# ENDEAVOR HEALTH: EDWARD-ELMHURST HOSPITALS ACCREDITED CME ACTIVITY PLANNING, POLICIES, AND PROCESSES

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## 1. Quick Start Reference Guide

Please follow the steps below when planning a high-quality CME activity:

1. Determine target audience and the educational need (needs assessment – knowledge, competence, or performance). Develop activity in the context of desirable physician attributes[1]
    a. Knowledge: The extent to which learners have a need for new information
    b. Competence: The extent to which learners know how to implement (or stop doing) what the activity intended to teach them
    c. Performance: The extent to which learners do what the CME activity intended them to be able to do (or stop doing) in their practice
2. Describe the professional practice gap (current practice vs best practice)
3. Design the activity to change competence, performance, or patient outcomes, according to our mission statement[2]
4. Write three attainable, measurable learning objectives
5. Determine appropriate format for setting, objectives, and desired results (live, RSS, enduring material, simulation, etc.)
6. Identify primary planners and speakers; collect disclosure and clinical content attestation forms for all individuals in control of content
7. Prepare required application materials (see Required Documents section)
8. Submit application to the CME department at least one month prior to the activity (please note restrictions regarding marketing/flyers; more than one month may be required for appropriate marketing with objectives, speakers, etc.).
9. Distribute CME department-approved flyers with required wording, content mitigation, finalize materials, document attendance, deliver the activity, and provide credit claim information
10. Collect evaluations and submit close-out documentation

## 2. Quick DO and DO NOT Guide

**Please DO**

- Do begin the planning process for CME early
- Do obtain all disclosures and clinical content attestations prior to submitting the application
- Do fill out all fields on the application
- Do review this document for an accurate understanding of all requirements
- Do use a flyer generated by the CME department, or include all required components, once approved

**Please DO NOT**

- Do not advertise the activity as offering *AMA PRA Category 1 Credit(s)™* prior to approval. No indication that "credit has been applied for", or similar wording, is allowed.
    - **The accreditation statement does not need to be included on initial, save-the-date activity announcements (general, preliminary information such as the date, location, and title)**
- Do not accept commercial support without reviewing guidelines

[1] Competencies - ACCME
[2] Endeavor Health: Edward-Elmhurst Hospitals ACME Program - About

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## 3. Introduction

Endeavor Health: Edward-Elmhurst Hospitals Continuing Medical Education (CME) department is committed to offering high-quality, successful CME activities. Procedures which support our accreditation through the Illinois State Medical Society (ISMS) are outlined in this document. All activities offered through the CME department must adhere to these procedures, and be approved by the Program & Education Committee. Any activity that fails to comply with the procedures outlined in this document will be suspended from receiving *AMA PRA Category 1 Credit(s)™*.

## 4. Purpose and Scope

This document details the requirements and processes for planning, implementing, and evaluating CME activities. They are intended for planning coordinators and faculty/speakers involved in accredited education.

## 5. AMA/ACCME Definition of CME

Accredited CME activities must be fair, balanced, evidence-based, and free of commercial bias. CME credit can be earned from educational activities that meet the American Medical Association (AMA) and Accreditation Council for Continuing Medical Education (ACCME)'s definition of continuing medical education below:

> *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. (HOD policy #300.988)*[3]

The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. Examples of topics that are included in the 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 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 ACCME.[4]

[3] https://www.ama-assn.org/education/ama-pra-credit-system/ama-pra-credit-system-requirements
[4] https://accme.org/rule/cme-content-definition-and-examples/

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## 6. Educational Content of Certified CME

Certified CME is defined as:

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

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit(s)™* as long as these are appropriate to a physician audience and benefit the profession, patient care, or public health. CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit(s)™.*[5]

## 7. Credit Types Offered

We offer the following types of credit:

### 7a. *AMA PRA Category 1 Credit(s)™*

- Only physicians are eligible to be awarded *AMA PRA Category 1 Credit(s)™.* The AMA defines physicians as those individuals who have obtained an MD, DO, or equivalent medical degree from another country. No other healthcare providers may be awarded *AMA PRA Category 1 Credit™*
- However, we issue **documentation of participation** to non-physician participants which states the activity was certified *for AMA PRA Category 1 Credit(s) ™*
- For information on the applicability and acceptance of certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by the ACCME/ISMS, please consult the relevant professional licensing boards. It is the responsibility of the healthcare provider to obtain their certificate and track their own hours. All providers have access to CloudCME™ to track credits earned through one of our activities

### 7b. Maintenance of Certification (MOC) Credit/Continuing or Continuous Certification (CC)

- Maintenance of Certification (MOC), also known as Continuing or Continuous Certification (CC), is the process by which a physician who has initially become board certified in the specialty practice of their choice maintains their board certification status.
- Integrating MOC/CC into a CME activity is a tremendous opportunity for physicians, as CME departments report these points to ACCME's PARS, directly to the participating ABMS boards
- Please note that each specialty has different requirements for accrediting activities for MOC/CC, and often additional measures are required by course planners to accredit an

[5] See 3

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activity for both CME and MOC. Please identify which board the activity will support and work with the CME department on collecting necessary information.[6]

Please see participating boards (as of 8/26/26) below:

| Board | Acronym | Collaboration Launch |
|---|---|---|
| American Board of Anesthesiology | ABA | 2016 |
| American Board of Internal Medicine | ABIM | 2015 |
| American Board of Orthopaedic Surgery | ABOS | 2023 |
| American Board of Otolaryngology – Head and Neck Surgery | ABOHNS | 2018 |
| American Board of Pathology | ABPath | 2018 |
| American Board of Pediatrics | ABP | 2016 |
| American Board of Preventive Medicine | ABPM | 2026 |
| American Board of Physical Medicine and Rehabilitation | ABPMR | 2025 |
| American Board of Surgery | ABS | 2021 |
| American Board of Thoracic Surgery | ABTS | 2023 |

## 8. Core Requirements for Certifying Activities for *AMA PRA Category 1 Credit(s)™*

1. The CME activity must conform to the AMA/ACCME definition of CME.
2. The CME activity must address an educational need (knowledge, competence, or performance) that underlies the professional practice gaps of that activity's learners.
3. The CME activity must present content appropriate in depth and scope for the intended physician learners.
4. When appropriate to the activity and the learners, the accredited provider should communicate the identified educational purpose and/or objectives for the activity, and provide clear instructions on how to successfully complete the activity.
5. The CME activity must utilize one or more learning methodologies appropriate to the activity's educational purpose and/or objectives.
6. The CME activity must provide an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity.
7. The CME activity must be planned and implemented in accordance with the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities.[7]

## 9. Format-Specific Requirements for Certifying Activities for *AMA PRA Category 1 Credit(s)™*

Activities may be held in one or more of the formats described below, and the applicable format requirements must be met.

- **Live Activities:** An activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remote as is the case of teleconferences or live internet webinars

- **Enduring Materials:** An activity that endures over a specified time and does not have a specific time or location designated for participation, rather, the participant determines

[6] CME for MOC Program Guide - ACCME
[7] See 3

whether and when to complete the activity. (Examples: online interactive educational module, recorded presentation, podcast.) Must provide access to appropriate bibliographic sources to allow for further study

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

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

- **Other:** Accredited CME providers can introduce new instructional practices, as well as blend new and/or established learning formats appropriate to their learners and settings, as long as the activity meets all core requirements. Certified CME activities that do not fit within one of the established format categories must identify the learning format as "Other activity", followed by a short description of the activity in parentheses, as both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.).[8]

## 10. Required Documents for Continuing Medical Education

The required documents for awarding *AMA PRA Category 1 Credit(s)™* at an educational activity are outlined below. Blue denotes a document provided by the CME department:

- CME Application completed **a minimum of four weeks prior to an activity**
- Disclosure Form & Clinical Content Attestation completed by all planners, faculty, and others in control of educational content
    - If a relevant financial relationship exists, a Mitigation of Conflict-of-Interest Form is completed by the CME department
    - One does not need to identify, mitigate, or disclose relevant financial relationships when the education is non-clinical (e.g., leadership or communication skills training).
- Speaker(s) CV/Bio
- Supporting documentation towards the practice gap (meeting minutes, articles about new technology, medications, QI reports, practice gaps, data reports, etc.)
- Presentation materials for the activity a **minimum of one week prior** to the activity
- CME Activity Exhibit Agreement (if applicable)
- CME Commercial Support Agreement (if applicable)
- MOC Attestations (if applicable)
- Joint Providership Agreement (if applicable)

**Applications will <u>not</u> be reviewed in these instances:**

- Any required documentation is incomplete
- Promotional materials (other than a save-the-date) have been distributed prior to approval
- Commercial support has been received prior to approval

[8] See 3

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## 11. Educational Activity Planning and Measurement of Outcomes

All accredited CME activities must be designed to change learner competence, performance, and/or patient outcomes.

### 11a. Needs Assessment and Practice Gap

**Needs Assessment:** Can be formulated by describing how the educational need was identified (i.e., literature review, quality/safety data, survey results, stakeholder initiatives, guidelines, etc.).

**Practice Gap:** Can be identified by answering the question, "Why is the activity needed, wanted, or requested"? Please see practice gap example below:

> *Recent updates to the American Diabetes Association (ADA) Standards of Care have expanded the role of GLP-1 receptor agonists and SGLT2 inhibitors for patients with type 2 diabetes and cardiovascular disease. Internal quality data and peer-reviewed literature indicate that many primary care physicians continue to rely primarily on traditional glucose-lowering therapies and may not consistently incorporate newer evidence-based treatment strategies into clinical practice. As a result, eligible patients may not receive therapies shown to reduce cardiovascular events, slow progression of chronic kidney disease, and improve overall outcomes.*
>
> *This educational activity is designed to address gaps in physician knowledge of current treatment guidelines, competence in selecting appropriate therapies, and performance related to implementation of evidence-based diabetes management recommendations.*

### 11b. Learning Objectives and Educational Format

Objectives need to clearly link the gap to the desired outcomes and should be both **attainable and measurable**. For each one-hour topic, we recommend a minimum of **three (3) objectives**. These objectives must outline what learners should know, know how to do, or should be able to do after an educational activity, and indicate if the results of these will affect patient or community health outcomes.

Use **action verbs** like "identify", "explain", "define", etc. These verbs are measurable and observable and follow Bloom's Taxonomy (lower → higher order of thinking skills). Always start with, "At the conclusion of this activity, participants will be able to [finish with written objectives, always starting with the action verb]. Here are a couple examples of poorly written objectives:

- To educate physicians about [blank] disease.
  - This is not written from the learner's perspective and cannot be measured or observed.
- The participant will understand the different therapies for the treatment of [blank].
  - This is overly broad and not measurable or observable.

Here are a couple examples of well-written objectives:

- **Identify** clinical, laboratory, and imaging studies that indicate the severity of [blank] disease
- **Describe** evidence-based therapies for the treatment of [blank].

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The educational format should support the anticipated outcomes for learners. Would presentation delivery be the most effective, or small, case-based, discussions?

### 11c. Evaluation and Measurement of Outcomes

A post-activity evaluation is **required** for each activity and requires several mandatory questions provided by the CME department. However, please consider additional outcome(s) measurements when appropriate.

Determining outcome measurements is the ongoing process of collecting, interpreting, and acting on the information relating to the goals developed for an educational activity. It answers questions like: What are we trying to accomplish? How well are we doing it? How can we improve?

Learning outcomes describe what learners are expected to demonstrate in terms of knowledge, competence, or performance after an educational activity. Outcomes can also determine if the knowledge, competence, or performance, changes have effects on patient or community health.

Assessment methods for outcomes should match the stated objectives provided to learners. Methods may be qualitative, quantitative, direct, or indirect.

| OBJECTIVE ASSESSMENT METHODS | SUBJECTIVE ASSESSMENT METHODS |
|---|---|
| Pre/Post Tests | Evaluation Survey (Self-reported Knowledge) |
| Polling/Audience Response (before/after) | Self-Report of Intent to Change Performance |
| Chart Audits (Health status measures recorded in charts) | Reflective Journaling (Self-reported gain in knowledge) |
| Interview/Group Discussion | Patient Self-report of Health Status |
| Observed Performance | Community Self-report |

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## 12. Roles and Responsibilities

### 12a. Primary Planner and Co-Planner Responsibilities

The primary planner collaborates with the CME department to plan, implement, and evaluate a CME activity. For reasons of financial accountability and adherence to policies, the primary planner(s) should be employed at least part-time by Endeavor Health. Primary planners have direct oversight and responsibility for the planning, implementation, and evaluation of the CME activity. There may be additional planners.

Community providers, non-physicians, and community health partners may participate as co-planners in collaboration with the CME Department if a Joint Providership is taking place. Primary planners and co-planners are responsible for the following:

1. Coordinating required application materials completion and submission, maintaining deadlines
2. Coordinating room set up, A/V, catering, etc.
3. Ensuring on-site advertising, marketing, exhibitors by ineligible companies do not interfere with education
4. Liaising with speakers, exhibitors, and others involved to ensure standards and regulations are adhered to before, during, and after the activity
5. Documenting attendance to ensure accuracy of data. This may require handing out informational sheets, sending reminder emails, or assisting participants.
    a. Primary planner/co-planner is granted CloudCME™ portal access to view all aspects of the activity
6. Creating a clear, unbridgeable separation between accredited continuing education and marketing and sales.

### 12b. Faculty (Speakers, Moderators, Panelists, Authors) Responsibilities

Faculty are responsible for the following guidelines:

- Completing a Disclosure and Clinical Content Attestation form, prior to Program & Education committee review
- Adhering to expectations outlined on Clinical Content Attestation form
- Submitting presentation slides by the CME department's deadline to allow for review and required validation by Program & Education committee
- Adhering to **Presentation Guidelines** outlined below

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## 13. Presentation Guidelines

Individuals delivering presentations at activities which award *AMA PRA Category 1 Credit(s)™* are responsible for adhering to the following guidelines:

1. Presentations **must** be free of commercial bias for or against any product
2. Presentations **must** give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
3. Presentations **must** be HIPAA-compliant; no Protected Health Information (PHI) (excepting RSS case reviews, tumor boards, etc.). Remove all patient identifiers from laboratory studies, x-rays, imaging studies, etc.
4. Presentations **must** include the appropriate disclosure statement at the beginning of the presentation (i.e. slide #2; statement provided by CME department when activity is approved)
5. Presentations **must** offer a balanced view of all available trial data pertinent to the topic
6. Information presented must conform to the generally accepted standards of experimental design, data collection, and analysis
7. If unapproved uses of a product or service are discussed, this must be disclosed on the third slide (immediately following the disclosure statement)
8. Content and slides are ultimately the responsibility of the speaker. However, the Program & Education Committee has the right to request edits to ensure compliance.
9. Written permission for print inclusion of material that is under copyright protection must be obtained
10. Material presented from trial results must include information on study design, subject selection and participation/compliance, therapeutic agents administered include source/dosage, adverse effects encountered, funding source, etc.
11. Data presented from clinical trials should be from peer-reviewed publications
12. Activity materials cannot include commercial, company, and/or product logos
13. Final presentation/material is due a minimum of one week prior to the activity

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## 14. Financial Relationships, Disclosures, and Mitigation

The CME department follows the ACCME/ISMS's Standards for Integrity and Independence. As such, anyone in control of educational content must disclose **all** financial relationships with ineligible companies within the prior **24 months**. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the educational activity.[9]

**Ineligible Company:** Those companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**Financial Relationship:** Individuals must disclose financial relationships with ineligible companies regardless of their view of the relevance of the relationship to the education. 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.

**Relevant Financial Relationship(s):** Financial relationships of any amount with ineligible companies if the educational content is related to the business lines or products of the ineligible company.

**Mitigation:** Steps taken to prevent all those with relevant financial relationships from inserting commercial bias into content.

- The CME department will determine if disclosed financial relationships are relevant with assistance from activity planners and the Program & Education Committee
- If determined to be relevant, a mitigation strategy is selected and implemented before the individual assumes their role in the activity.

**Mitigation options for planners with relevant financial relationships:**

- Divest from financial relationship(s)
- Recusal from controlling aspects of planning and content with which there is a financial relationship
- Required: Peer review of planning decisions by individuals without relevant financial relationships

**Mitigation options for speakers, faculty, and others:**

- Divest from financial relationship(s)
- Peer Review of content by individual without relevant financial relationships
- Required: Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)

[9] Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships - ACCME

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## 15. Disclosure to Learners

The CME department requires disclosure of relevant financial relationships to learners *before they engage with accredited education*. Please see template text below:

### 15a. For activities WITH NO relevant financial relationships

Use this statement below:

*The planners, faculty, and others in control of content have no relevant financial relationships with ineligible companies. Endeavor Health: Edward-Elmhurst Hospitals adheres to the ISMS/ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individual in a position to control the content of a CME activity, including faculty, planners, reviewers, or others are required to disclose all financial relationships with ineligible companies (commercial interests).*

### 15b. For activities WITH relevant financial relationships

Disclose name(s) of the individuals, their role in the activity, the name of the ineligible company with which they have relevant financial relationship(s), the nature of the relationships, and a statement that all relevant financial relationships have been mitigated. No logos, marketing, or product group messages.

*[Role in activity], [Full Name, Credentials] (Example: Speaker, John Doe, MD) has disclosed the following financial relationships:*

*[Role w/ineligible company] (Example: Consultant/Advisor)*

- *Name of Company (Example: Merck®)*

*[Role w/ineligible company] (Example: Speaker)*

- *Name of Company (Example: Genentech®)*

*All relevant financial relationships for these individuals have been mitigated. Endeavor Health: Edward-Elmhurst Hospitals adheres to the ISMS/ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individual in a position to control the content of a CME activity, including faculty, planners, reviewers, or others are required to disclose all financial relationships with ineligible companies (commercial interests).*

We require that disclosure information be presented to learners in the following manners:

- **Live Activities (in-person/virtual/hybrid) or Enduring:** Disclosure slide at the beginning of the presentation (after title slide); must match information disclosed. Information must also be made available on printed activity materials. For webinars, please include this on the landing page.

- **Regularly Scheduled Series (RSS) (Tumor Boards, Case Reviews, etc.):** Disclosure information must be provided on the RSS flyer template available to those with admin privileges on CloudCME™ on the RSS Dashboard.

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## 16. Owners or Employees of Ineligible Companies

The owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances. Individuals who own stock (not through a mutual fund or pension plan) in *privately* held ineligible companies are considered owners or employees.

Per the ACCME:

> *Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.*[10]

There are three exceptions to the exclusion of owners or employees:

- When the content of the activity is not related to the business lines or products of their employer/company.
- 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.
- 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.

[10] Eligibility - ACCME

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## 17. Commercial Support (Educational Grants/In-Kind Support)

**Commercial support** is defined as financial or in-kind support from an ACCME-defined ineligible company that is used to pay all or part of the costs of a CME activity. The CME department must have full knowledge and provide approval for all industry support. Payments to the hospital or third-party provider may be subject to the requirements of the Sunshine Act.

Please follow the below guidelines regarding commercial support:

1. Decision-making and disbursement: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
    a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
    b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
    c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
    d. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.

2. Agreement: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.

3. Accountability: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

4. Disclosure to learners: The accredited provider must disclose to the 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, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

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## 18. Exhibitors, Marketing, and Non-CME Promotional Support

Education must be separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

Exhibitors will need to complete the CME Activity Exhibit Agreement provided by the CME department.

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.

## 19. Social Events and Meals

- Social events and meals must not take precedence over accredited education.
- They may not be scheduled at the same time as educational sessions.
- Any industry support of social events and meals must follow the same guidelines above for commercial support.

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## 20. Financial and Attendance Records

- A final expense report is required. The sponsoring department of the activity is responsible for the activity's cost and any deficit that may result from the activity.
- Attendance must be documented for the activity, with the following required information: First name, last name, degree, role/title, email address
    - If the activity offers MOC/CC, physicians board-certified by ABMS in a specialty for which we may offer credit must also provide DOB (mm/dd only, no year required), their board ID, and sign an agreement for the CME department to transmit data to ACCME's PARS who then transmit to the board(s).

## 21. Course Evaluation and Activity Closure

- An evaluation is required for all activities and must be conducted through CloudCME™ or SurveyMonkey. The CME department has required questions. More questions may be added as requested by the activity planners.
    - RSS activity evaluations typically occur quarterly
- The deadline for claiming credit and completing an evaluation is 30 calendar days.

## 22. CME Activity Approval Process

Applications are reviewed by the Program & Education Committee. The Program & Education Committee includes members from Edward, Elmhurst, and Linden Oaks Hospitals which include physicians, PsyDs, APPs, RNs, and administrative staff from a variety of backgrounds and specialties to provide a well-rounded knowledge base for review and approval of applications submitted.

It is the responsibility of the committee to ensure that accredited CME activities meet the accreditation standards set forth by the ACCME/ISMS. It is also the mission of the committee to ensure that the accredited CME department supports the hospitals' commitment to improving health and patient care through quality, evidence-based educational activities. This goal is accomplished by producing high-quality education that increases the knowledge, competence, and performance of physicians and other healthcare professionals and improves patient/community health. It is expected that participants in accredited CME activities will integrate what they learn into daily practice to improve competence and performance in areas of patient care, patient safety, and professional practice.

Once all required documents are received (except for presentation materials due a minimum of one week prior to the activity), a formal request for credit is made to the Program & Education Committee by the CME department. The committee will evaluate the information provided on the application and other materials and will determine if the educational activity will further the department's goals of (i) assisting providers in maintaining excellence in professional performance; and (ii) complying with the ACCME/ISMS's accreditation standards and criteria requirements.

The Program & Education Committee will assign each reviewed application one of three status designations: Approved as Submitted, Approved with Changes, or Denied. Any planners whose applications are Denied are notified of the committee's findings and what actions be taken to address them. If the activity is denied after three submissions, the educational activity may still be held but no *AMA PRA Category 1 Credit(s)™* will be awarded to participants.

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The CME department reserves the right to deny CME credit for any reason. Reasons the CME department may choose to deny CME credit include, but are not limited to, the inclusion or dissemination of incorrect, inappropriate, or commercially biased content, the content advocates for unscientific approaches to diagnosis or therapy or is determined to have risks or dangers that outweigh the benefits to the treatment of patients.

The CME department reserves the right to terminate the accreditation of an activity prior to the activity occurrence. CME credit can be withdrawn for noncompliance with the policies and procedures outlined in this document.

## 23. CloudCME™

Following approval from the Program & Education Committee, the department will set up the activity on the CloudCME™ portal. This portal is where providers are able to view all activities that award *AMA PRA Category 1 Credit(s)™* and MOC/CC credits. Activation in the portal includes the following steps:

1. Creating the official flyer that includes the approved activity description, objectives, faculty, *AMA PRA Category 1 Credit(s)™*/MOC/CC granted, and the accreditation statement(s)
2. Adding an overview of the activity on the portal
3. Creating a registration link
4. Granting permission to planners for registration/attendance reports access
5. Developing a faculty page with photo, bio, and disclosure information, using info previously provided
6. Developing a schedule/agenda page outlining sessions, timing, etc.
7. Assigning an evaluation to the activity
8. Sending an email to all committee members that a new item has been added for registration
9. Sending an email out on DocBox (Edward and Elmhurst Hospitals) for marketing purposes
10. Providing a credit claim form to planners for use on the day of the event
11. CloudCME™ information and instructions for participants are provided to planners for dissemination. Planners often use this with preliminary “save the date” emails to ensure participants are prepared to document attendance
12. Certificates made available for download by participants following evaluation completion

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## 24. Promotional Material

**Limited Promotion Prior to Activity Approval or Formal Application**
Except for a "Save the Date" notice, which includes only title, date, location (no mention of CME or any credit types), no promotion of an accredited CME activity may occur until the application for credit has been completed, submitted, and approved by the Program & Education Committee.

**All Promotional Material Must Be Approved by the CME Department**
Planner/faculty involvement in the promotional process is encouraged. However, before the distribution or posting of activity information, any promotional materials (including, but not limited to the following: social media, emails, electronic and print advertising, website information, brochures, flyers, etc.) **must** be approved by the accredited CME department to ensure compliance with ISMS/ACCME standards and requirements.

**No Promotion by Ineligible Companies**
Ineligible companies are defined as: those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Accredited CME activities are not permitted to be marketed on ineligible company websites or marketed by ineligible companies because such promotion could be misunderstood to imply a relationship that does not exist.

**Freedom from Commercial Marketing or Product Messaging**
All accredited CME brochures, flyers, activity websites, banner advertisements, syllabi, slides, etc. must be entirely free of ineligible company and commercial marketing or product messaging, including logos and slogans.

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## 25. Enduring Materials

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

Enduring Materials must adhere to the following:

1. They must be consistent with the CME department's mission and adhere to all ACCME/ISMS/AMA requirements and our department's policies and procedures
2. Internet CME activities shall only appear on CloudCME™. Accredited CME activities may not be posted on or linked to ineligible organizations' websites.
3. Must be HIPAA-compliant, no Protected Health Information (PHI)
4. All required CME information must be communicated to the learner prior to the learner beginning the Enduring Material activity. The specific information required to be communicated to learners for enduring materials needs to be clearly marked, accessible, and useful for learners and include the following:
    a. Target audience and statement of need
    b. Learning objectives
    c. Activity faculty and their credentials
    d. Accreditation designation statements
    e. Identification, mitigation, and disclosure of relevant financial relationships of all individuals involved in the accredited CME activity
    f. Medium or combination of media used to deliver the Enduring Material
    g. Clear instructions to the learner on how to successfully complete the activity
    h. Hardware and/or software requirements (if applicable)
    i. Estimated time to completion (consistent with the credit designation statement)
    j. Dates of the original release and most recent review or update (if applicable)
    k. Termination or expiration date (when enduring material is no longer approved for credit)
    l. Post-test or other measurement of learner achievement including communication to learners of the minimum necessary performance level to successfully complete the activity to obtain *AMA PRA Category 1 Credit(s)™*
5. Advertising of any type is prohibited within the educational content of the accredited CME activity, including, but not limited to, banner ads, subliminal ads, and pop-ups
6. Ineligible companies may not distribute our CME enduring materials to learners
7. Enduring materials are not credited for more than two years. The credited period is based on the course content and the likelihood that it may become outdated due to new developments. A review of enduring material is required prior to two years based on new scientific developments
8. Enduring materials may be renewed prior to, or upon, credit expiration, after a review of content to determine if the content is up-to-date and accurate. When enduring material is re-released, the new review date with the original release date and new termination date must be included
9. Each enduring material must provide an assessment that measures the learner's achievement of the accredited activity's educational objectives that includes an established minimum performance level to receive credit. Examples include patient management case studies, a post-test, and/or application of new concepts in response to simulated problems

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10. Evaluation tools must be utilized to measure changes in competence, performance in practice, and/or patient outcomes, and to assess if commercial bias is present.
11. Learners must be provided with appropriate bibliographic/reference resources to allow for further study.
12. The CME department must review and approve all enduring material prior to its release. The official release and expiration dates are established by the CME department and inserted into the final enduring material online
13. The CME department must be able to document that it owns the copyright for, or has received permission for use of, or is otherwise permitted to use copyrighted materials within an enduring material
14. An enduring material may be developed from a live accredited CME activity. ACCME/ISMS consider these to be two separate activities that require two separate applications.
15. At least one copy of the original enduring material and, if applicable, one copy of each subsequent renewal must be provided to the CME department for compliance purposes.

## 26. Joint Providership

The ISMS defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, ISMS accredited providers that plan and present one or more activities with non-ISMS accredited providers are engaging in joint providership. The ISMS does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ISMS does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

Please see Joint Providership Agreement provided by the CME department if interested in Joint Providership.

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## 27. Promoting Diverse Speakers, Planners, and Others Involved in CME Activities

### Our Activities and Our Team Shape Our Culture

The CME department requests an accurate representation of our hospitals and community by including a diverse group of experts in education planning and delivery. Everyone has different life experiences and points of view they bring to the table and may approach challenges differently. These different experiences may not be shared by a variety of individuals who are not included or heard; issues may then go unseen.

The CME department requests that planners of accredited CME activities consider whether the opportunity to speak, plan, or be heard is shared by all subject matter experts, patients, or people with experience relative to a topic regardless of race, gender identity, ethnicity, background, education, etc. When diverse planners, speakers, and other contributors influence the direction of accredited CME activities the experience is enriched, reaches a larger audience, and ultimately benefits the patients, the organization, and the healthcare team.

### Why Does it Matter Who is at the Front of the Room Speaking?

The speakers, planners, and other contributors to accredited CME activities should represent the audience and the community we serve. A lack of diversity makes learners feel as if they are not represented and cannot identify with the individual providing information or education. It is important to include a diverse representation that includes those of all underrepresented groups. Below, the checklist and the DEI+J Terms can help planners to identify the speakers, panelists, contributors, patients, and others who can assist in planning and presenting accredited CME activities.

### Checklist to Promote Diversity at Accredited CME Activities:

☐ Ensure you have enough time to secure a speaker or panel

- Utilize as much time as possible to look outside of your general radius of contributors to an activity; seek feedback from the target audience about whom they would like to see delivering the content.

☐ Look beyond the standard network of speakers, do not seek contributors by title only.

- Ask trusted colleagues for names of experts they may know whose voices are typically underrepresented or unheard in the topic area.
- Look further than titles for someone with experience, stories, and community involvement.
- Contact relevant professional associations (veterans, small business associations, black-owned businesses, community leaders, etc.)

☐ Set a goal and quantify the goals you hope to achieve

- Aim for a panel that represents the demographic of the topic. Do not have “diverse” speakers only speak about diverse topics. Do not have the “diverse” members always plan diversity events. Aim to have inclusive representation and involvement for all topics when planning any activity.

☐ Ensure you have enough diverse support and contributions

- Make sure there is sufficient help to find, invite, plan, and work with a diverse group of speakers. A diverse search committee or group of planners is the first recommendation, but

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it is not always possible. Make sure whomever is responsible for seeking speakers is committed to diversifying the speakers, panels, or others involved.

☐ Ensure that underrepresented individuals are invited

- Guarantee participation by ensuring all individuals know they are invited to attend. Send specific invitations to underrepresented groups. Be sure to have accessibility issues covered.
- Let the speakers know they are speaking to an appropriate target audience; share the demographics of the audience invited.
- Sometimes a lack of diversity at an event is the result of only meeting at a specific time and place convenient for a limited group of people. If you are not getting the results you want, experiment with changing the date/time of an activity or checking the accessibility of the activity.

☐ Consider broadening the topic(s)

- Think about your topic and the impact it has on communities and health equity. Consider prioritizing participation from that community and/or broadening your topic to encourage a wider scope and address factors of health population and inequities.

☐ Ensure resources are available to support the speaker(s), panel(s), and learners

- Support the panel or speaker with information on the event, logistics, how they can successfully participate, the expectations, technology details, etc.

☐ Organize a practice session with the speaker(s)

- Assist the speaker(s) with the format of the activity and offer a practice run so the speaker(s) are comfortable. Discuss the plan, target audience, etc.
- Ask the presenter(s) to share their experiences if they are comfortable
- Organize a taping session so the speaker(s) can review their presentation delivery

☐ Write the “Call for Speakers” in a way that encourages a diverse range of applicants.

- Often, the speaker(s) we want do not see themselves as experts. In the call-out, specify that the speakers do not need to be an expert. Indicate that the interest is in a range of experiences and that everyone’s voice is valuable and interesting, encourage stories, include a code of conduct as a commitment to diversity, and encourage the use of photos. Participants appreciate seeing representation.

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## Appendix 1. Glossary

**ABMS (American Board of Medical Specialties):** The organization whose member boards oversee physician specialty certification and continuing certification programs.

**Accreditation Statement:** The required wording indicating that an activity has been planned and implemented in accordance with accreditation requirements and is certified for *AMA PRA Category 1 Credit(*s)™. The standard statement that must appear on all CME activity materials and brochures distributed by ISMS-accredited providers. There are two variations of the statement; one for directly provided activities and one for jointly provided activities.

**ACCME (Accreditation Council for Continuing Medical Education):** The national organization that establishes standards and requirements for accredited continuing medical education (CME) activities and accredited CME providers.

**Accredited CME:** Continuing medical education that meets ACCME/ISMS and AMA requirements and is certified by an accredited organization for credit.

**Activity Planner:** An individual responsible for the planning, implementation, and evaluation of a CME activity.

**AMA (American Medical Association):** The organization that owns and administers the AMA Physician's Recognition Award (PRA) Credit System.

***AMA PRA Category 1 Credit(s)™:*** The primary type of CME credit awarded to physicians (MDs, DOs, or equivalent international medical graduates) who participate in approved educational activities.

**Assessment of Learner Achievement:** A method used to determine whether learners met the educational objectives of a CME activity, such as post-tests, surveys, case studies, or observed performance measures.

**Board Certification:** A credential awarded by a recognized specialty board demonstrating that a physician has met standards in a particular specialty or subspecialty.

**Clinical Content Attestation:** A required form completed by planners, speakers, and others controlling educational content that confirms content is evidence-based, balanced, and free from commercial bias.

**Clinical Recommendation:** A patient care recommendation presented during an educational activity that should be evidence-based and free from commercial bias.

**CloudCME™:** The CME management platform used for activity registration, attendance tracking, evaluations, certificate generation, learner transcripts, and activity administration.

**CME (Continuing Medical Education):** An educational offering that is planned, implemented, and evaluated in accordance with the ISMS Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and policies; the AMA Physician's Recognition Award CME credit system standards and policies; and the AMA Council on Ethical and Judicial Affairs pertinent opinions.

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**COI (Conflict of Interest):** A situation in which a relevant financial relationship could create the potential for commercial bias in educational content and therefore requires identification and mitigation.

**Co-Planner:** An individual who assists in planning, developing, and evaluating an accredited CME activity in collaboration with the CME department.

**Commercial Bias:** Content or format in a CME activity or its related materials that promotes the products or business lines of an ineligible company. As described in the Standards for Integrity and Independence in Accredited Continuing Education, providers are responsible for protecting learners from commercial bias and marketing. In addition to preventing influence from ineligible companies, the Standards prohibit faculty from actively promoting or selling products or services that serve their professional or financial interests.

**Commercial Support:** Financial or in-kind support from an ACCME-defined ineligible company used to fund part or all of a CME activity.

**Competence:** The extent to which learners know how to implement, apply, or discontinue practices that an educational activity is designed to address.

**Credit Designation Statement:** The formal statement identifying the number and type of CME credits available for an approved educational activity.

**Desirable Physician Attributes:** The professional competencies and characteristics CME activities are intended to support through improvements in physician knowledge, competence, performance, patient care, and professional practice.

**Disclosure:** The process by which planners, faculty, and others in control of content report financial relationships with ineligible companies.

**Documentation of Attendance:** Records maintained for CME participants, including required identifying and participation information for credit reporting and accreditation compliance.

**Documentation of Participation:** A certificate provided to non-physician participants indicating participation in an activity certified for *AMA PRA Category 1 Credit(s)™.*

**Educational Format:** The instructional method used to deliver education, such as a live activity, webinar, RSS, simulation, panel discussion, enduring material, or case-based learning session.

**Enduring Material:** A CME activity available over a defined period of time without a scheduled session, allowing learners to complete it at their convenience, such as a podcast, recorded presentation, or online educational module.

**Evaluation:** The process of collecting feedback and outcome data to determine whether a CME activity achieved its intended educational results.

**Evidence-Based Content:** Educational material that reflects accepted scientific evidence, peer-reviewed literature, established guidelines, and accepted standards of practice.

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**Exhibitor:** An organization or company that displays products, services, or informational materials in connection with a CME activity under approved exhibit guidelines.

**Faculty:** Individuals involved in delivering, reviewing, moderating, authoring, or otherwise controlling the educational content of a CME activity, including speakers, moderators, panelists, reviewers, and authors.

**Financial Relationship:** Any relationship with an ineligible company, regardless of monetary value, including employment, consulting, speaking, research, advisory roles, ownership interests, royalties, patents, or contracted services.

**HIPAA (Health Insurance Portability and Accountability Act):** Federal regulations that protect patient privacy and confidentiality. CME presentations must not include protected health information (PHI).
**Honorarium:** Compensation provided to faculty members for their educational contributions to a CME activity.

**IDEA (Inclusion, Diversity, Equity, and Action):** A framework that promotes inclusive, equitable, and diverse educational environments and encourages representation of diverse perspectives, speakers, planners, learners, and communities within CME activities.

**Ineligible Company:** Company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

**In-Kind Commercial Support:** Non-monetary support provided by a commercial entity, such as equipment, supplies, or services.

**ISMS (Illinois State Medical Society):** The accrediting body through which the Endeavor Health: Edward-Elmhurst Hospitals' CME department maintains accreditation to provide *AMA PRA Category 1 Credit(s)™* and MOC/CC credits.

**Joint Providership:** The collaboration between an accredited CME provider and a non-accredited organization to plan and deliver a CME activity.

**Knowledge:** The extent to which learners need new or updated information on a topic.

**Learner:** An individual who participates in an accredited CME activity.

**Learning Objectives:** Specific, measurable statements describing what participants should know or be able to do after completing a CME activity.

**Live Activity:** A CME activity that occurs at a designated date and time, either in person or virtually.

**Maintenance of Certification (MOC)/Continuing Certification (CC):** Maintenance of Certification (MOC), also known as Continuing or Continuous Certification, is the process by which a physician who has initially become board certified in the specialty practice of their choice maintains their board certification status. The ACCME collaborates with some of the member boards of the American Board of Medical Specialties (ABMS) to facilitate the integration of accredited CME and MOC. These collaborations enable CME providers to offer educational activities that count for both CME credit

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and MOC credit and to report learner-participation data, which is transmitted to the collaborating boards.

**Mitigation:** The process of identifying and addressing relevant financial relationships to prevent commercial bias from influencing educational content.

**Needs Assessment:** The process of identifying educational needs, professional practice gaps, and opportunities for improvement using data sources such as literature reviews, quality reports, surveys, guidelines, or stakeholder feedback. The identified need may involve knowledge, competence, or performance gaps.

**Nonclinical CME Content:** Educational content related to areas such as leadership, communication, faculty development, practice management, healthcare administration, quality improvement, or patient safety that benefits physicians and healthcare practice.

**Objective Assessment Methods:** Outcome measurements based on observable or measurable data, such as pre-tests, post-tests, polling, chart audits, and observed performance.

**Outcomes Measurement:** The process of evaluating changes in learner knowledge, competence, performance, patient outcomes, or community health resulting from a CME activity.

**PARS (Program and Activity Reporting System):** The ACCME data system used to report CME activities and submit learner participation data for Maintenance of Certification and Continuing Certification credit.

**Patient Outcomes:** Changes in patient health status, healthcare quality, safety, or clinical outcomes resulting from improved professional practice.

**Performance:** The extent to which learners apply what they learned in actual clinical or professional practice.

**Person in Control of Content:** Any planner, faculty member, reviewer, moderator, author, or other individual who can influence the educational content of an accredited CME activity and who must disclose financial relationships.

**Planning Committee:** The group of planners, faculty, and CME representatives responsible for the design, implementation, and evaluation of an educational activity.

**Practice Gap:** The difference between current practice and best practice that creates the need for educational intervention.

**Primary Planner:** The individual with overall responsibility for planning, implementing, and evaluating a CME activity in collaboration with the accredited CME department.

**Program & Education Committee:** The multidisciplinary committee responsible for reviewing CME applications, determining approval status, monitoring compliance, and ensuring adherence to ACCME and ISMS standards.

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**Program Mission:** The CME department's overarching purpose and commitment to improving physician competence, performance, patient care, and community health through education.

**Protected Health Information (PHI):** Individually identifiable health information that must not be disclosed in CME presentations or educational materials.

**Regularly Scheduled Series (RSS):** A recurring educational activity offered on an ongoing basis, such as grand rounds, tumor boards, morbidity and mortality conferences, or case review conferences.

**Relevant Financial Relationship:** A financial relationship with an ineligible company that is related to the educational content of a CME activity.

**Speaker:** A faculty member who delivers educational content during a CME activity.

**Standards for Integrity and Independence:** ACCME/ISMS requirements designed to ensure that accredited continuing education serves the needs of patients and the public, is based on valid content, and is free from commercial influence. The Standards comprise five standards: Ensure Content is Valid; Prevent Commercial Bias and Marketing in Accredited Continuing Education; Identify, Mitigate, and Disclose Relevant Financial Relationships; Manage Commercial Support Appropriately; Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education. Released in December 2020, the Standards for Integrity and Independence replace the Standards for Commercial Support.

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## Appendix 2. Important Resources

**ACCME:** Accreditation Council for Continuing Medical Education - ACCME

**AMA PRA Credit System requirements:** AMA PRA credit system | PRA meaning | AMA

**Endeavor Health: Edward-Elmhurst Hospitals CloudCME™:** Endeavor Health: Edward-Elmhurst Hospitals ACME Program

**CloudCME™ Administration (for planners):** CloudCME® CE Administration - v2

**Continuing Medical Education Resources:** Endeavor Health: Edward-Elmhurst Hospitals ACME Program - Resources

**Illinois State Medical Society (ISMS):** ISMS - Home