizations. Joint providership affords accredited organizations the opportunity to collaborate with non-accredited organizations to enhance the diversity and value of their educational offerings. Accredited providers are explicitly prohibited from collaborating with ineligible companies on jointly provided CME activities.
- All jointly provided CME activities must strictly adhere to the Office of CME's mission and policies, ACCME Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, AMA's guidelines on gifts to physicians from industry, and policies of the AMA Council on Ethical and Judicial Affairs 8.061 and 9.011.
- The Office of CME must review and approve all materials associated with the activity prior to release; once these materials have been reviewed and approved no other changes may be made without approval.
- The responsibilities and role of the joint provider are clearly delineated in a letter of agreement between the joint provider and the Office of CME.
- The joint provider is required to submit a projected budget for review and approval. Budget is reviewed to ensure that adequate resources have been devoted to the development of an activity consistent with meeting the activity's objectives. The Office of CME has the right to withdraw from an activity if resources are inadequate for the development of a high-quality educational offering.
- At the Office of CME's discretion and with written authorization, a joint provider may solicit funds but may not make any representations or commitments to commercial supporters regarding educational content, choice of speakers, learning objectives, marketing, and/or evaluation.
- There is a $1,000 application fee for review and/or approval of joint providership application. Fees and terms for payment are delineated in a letter of agreement between the Office of CME and the joint provider.
- Accredited provider's name and commercial supporter's name must be included in the written agreement as the parties entering into the agreement for commercial support. LOAs must include the name of the joint provider or third party that would be receiving and disbursing the funds (when applicable).
- LOAs must be signed by both the accredited provider and the commercial interest providing the commercial support. Third parties and/or joint providers may also sign the written agreement but may not sign it instead of the accredited provider.
- All LOAs must be signed at least 5 business days prior to the activity taking place.
- Derivatives of jointly provided activities such as session recordings, publications, etc. may only be distributed with prior approval and written consent of the Office of CME.
- All activity materials for jointly provided activities must display the following accreditation statement:
  - *This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of Virginia (MSV) through the joint providership of Inova Health System Office of Continuing Medical Education and*

[name of nonaccredited provider]). The Inova Health System Office of Continuing Medical Education is accredited by the Medical Society of Virginia to provide continuing medical education for physicians.

- *The Inova Office of Continuing Medical Education designates this live activity for a maximum of [number to be determined by Inova OCME] AMA PRA Category 1 Credit(s) ™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Physicians may claim up to [number to be determined by Inova OCME] credits in Type 1 CME on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license in Virginia.*

Subject: Privacy

- The Office of CME is committed to protect the privacy of its members and customers.
- Only the information necessary to provide attendees with the services that they request is collected.
- Data gathered from individuals who participate in Inova's CME activities is kept confidential and individual identifiable information is never shared with outside entities.

Subject: Cancellation of Events

- Cancellation of an event by a Program Director must be received in writing. No other parties should be notified of the cancellation until approved by the Office of CME.
- The Office of CME reserves the right to cancel an event due to low enrollment, Inova system mandates, inclement weather, or other circumstances which would make the event non-viable. CME personnel will contact the Program Director prior to formal cancellation.
- If an event is cancelled, a notice will be issued on the conference website and an email will be sent to all registrants, speakers, exhibitors. All registrants and exhibitors will be offered a refund. All funds received from grants and exhibitors will be promptly returned.
- If an event is postponed, registrants and exhibitors will have the option of a refund or transfer of registration to new event date. The activity cost center will be charged for any cancellation fees and expenses incurred by the Office of CME. All fees will be discussed during the initial cancellation request. The Office of CME will be responsible for contacting all speakers and exhibitor representatives regarding the cancellation.

Definitions of Terms

Continuing Medical Education (CME):

The AMA-House of Delegates and the AMA Council on Medical Education have defined continuing medical education as follows:

"CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the 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 education (CE): CME, CPD, accredited CE are educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships health professionals use to provide services for patients, the public, or the profession.

Continuing professional development (CPD): includes all activities that any health professional undertakes, formally and informally, including accredited CE, in order to maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients.

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 like the Accreditation Council for Continuing Medical Education (ACCME).

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.

Accreditation Statements:

The accreditation statement must appear on all accredited RSS/activity/enduring material/marketing materials distributed by accredited organizations. The only exceptions are save-the-date announcements containing only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The ACCME/Medical Society of Virginia's accreditation statement is as follows:

- For directly provided activities: *"Inova is accredited by the Medical Society of Virginia to provide continuing medical education for physicians."*
- For jointly provided activities: *"This activity has been planned and implemented in accordance with the essential areas and policies of the Medical Society of Virginia through the joint providership of Inova and (name of non-accredited provider). Inova is accredited by the Medical Society of Virginia to provide continuing medical education for physicians."*
- There is no "co-sponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.
- The accreditation statement identifies the ACCME accredited organization that is responsible for demonstrating the CME activity's compliance with all accreditation requirements.

AMA PRA Category 1 Credit™:

- *AMA PRA Category 1 Credit™* recognizes that a physician has participated in an educational activity, and completed all requirements for such an activity, that is expected to "serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession" as stated in the AMA's definition of CME.
- The *AMA PRA Category 1 Credit™* is used to demonstrate meeting CME requirements established by hospital credentialing bodies, state medical boards, medical specialty certifying boards, medical specialty societies, Joint Commission, and other organizations. *AMA PRA Category 1 Credit™* is the most commonly accepted form of CME credit for physicians and is also the basis for receiving the AMA Physician's Recognition Award.
- You can earn *AMA PRA Category 1 Credit™* in three ways:
  - By participating in certified activities sponsored by U.S.-based CME providers accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized State Medical Society.
  - By participating in certain activities recognized by the AMA as valid educational activities. Physicians receive *AMA PRA Category 1 Credit™* for these activities directly from the AMA.
  - By participating in certain international activities recognized by the AMA, including its International Conference Recognition Program.

__AMA PRA Category 2 Credit™:__

AMA PRA Category 2 Credit™ is CME credit that is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME
- Comply with the relevant AMA ethical opinions (at the time of this writing this includes 9.2.6 "Continuing Medical Education", 9.2.7 "Financial Relationships with Industry in Continuing Medical Education," and 9.6.2 "Gifts to Physicians from Industry")
- Are not promotional
- A physician finds to be a worthwhile learning experience related to his/her practice

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit™.*

Calculation of Credit:

Credit for a live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes equals one (1) *AMA PRA Category 1 Credit™;* credit is designated in 15 minute or 0.25 credit increments and rounded to the nearest quarter hour. Registration, announcements, meals, networking breaks, etc. are not eligible for CME credit.