KANSAS MEDICAL SOCIETY
CONTINUING MEDICAL EDUCATION

Policies

Definitions

1. The Definition of Continuing Medical Education (82-B-3)
(Amended 11/99)

Continuing medical education 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 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.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician’s non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, are not CME.

2. Definition of a Program of CME (94-A-21)

Accreditation is granted on the basis of the provider’s demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements and Policies. The provider’s overall program may include occasional CME activities that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider’s overall CME program as long as the Provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas, Elements and Policies.
Eligibility

3. An organization is not eligible to apply for accreditation if, in the judgment of the KMS, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy. (81-C-5)

Commercial Support Policies

4. A commercial supporter is defined as an entity providing funds or resources to a continuing education provider. (96-B-7) (Rescinded by 2004-C-01; Replaced by 2004-C-02)

5. Commercial exhibits are promotional activities, and as such, accredited providers are not obligated to fulfill all the requirements of the Standards of Commercial Support with respect to these promotional activities, but are obligated to use sound fiscal and business practices with respect to these exhibits. (97-A-16) (Rescinded by 2004-C-01; Replaced by 2004-C-03)

6. Funds from governmental entities are not considered commercial support (97-B-17) (Rescinded by 2004-C-01; incorporated into SCS 1.1 and definition of commercial support)

7. The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds. (99-A-14) (Rescinded by 2004-C-01; Replaced by SCS 3.4, 3.5 & 3.13)

“Educational partner” in 99-A-14 refers to a joint sponsor. Commercial supporters are not acceptable as joint sponsors.

8. If faculty members are “bona fide” faculty, in that they are listed on the agenda as facilitating or conducting a presentation/session, but they participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid as allowed by the Standards for Commercial Support. (99-C-21) (Rescinded by 2004-C-1; Replaced by SCS 3.10)

9. The acknowledgement of commercial support may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature. (2004-C-04)

10. Commercial support is financial, in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. (2004-C-05)
11. Commercial exhibits and advertisements are promotional activities and not continuing medical education.
   • Monies paid by commercial interests to providers for this promotional opportunity are not considered to be ‘commercial support’ of CME.
   • Accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to the exhibits. (2004-C-06)

12. Providers must be able to supply KMS with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:
   • A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: (a) that verbal disclosure did occur; and (b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2); and
   • The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity. (2004-C-07)

13. KMS staff, with their understanding of the intent of KMS and the spirit of the Updated Standards for Commercial Support (2004), is asked to act for KMS in matters requiring clarification and interpretation during the implementation process for the Updated Standards. (2004-C-08)

**Disclosure Policies**

14. Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in all situations, whether or not there is commercial support for the CME activity. (93-C-3) (Rescinded by 2004-C-01; replaced by SCS 2.1 and SCS 6.1-6.5)

15. For all CME activities, providers must disclose to participants prior to educational activities the existence of any significant financial or other relationship a faculty member or the provider has with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in an educational presentation. (94-C-5) (Rescinded by 2004-C-01; replaced by SCS 2)

15a. CME providers are required to disclose the following information to learners in order to fulfill faculty disclosure requirements:
   1. Faculty member’s name
   2. Name of the commercial supporter or entity with which the faculty member has the relationship or affiliation; and
   3. Type(s) of relationships
(2000-B-14) (Rescinded by 2004-C-01; replaced by SCS 2.1 and 6.1)
Information that a faculty member has no significant financial relationships to disclose must be provided to the learner. (99-A-16) (Rescinded by 2004-C-01; replaced by SCS 6.2)

Information that a faculty member has refused to disclose if there are any significant financial relationships must be provided to the learner. (99-A-17) (Rescinded by 2004-C-01; replaced by SCS 2.1)

Element SCS3c reads in part “the accredited provider shall require the speaker to disclose that the product is not labeled for the use under discussion.” Compliance is documentation that demonstrates the provider has a practice in place to make this requirement known to the faculty. (99-C-7) (Rescinded by 2004-C-01; replaced by 1982-B-03 and 2002-B-09)

 Providers must be able to supply KMS with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:
  a. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: a) that verbal disclosure did occur; and b) itemize the content of the disclosed information (00-B-14) (Rescinded by 2004-C-01; replaced by SCS 2.1 and 6.1); or that there was nothing to disclose (99-A-16) (Rescinded by 2004-C-01; replaced by SCS 2.1); or that the faculty member had refused to disclose (99-A-17) (Rescinded by 2004-C-01; replaced by SCS 6.2).
  b. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity. (03-B-12) (Rescinded by 2004-C-01; replaced by 2004-C-04)

Providers must be able to supply KMS with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:
  • A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: (a) that verbal disclosure did occur; and (b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2); and
  • The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity. (2004-C-07)

**Accreditation Statement Policies**

The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included. (99-B-17)
22. **KMS Accreditation Statement**
   The following statement should appear on all program materials and brochures distributed by accredited organizations:

   *For directly sponsored activities:*

   *The (name of organization) is accredited by the Kansas Medical Society to provide continuing medical education for physicians.*

   *For joint sponsored activities:*

   *This activity has been planned and implemented in accordance with the Essential Areas and policies of the Kansas Medical Society through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the KMS to providing continuing medical education for physicians.*

23. **AMA/PRA Designation Statement for Category 1**

   The AMA/Physician’s Recognition Award requires the following statement to identify hours of Category 1 credits for appropriate CME Activities or Educational Materials:

   *The (name of accredited provider) designates this educational activity for a maximum of [number of credits] AMA PRA Category 1 Credit(s)™. Physicians should claim credit commensurate with the extent of their participation in the activity.*

24. **Advertising Policies**

   The “activity” in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.
Educational content must be within the definition of continuing medical education.

The activity in a journal-base CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials. (98-B-10)

25. Promotional materials for CME activities that are not directly related to the transfer of education to the learner may include advertising. Such promotional materials must contain information about multiple non-CME elements of the event such as schedules and course descriptions. Education materials that are part of the accredited activity such as slides and handouts cannot have any advertising. (99-B-18)

**Documentation Policies**

26. An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. (98-B-8)

26a. An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer. (96-A-05)

26b. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity. (03-B-12)

**Joint Sponsorship Policies**

27. Definition: Activity planning and presentation in partnership with non-accredited providers.

**Intent:** The accredited provider shall accept responsibility that the KMS accreditation policies and procedures are met and that it participates integrally in the planning and implementation of educational activities planned and presented in joint sponsorship with non-accredited providers.

1. The accredited provider must be able to provide to the KMS written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the KMS
accreditation policies and procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.

2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

3. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement. (96-C-07)

4. Accredited providers may not joint sponsor with a commercial group or commercial supporter. (98-B-09)

28. Initial applicants, during their period of provisional accreditation, may not act as joint sponsors of continuing medical education activities with non-accredited entities. (96-B-04)

29. A provider, while on probation, may not act as a joint sponsor of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation. (98-B-09)

**Enduring Materials Policies**

30. The Standards for Commercial Support and the Standards for Enduring Materials do not prohibit distribution of certified enduring materials by commercial representatives directly to physicians. However, the accredited provider must maintain its responsibility for the quality, content and use of the enduring material in compliance with the Essential Areas, Elements and Policies. (94-A-09) (Rescinded by 2004-C-01; replaced by SCS 4.5)

31. Commercial Acknowledgment in Enduring Materials:
   1. Product specific advertising of any type is prohibited in enduring materials.
   2. Commercial support must be acknowledged in order to comply with the Standards for Commercial Support and references to a company or institution are allowed.
   3. This acknowledgment must be placed only at the beginning of the enduring material.
   4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
   5. No specific products may be referenced, even if they are not related to the topic of the enduring material. (95-B-02) (Rescinded by 2004-C-01; replaced by SCS 4.2, SCS 6.3-6.5, and 2004-C-05)
32. In addition to all applicable KMS requirements, providers of enduring materials must communicate the following information to participants so that they are aware of this information 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). (98-B-07) (amended 3/2002)

33. Accredited providers are required to review their enduring materials at least once every three (3) years, or more frequently if indicated by new scientific developments. (02-A-03)

**Internet**

34. a. CME activities delivered via the Internet are expected to be in compliance with KMS Essential Areas, Elements, and Policies.

   b. There shall be no CME activities of a KMS accredited provider on a pharmaceutical or device manufacturers’ product website.

   c. With clear notification that the learner is leaving the educational website, links from the website of a KMS accredited provider to pharmaceutical and device manufacturers’ product websites are permitted before and after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

   d. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.

   e. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

   f. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

   g. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
h. The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet. (02-A-11)

**Compliance with AMA Ethical Guidelines**

Continuing medical education providers accredited by the Kansas Medical Society are expected to operate their programs in compliance with AMA opinion 8.061 (Gifts to Physicians from Industry) and opinion 9.011 (Ethical Issues in CME). Enforcement of those guidelines is carried out by the American Medical Association, not the Kansas Medical Society (non-compliance can result in the AMA’s action to withdraw a provider’s ability to award Category 1 credit).

AMA opinion 8.061 and opinion 9.011 are attached.