



ISMS—CME Activity Planning Form (10/1/2021)

Course Number: *(office use only)*

Instructions:

- This Planning Form and all necessary documentation must be submitted to the ISMS Division of Education and Accreditation **A MINIMUM OF SIX WEEKS** before any publicity materials are completed.
- In this document, you will provide the information requested in concise narrative explanations and statements.
- Include all documentation and attachments. Proposals must be complete before they will be considered for designation for *AMA PRA Category 1 credit*™.

Title:

- Activity Type: Live event only (e.g., seminar, live webinar)
 Live event that will also be recorded for later delivery as an on-demand activity (2 activities)
 Recorded as an on-demand activity only (enduring material)
 Other

Providership: Direct (ISMS):
Joint Providership:

Activity Date or Go Live date:

Location(s), if applicable:

Amount of CME Credit:

Planner Name(s):

Faculty Name(s):

Is this CME activity designed for ABIM MOC, or as a MIPS, or a REMS activity? If so, please check the appropriate box below.

ABIM MOC CME activity: Yes No

Note: If applying for Maintenance of Certification (MOC), additional evaluation information may be required.

Merit Based Incentive Payment System (MIPS): Yes No

Food and Drug Administration (FDA) Risk Evaluation & Mitigation Strategy (REMS): Yes No

Note: Please contact Education staff if you answered yes to the ABIM MOC or REMS CME activity question. There is an additional form to complete.

Identification of Content Area:

Please mark the following that describes the specific content area for this CME Activity:

- [] Child Abuse & Neglect [] Clinical Topics [] COVID-19 [] Documentation/Coding/Billing [] Equity and Inclusion
[] Ethical Topics [] Evolving Technology [] Graduate Medical Education [] Health Advocacy Information
[] Implicit Bias [] Licensing Requirements [] Medicare/Medicaid [] Medico-Legal [] Physician Health & Wellness
[] Public Health Issues [] Prescribing [] Running Your Practice [] Regulatory Guidance [] Skills Development
[] Socio-Economic [] Telemedicine/Telehealth [] Other

Educational Planning and Evaluation (formerly Criterion 2, 3, 5, 6 and 11)

Educational Needs (formerly Criterion 2): The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

State the professional practice gap(s) of your learners on which the activity was based (be specific in your description for this CME activity).

Check the educational need(s) that apply:

Knowledge:

Competence:

Performance:

State the educational need(s) that you determined to be the cause of the professional practice gap(s) for this CME activity:

Describe, list or attach the source(s) used to identify the needs and gaps. Attachments may be provided as paper copies or by listing the web links to this information below.

Designed to Change (formerly Criterion 3): The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

Describe how your activities are designed to change the competence, performance or patient outcomes of your learners.

State the Behavioral Learning Objectives for the activity that will address the identified needs, gaps and expected outcomes.

At the conclusion of this educational activity, participants will be able to:

- 1.
- 2.
- 3.
- 4.

Appropriate Formats (formerly Criterion 5): The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

Explain why the educational format is appropriate for this activity?

Indicate the method(s) used to evaluate and determine changes in competence, performance or patient outcomes:

- ISMS CME Evaluation Form (required)
- Quiz or Post-test (**attach a copy with this planning proposal**)
- Case Studies
- Other (describe and attach sample):

Competencies (formerly Criterion 6): The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

RESPONSE REQUIRED: Select the desirable physician attribute(s) this activity addresses. The list below includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization.

Patient Care and Procedural Skills: (Check all that apply)

- Medical Knowledge
- Quality Improvement
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Utilize Informatics
- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Please list other competencies, if applicable:

STANDARDS FOR INTEGRITY & INDEPENDENCE IN CONTINUING EDUCATION

(Formerly Standards for Commercial Support) [\(See Appendix A\)](#)

STANDARD 1: ENSURE CONTENT IS VALID (Formerly Policy on CME Clinical Content Validation, Criterion 7 (SCS 1, 2 and 6), 8, 9, and 10 SCS 5.2)

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

Yes [] No []

STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

(Formerly Criterion 7 (SCS 1) and Criterion 10 (SCS 5.1))

For this CME activity, will you be Requesting Commercial Support? Yes No (Check box)

If yes, provide details (amount, from whom, for what):

RESPONSE REQUIRED: Did employees or owners of ACCME-defined commercial interests control CME content for this activity (e.g., participate as planners, reviewers, faculty, authors, and/or others who control educational content)?

Yes No (Check box)

RESPONSE REQUIRED: If Yes (check box below), and describe how their participation met one of the three specific circumstances permitted by the ACCME and how you ensured the independence of the CME Activity.

1. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
2. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
3. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

RESPONSE REQUIRED: Did an ACCME-defined commercial interest take the role of non-accredited partner in a joint provider relationship in the activity? Yes No (Check box)

RESPONSE REQUIRED (if yes): Describe the circumstances in which the commercial interest took the role of a non-accredited partner in the activity. (Narrative Text Box)

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS
(Standard 3 applies to all accredited continuing education) (Formerly SCS 2, 2.1, 2.2 and 2.3)

RESPONSE REQUIRED: Attach a single completed example of the form(s), tool(s), or mechanism(s) used to identify relevant financial relationships of all individuals in control of content. If you use different form(s), tool(s), or mechanism(s) within your process, Share a single copy example of each version used. Do not submit more than a single completed example of each form used. **Please complete and submit the “Identification of Relevant Financial Relationships” form.**

RESPONSE REQUIRED: Attach a completed document as a Word file in the field below.
Please complete and submit the “List of Control of Content” form.

In the table, provide the information indicated in each of the five columns as follows. For everyone in control of content, list 1) the name of the individual, 2) the individual’s role(s) (e.g., planner, reviewer, faculty, author, and/or other roles in control of educational content) in the activity, 3) the name of the ACCME-defined commercial interest(s) with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship(s), 4) the nature of the relationship(s), and 5) the mechanism(s) implemented to resolve all conflicts of interest appropriate to the role(s) of the individuals in the activity.

RESPONSE REQUIRED: Share the information for disclosure of the presence or absence of relevant financial relationships for all individuals in control of CME content, as presented to learners. Use one row for each document you Share. Add rows as needed. **Please attach a copy of the promotional piece or presentation slide.**

RESPONSE REQUIRED: IF THIS ACTIVITY WAS COMMERCIALY SUPPORTED:
 Share the commercial support disclosure information as presented to learners (C7 SCS 6.3-6.5). Use one row for each document you Share. **Please attach a copy of the promotional piece or presentation slide.**

STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY – Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies) (Formerly SCS 3 and Criterion 8, 9 and 10)

The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

RESPONSE REQUIRED: Did this activity receive commercial support? **Yes** **No** (Check box)

If the activity was **COMMERCIALY SUPPORTED**:

RESPONSE REQUIRED: Complete the table below. List the name(s) of the commercial supporter(s) of this activity and the \$ value of any monetary commercial support and/or indicate non-monetary (in-kind) support (C8 SCS 3.4-3.6). Use one row for each supporter.

Name of Commercial Supporter	Type of Support	Amount of Monetary Support, if any
NAME	(Check Box) Monetary (Check Box) Non-Monetary (In-Kind)	\$ _____

STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION –

NOTE: Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Response here: Only if applicable.

ISMS Policies:

Cultural Competency:

Has the cultural competence of the target audience been considered? **Yes** **No**

Has a gap been identified in the cultural competence of the target audience? **Yes** **No**

If a gap in cultural competence was identified, how will it be addressed by this activity?

CME Activity Planning Check-Off List:

At the time of submission, please attach to this form:

- Completed Identification of Relevant Financial Relationship Forms for all planners and, if available, speakers, authors and content reviewers.
- Hard copies of sources used to identify needs and gaps, if web links were not provided.
- Copies of correspondence between the planner(s) and faculty showing discussion of objectives, as applicable.
- Draft of publicity materials AND activity agenda.
- Copy of your quiz or post-test, if applicable
- Signed Joint Providership Agreement (completed annually), if applicable.
- Completed appropriate Appendix for MOC, if applicable.
- Completed Peer Review Forms for MOC, if applicable.
- Completed REMS forms, if applicable.

Prior to the activity, the following must be submitted or discussed with the CME Department:

- Identification of Relevant Financial Relationship Forms (not previously submitted) for speakers, authors and content reviewers.
- Completed List of Control of Content for planners, speakers, authors or content reviewers.
- Documentation of resolution of conflict of interest, if applicable.
- Documentation showing how disclosure of financial relationships will be communicated to attendees, if applicable.
- Documentation showing how disclosure of commercial support will be communicated to attendees, if applicable.
- Signed Letters of Agreement, if commercial support is sought.
- Completed list of Commercial Supporters with amounts, if applicable.
- CME Credit Request Form (live activities only).
- CME Evaluation Form or other evaluation tool, if applicable.
- Correspondence with exhibitors, if applicable.
- Signed Presentation Permission Forms for copyright and videotaping purposes, if applicable.
- For Internet Enduring activities, CME office must be contacted prior to Go Live date to confirm CME information is correct.

Following the activity, the following must be submitted to the CME Department:

- Final publicity materials.
- Copies of handouts provided to participants, if any.
- Participant Evaluation Forms or evaluation summary **(within 30 days)**
- All CME Credit Request Forms collected **(live activities only)**.
- Documentation of any honoraria and/or expenses paid.
- Completed ISMS CME Activity Evaluation Summary Worksheet, if requested by ISMS staff.
- Attendance numbers, including breakdown of physician vs. non-physician attendees.
(Live activities within 30 days; enduring materials by January 15th of the following year)
- Copy of final presentations/content **(within 30 days)**
- Budget reconciliation, if you had exhibits or received commercial support for this CME activity **(within 60 days)**
- Participant data via Excel spreadsheet, if MOC activity (includes ABIM, ABA, or ABP ID, name, date of birth, and activity completion date).

For Office Use Only

Date received: _____ Decision: _____ Approved _____ Not Approved

Number of credits: _____

If enduring material, time period: _____

Signature, Chair, Committee on CME Activities

Date