



Course Director's CME Content Validation and Identification of COI Form

A) ACCME's Definition of CME:

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.

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 or appreciation of literature or music, are not CME.

According to the ACCME, the following content validity statements must apply to all CME clinical activities:

- 1) All recommendations involving clinical medicine in a CME activity [are] based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients;
- 2) All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation needs to conform to the generally accepted standards of experimental design, data collection and analysis. Activities that promote recommendations, treatment or manners of practicing medicine, not within the definition of CME, or [are] known to have risks or dangers that outweigh the benefits, or [are] known to be ineffective in the treatment of patients **do not** constitute valid CME.

The following ACCME *Standard for Commercial Support (SCS 5): Content and Format without Commercial Bias* provides additional direction on content validity:

Standard 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Standard 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

B) ACCME's Standards for Commercial Support (SCS 2.1 - 2.3)

Standard 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Chicago Medical Society’s Course Director’s CME Content Validation and Identification of COI Form (continued).

Standard 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Standard 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

The ACCME considers *financial relationships* to create actual conflicts of interest (COI) in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

Consequently, the Chicago Medical Society requires that all faculty members submit their clinical content **directly to their course directors** for their reference and review of CME content validity and the identification of potential COI. All course directors need to review their faculty members’ content, prior to the activity, and sign this document verifying with the CMS office that their content has been reviewed and validated. This important procedure is the mechanism that the Chicago Medical Society has established to comply with the ACCME’s guidelines on clinical content validation and to allow for the identification and management of COI.

Failure to comply with these requirements will adversely affect the accreditation status of the Chicago Medical Society. Examples of CME activities that are in noncompliance are those that promulgate recommendations, treatments or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective. An example of potential COI might include faculty members that are members of the speakers’ bureau for the same commercial organization that happens to be providing commercial support for this activity.

Course Director’s Name (please print): _____

Organization: _____

Activity Title: _____

I verify that all of my faculty members’ clinical content has been reviewed and validated.

Identification of any COI (check one):

- a. I have identified some potential conflicts of interest
- b. I **have not** identified any potential conflicts of interest

Signature: _____

Date: _____