5.1 Planning

- Each department producing a CME Regularly Scheduled Series/Activity or Enduring Material shall implement a planning process best suited to their individual department following all rules and regulations of the OCME and the ACCME/MSV.

- The CME Advisory Committee will serve as an advisory body for all activities planned by the OCME.

- The annual CME needs assessment, CME activity evaluations, medical staff interest, and current topics within the medical field should be utilized to determine the direction of the individual planning committees. Planning committees should follow the Plan Do Study Act model when planning all CME activities.

5.2 Needs Assessment

Each activity submitted for approval as a Category 1 CME activity must be accompanied by supporting “needs assessment” documentation to support the gap in practice. It is the
policy of the OCME to encourage the use of multiple needs assessment sources whenever possible, more specifically, quality or safety data where applicable.

A “needs assessment” is necessary to attest to the justification of producing a continuing medical education activity to the medical staff. Items which may serve as appropriate forms of documentation are:

- Previous Participant Evaluations
  - This data must be collected and correlated in a spread sheet by the sponsoring department
- Expert Opinion
  - Must be given from a recognized expert in the appropriate field of study
  - The expert cannot be an Activity Director, Co-Director or a member of the planning committee
- Faculty/Clinical Staff Perceptions
  - This must be an evaluation done within the department or of annual meeting participants to identify educational needs
- Literature Review, Consensus Reports
  - At least three pieces of peer-reviewed literature that support the educational gap the program is addressing
- 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 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; Data from Public health sources/Publications

- Self-Assessment tests

- Other

5.3 Practice Gaps

Each application submitted for approval as a Category 1 CME RSS/activity/enduring material must justify the educational intervention by clearly articulating the professional practice gap the educational intervention will bridge.

The application asks planners to articulate the professional practice gap, the educational need, where the gap exists (knowledge, competence, performance, and patient outcomes), learning objectives, and the desired result.

All practice gaps must be approved by the CME Educational Program Manager and the CME Director before any intervention is executed.

5.4 Objectives
DEFINITION: An objective is defined as something toward which effort is directed, an aim or end of action. Objective should be realistic and obtainable, and measurable. Of the 3 types of objectives (learner, instructional, and behavioral), educational objectives for CME purposes are to be learner focused.

- Only verbs identified in the approved verb list are acceptable in the development of objectives (see list below).
- Objectives must be learner oriented in composition.
- Objectives for each CME activity will be reviewed and approved by the OCME as part of the application approval process.
- A minimum of three (3), objectives are necessary for an activity approved for 1 Category 1 credit.
- Activity objectives are developed by the program planning committee.
- Activity objectives are provided to the participant as part of the evaluation form distributed at the beginning of each activity.
- Activity objectives are posted in a conspicuous location (in plain view of all participants) prior to the beginning of the activity.
- Activity objectives are posted within the specific targeted department in advance of the actual activity.
- An objective should be stated in such a way that both the prospective learner and the teacher should ideally be able to answer three questions about the expectations:
  - What should the learner be able to do;
  - Under what conditions; and,
• How well (e.g., speed, accuracy)
  • Program objectives should be written after the need is assessed and the target audience is determined.
  • Program objectives should be written before teaching methods are determined and the kind of evaluation technique is decided.

5.5 Activity Format

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

Program Directors may choose from the list included:

• Live course/lecture
• Teleconference
• Internet CME
• Case discussions
• Demonstration of procedures/simulation/skills lab
• Other (Program Directors are encouraged to be innovative and creative in the delivery format)

Learners must evaluate the educational format and learning environment. That feedback will be used to plan future meetings.
5.6 Types of Activities

Inova OCME offers a variety of educational activities to its physician population. The OCME will adhere to the Medical Society of Virginia essential areas when planning activities. As the accredited provider, Inova will document that each sponsored activity is planned and implemented in compliance with the essentials areas and policies of the MSV.

- Live Activities Planned by the OCME
  - 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 the Inova system must be submitted to the Department Chair for approval.
  - After the application is approved, the Programs Manager and Senior Meeting Planner will have an initial planning meeting with all the parties involved.
    - This meeting is to discuss expectations and ideas using the Plan Do Study Act model
  - The Senior Meeting planner will work closely with the Program Director and Co-Director to ensure the planning and execution of the event is seamless

- Live Activities Accredited by the OCME
  - Applications for these programs must be treated in the same manner as those being planned by OCME
Budget and logistics should be reported to the CME office once a month, or more often depending on the time constraint, during the planning period to ensure compliance with accrediting bodies.

The Senior Meeting Planner assigned to the Activity will notify the appropriate parties of all CME required documents that must be approved by OCME.

The Senior Meeting Planner will inform the appropriate parties of the due date of all the required materials after the program is complete.

- Regularly Scheduled Series
  
  The ACCME/MSV defines a regularly scheduled series (RSS) as a course that is 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. ACCME/MSV-accredited providers that offer regularly scheduled series must describe and verify that they have a system in place monitor these activities’ compliance with ACCME/MSV accreditation requirements. The monitoring system must:

  ➢ Be based on real performance data and information derived from the RSS’s that describes compliance (in support of Accreditation Criteria 2-11), and
  ➢ Result in improvements when called for by this compliance data (in support of ACCME Criteria 12-15), and
  ➢ Ensure that appropriate ACCME/MSV Letters of Agreement are in place whenever funds are contributed in support of CME (in
support of the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities).

- Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The ACCME limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.

- Enduring Materials
  - 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 presentation, podcast.
  - Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information 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).

- For CME activities including those in which the learner participates electronically (e.g., via Internet, satellite broadcasts), all required ACCME information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME’s policies regarding disclosure in the Standards for Commercial Support).

- Providers who produce enduring materials must review each enduring material at least once every year or more frequently if indicated by new scientific developments. Providers can review and re-release an enduring material every year. The review date must be included on the enduring material, along with the original release date and a termination date.

- Quality-driven Initiatives and Activities

- Joint Providership Activities:
Inova CME must maintain a significant involvement, and **FULL** responsibility for each CME activity it approves for CME credit, whether provided jointly or not.

  - A commercial interest cannot take the role of a non-accredited provider in a joint provider relationship.
  - Joint providership activities must be consistent with Inova CME’s mission statement.
o Inova CME must review and approve all materials associated with the activity prior to their release; once these materials have been reviewed and approved no other changes may be made without approval of Inova CME.

o The responsibilities and role of the joint provider will be clearly delineated in a letter of agreement between the joint provider and Inova CME. Inova CME has the right to withdraw from any activity if the joint provider fails to meet its obligations as described in the letter of agreement or fails to comply with Inova CME policies and procedures.

o The joint provider shall submit a projected budget for each CME activity to Inova CME for review and approval. Inova CME will review the projected budget to ensure that adequate resources have been devoted to the development of an activity consistent with meeting the activity’s objectives. Inova will withdraw from an activity if resources are inadequate for the development of a high quality educational product or activity.

o At Inova CME’s discretion and with written authorization, the joint provider may solicit funds under the direction of Inova CME but may not make any representations or commitments to commercial supporters as to educational content, choice of speakers, learning objectives, marketing, and/or evaluation.

o All potential joint providership relationships will be examined on their individual merits. Although all CME activities jointly provided with Inova CME must comply with this policy, Inova CME reserves the right to refuse to enter into a joint providership agreement for any reason.
whatsoever, regardless of that organization’s willingness to comply with this policy

- Inova CME will charge fees for joint providership. These fees and the terms for its payment will be delineated in the aforementioned letter of agreement between Inova CME and the joint provider.

- Inova CME must be involved before any major planning occurs with the project (i.e., speakers invited, content developed, etc.). If a proposal has already been submitted for funding prior to contacting Inova CME, Inova CME will not certify the project. If changes are made to a proposal (including budget) after Inova CME has given approval, the proposal must be resubmitted to Inova CME for review and approval.

- All joint providers must follow the joint sponsor checklist. If the joint sponsor fails to submit the necessary items to Inova CME, credit will not be granted for the event.

- Written agreements for commercial support (LOA) must be between the accredited provider and commercial supporter. This means that the 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.

- Letters of Agreement for commercial support 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 days prior to the activity taking place.
- All printed materials for joint providership activities must carry the appropriate accreditation statement. It should read as follows:

“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’s Office of Continuing Medical Education and (name of non-accredited provider). The Inova 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 educational 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.

5.7 CME Application
Inova uses the Plan Do Study Act model in its planning process. It links educational needs with the intended result and methods used for evaluation in its provision of all Category 1 CME activities.

The appropriate application for Category 1 credit CME must be completed. Four application formats exist:

- **Application for AMA PR Category 1 Credit Regularly Scheduled Series**
  - A series of regularly scheduled CME activities
  - Sponsored by an Inova department
  - Must be submitted for initial approval with, at a minimum, biannual renewal

- **Application for AMA PR Category 1 Credit for a Live CME Activity (OCME-Sponsored, Joint Providership, Co-Sponsored, an Accreditation-Needed Only)**
  - A one-time CME activity
  - A single activity repeated annually, biannually, etc. or just a single time
  - OCME-Sponsored and Joint Providership/Co-Sponsored activities are sponsored by Inova OCME; Accreditation-Needed Only activities are not planned by the OCME, but the OCME accredits these activities only.

- **Application for AMA PR Category 1 Credit for an Enduring Materials Activity**
  - 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. The participant determines where and when to complete the activity.
  - Examples: online interactive educational module, recorded presentation, podcast.
Application for AMA PR Category 1 Credit for a Performance Improvement/Quality Improvement Activity

PI CME, which is a three-step process, begins with an assessment of each physician’s current practice using identified evidence-based performance measures. Feedback to physicians compares their performance to national benchmarks and to the performance of peers. The second stage of PI CME involves the implementation of an intervention based on the performance measures assessed in the practice. The third stage involves reevaluation of performance in practice, including reflection and summarization of outcome changes resulting from the PI CME activity. Physicians completing all three components may claim a total of up to 20 credits in this nationally standardized format.

A full description of the intervention must be attached to the application for the CME Director.

ICMES

ICMES is Inova OCME’s online data management application.

CME applications for RSS/all other activities can be found and completed in ICMES.

CME Application Approval Process:

Activity Director and Co-Director submit an application via ICMES including supporting documentation

- If the supporting documentation is not sufficient the application will be routed back to the Activity Director and Co-Director so changes may be made
The OCME reviews application for completion and compliance
Following approval by OCME, the application is routed within ICMES to
the sponsoring Department Chair or Service Line leadership for approval
Following approval by the Department Chair/Service line leadership, the
application is routed within ICMES to the OCME Medical Director
Following approval by the Medical Director, the planner is notified and
planning and promotion can commence
Activity Directors and Co-Directors are advised that this process should
be started at least six months in advance.

Timeframe
Activity Directors and Co-Directors must submit applications for desired activities at least
six months in advance to ensure adequate time to plan, promote, fundraise, and recruit
attendees.

Grievance Process for Denial of an Activity
Each CME requester must have a process for refuting a ruling by the CME Advisory
Committee. The CME requester is encouraged to seek resolution of grievance relating to
his activity. "Grievance" means any difference between the CME requester and the
OCME with respect to his/her CME application for approval.

The procedure is as follows:
Direct discussion with the Director of OCME. If this does not resolve the issue, it should
be deferred to the CMO of Inova.