



Handbook *for* COORDINATING *a CME Event*



DEVELOPED BY THE
Continuing Medical Education
Nucleus Committee *of the*
British Columbia Medical Association

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A hyperlinked PDF version of this document is available
on the BCMA website at www.bcma.org



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NOTE

The PDF version of this handbook contains navigational aids to help you quickly find the information you need. When you click on the **SEE** icon, you will hyperlink to another page in the handbook. Website addresses are hyperlinked as well.

The interactive PDF version of this document is available on the BCMA website at **www.bcma.org**.



Aim for Excellence

“Medical Education at this time is an experiment and there are no rigid rules which apply to approaches to self-education in medicine. One must then experiment, change, talk, listen, innovate and enjoy it. In small hospitals, because of the mix of the Medical Staff, one should provide a wide and varied menu so there is “something for everybody”.

Aim for excellence in Medical Education in your institution.

Asked which of his works he would select as his masterpiece, architect Frank Lloyd Wright at the age of 83, replied, “My next one.”

May the next educational event you feature be your masterpiece.”

C. M. Couves, MD, FRCSC. Editor.
A Practical Guide for Organizing Continuing Medical Events in Community Hospitals.
February 1990
Kelowna, BC



INTRODUCTION This handbook is intended for CME coordinators as a practical, concise guide on the skill and art of planning group activities for large and small numbers of participants. It takes time and hard work to plan a CME event of high quality. Attention to many small details can greatly enhance the success of your event and is well worth the time and effort.

This handbook is the third edition of a project began in 2002 by the CME Nucleus Committee of the BCMA. Since that time the handbook has expanded and its value has been underscored by its increasing popularity. The CME Nucleus Committee hopes that this handbook will simplify what can often be a very complex process.

Throughout this handbook **TIPS** are provided and references are made to supporting documents and templates which begin on page 13. Various components of the handbook, such as planning timetables and forms are also available for individual downloading in the members' area of the BCMA website.

SEE pages 10 and 12 for BCMA website information

AIMS OF CME – REASONS FOR LEARNING The ultimate aims of continuing medical education should be to improve patient care either directly or indirectly. Just as we all have special ways of learning, we also have, for ourselves, different objectives. One can generalize and say the aims are:

- ▶ To increase our medical knowledge so that we can, with assurance and confidence, provide better medical care for our patients
- ▶ To respond to our own needs which are special and which are apparent as we practice our art
- ▶ To give us greater confidence that our knowledge base is sound, up to date and relevant
- ▶ To allow us to respond to the medical needs of our community and society in general
- ▶ To improve our skills
- ▶ To make us complete physicians and human beings

Adapted from C. M. Couves, MD, FRCSC. Editor. *A Practical Guide for Organizing Continuing Medical Events in Community Hospitals*. February 1990.

IDENTIFYING NEEDS Methods Used to Determine a Topic

The most effective CME activities are those that respond to participants' needs. There are different methods for performing a needs assessment. It is preferable to use more than one needs assessment method in order to obtain both objective and subjective data. Some of these methods for collecting needs data are:

- ▶ Needs assessment surveys (written questionnaire distributed to your target audience). Useful data often come from responses to open-ended, simply phrased questions such as:
 1. *What topics draw you to a course?*
 2. *What new skills/procedures/techniques would you benefit from learning or reviewing?*
 3. *What subjects could be featured that would improve patient care in your practice?*
 4. *What subjects could we cover that would improve your confidence in practice and make the practice of medicine more enjoyable for you?*
 5. *What areas could we feature which would "fill in the gaps" of your medical knowledge?*
 6. *Would the medical information available from non-physician health professionals (e.g., pharmacy, nursing, psychology..etc.) be useful to you and do you want to incorporate these disciplines into your planning of CME?*

TIP To increase the rate of return of surveys, use a one page fax back form and, in addition to the survey questions, include: your name, fax #, and set a return date. All the respondent has to do is complete the form and fax it back. If the return sample is too small, send out the survey a second, or even third time.

TIP Send out a survey at least twice a year – one six weeks before the formal academic session begins in September and one in early January.

- ▶ Curb side opinions – found to be extremely important for collecting feedback from peers and other health professionals
- ▶ Compilation of responses to self-assessment knowledge questionnaires

- ▶ Evaluation results from previous activities. Include a question on what future CME topics participants would like covered. **SEE** [page 19 for evaluation form](#)
- ▶ Review and analysis of patient records in your hospital or practice
- ▶ Issues identified or discussed at your local standards and/or quality assurance meetings
- ▶ Checking the titles and programs of CME departments in BC and elsewhere in Canada and the US as well as:
 - The **BC College of Family Physicians** has an extensive calendar of accredited events at: www.bccfp.bc.ca/AccreditedCME.htm
 - The **College of Family Physicians of Canada** has extensive calendars of current and past MAINPRO-M1 and MAINPRO-C events, as well as Life Support programs: www.cfpc.ca/English/cfpc/cme/mainpro/maintenance%20of%20proficiency/calendar%20of%20events/default.asp?s=1
 - **UBC Division of Continuing Professional Development and Knowledge Translation** (CPD-KT) has a calendar of events of educational activities including teleconferences and videoconferences at: www.cpdkt.ubc.ca/Events.htm
 - The **Vancouver Island Health Authority** website has an extensive and searchable calendar displaying four types of events on the Island: General Rounds, QI Rounds, Journal Clubs and Meetings at: <http://cme.viha.ca/events>
 - The **BCMA website** has an online CME calendar of events. You will need to log into the members' area to access the calendar located under the CME menu at: www.bcma.ca/members/cme/calendar_of_events.htm

Time, staffing and budget all reflect on our ability to conduct needs assessment. Access to a library and having internet search capability will enhance your ability to gather data.

TIP Make periodic "lounge or educational rounds" with your physician membership. Ask them "What's out there that's important to you? What's your highest learning priority? How do you want to learn about it?"

SPEAKERS Following is a list of possible speakers:

- ▶ Local GPs or Specialists
- ▶ Speakers seen at other conferences – invite them to your community
- ▶ Specialists from larger areas could go to smaller towns
- ▶ Speakers heard about down the pipeline from the BCMA CME Email Lists **SEE** [page 10 for subscription details](#)
- ▶ Physician Health Program of BC representative <http://physicianhealth.com>
- ▶ CMPA (Canadian Medical Protective Association) representative www.cmpa-acpm.ca
- ▶ Legal and/or other health professionals (e.g., respiratory technologist talks about a new inhaler)
- ▶ Road shows from the College of Family Physicians of Canada (e.g., bulimia, HIV programs, Pain management, Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) workshops, Therapeutics Initiative Road Show) www.cfpc.ca
- ▶ Speakers listed in the "CME Community Reports", a compilation of CME activities organized by CME coordinators throughout BC. This document is provided at the BCMA's Annual CME Conference to which all CME coordinators in BC are invited.
- ▶ Librarian, Medical Library Services, College of Physicians and Surgeons of BC www.cpsbc.ca
- ▶ Public health officers (e.g., vaccination, water quality)

"Even if you're on the right track, you'll get run over if you just sit there."

~Will Rogers

Introducing Your Speakers Speaker introductions are usually brief and include a few highlights from the speaker's curriculum vitae in addition to some points of relevance to the subject of the presentation.

TIPS Not sure how to introduce your speaker? Make your job easier by asking the speaker(s) how they would like to be introduced. Obtain speaker(s) CV, audiovisual and any other special requirements well before your meeting date.

MAXIMIZING THE PRESENTATION & TARGET AUDIENCE

Attendees to your conferences/rounds are very appreciative if they feel the presenter has made an effort to focus the session on the local needs of the audience. You can assist in this regard when communicating with the speaker beforehand. Highlight some of the local issues or questions people would like answered and ask the speaker to include these in the presentation.

Tip The topic will determine the target audience. Events can be open to non-physicians such as ambulance and nursing staff e.g., if the topic is a psychiatric issue, ensure that nursing staff are invited.

WRITING LEARNING OBJECTIVES

Every meeting or rounds presentation is required to have clear learning objectives for attendees. As you plan your activity, keep in mind specific outcome(s) for the audience and try to state these outcomes using terms that describe what you would like the learners to be able to do after attending your meeting or presentation. Limiting yourself to two objectives is fine.

Learning objectives can cover any of the following areas (domains):

- ▶ Cognitive - Knowledge about a subject
- ▶ Psychomotor - Performance of an observable skill
- ▶ Affective - Attitude or philosophy

Phrasing Criteria

If your objective is clearly stated, it should meet the following four phrasing criteria:

- ▶ Describe an action or an observable behaviour
- ▶ Be expressed in terms the learner can understand
- ▶ Be specific and subject to single interpretation
- ▶ Be measurable, stating the specific standards of performance for achievement

NOTE It may not be possible to give conditions and accuracy for some cognitive and affective learning objectives.

"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires."

~William Arthur Ward

Clearly Stated Learning Objectives

Most learning objectives are introduced by stating "Upon completion of this (lecture, workshop, session), the participants will be able to.....". Be sure to use specific action verbs in these statements – verbs such as "list", "identify", "assess", and "describe". If you follow this simple format and keep the list of verbs on the next page by your side, it is almost impossible to write a bad set of objectives. **When writing learning objectives, focus on the learner!** Examples of clearly phrased learning objectives, some common mistakes, and an extensive list of objective and descriptive verbs follow.

Cognitive Learning Objective

After attending this program on dementia, the participant will be able to:

- List three diagnostic criteria
- Describe the assessment protocol
- Construct an initial patient specific management plan
- Name three community resources for families

Psychomotor Learning Objective

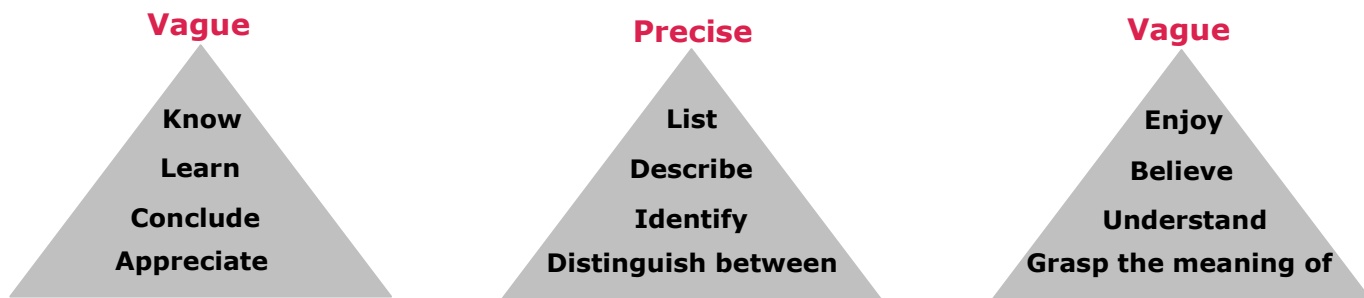
At the conclusion of the rounds on fine needle aspiration, the participant demonstrating proper FNA technique, will be able to obtain a tissue core from the animal specimen provided for practice.

Affective Learning Objective

At the end of the presentation entitled "Breaking Bad News", the participant will be able to:

- Conduct an interview with a patient and assess the amount of information a patient wants to know about the diagnosis of a terminal illness
- Judge when not to speak
- Be comfortable with silence in the patient encounter

Common Mistakes It is important to use precise verbs to describe the behaviour you want the learner to achieve. Verbs such as “know” and “understand” can have a myriad of meanings and it can be difficult to evaluate whether a learner “understands” a concept. However, a learning objective that states that a physician “will be able to cite the risk factors for breast cancer” can be evaluated by both the CME Committee and the participants as to whether it has been achieved. Note the differences between the following vague and precise verbs:



Objective & Descriptive Verbs

To Communicate Knowledge

cite	identify	measure	recall	reproduce
define	indicate	memorize	recognize	select
describe	list	name	relate	state

To Communicate Comprehension

associate	describe	explain	illustrate	justify
classify	differentiate	extrapolate	indicate	name
compare	discuss	formulate	infer	predict
contrast	distinguish	identify	interpret	select

To Communicate Application

apply	construct	find	perform	show
assess	demonstrate	illustrate	practice	use
choose	examine	interpret	predict	utilize
classify	explain	operate	select	

To Communicate Analysis

analyze	conclude	distinguish	justify	select
appraise	contrast	examine	question	separate
compare	differentiate	identify	resolve	summarize

To Communicate Synthesis

argue	construct	discuss	manage	propose
combine	create	formulate	organize	restate
compose	derive	integrate	plan	select
conclude	design	manage	prepare	summarize

To Communicate Evaluation

appraise	choose	estimate	measure	recommend
assess	critique	evaluate	rank	select
attack	defend	identify	rate	support
avoid	determine	judge	recognize	value

To Impact Skills

build	handle	integrate	operate	pass
diagnose	hold	measure	palpate	perform

To Convey Attitudes

accept	consider	judge	question	reject
acquire	dispute	like	receive	select
challenge	exemplify	listen	reflect	value

Adapted from: Davies, Ivor K. *Instructional Techniques*. New York: McGraw-Hill Book Company, 1981.

CME ACCREDITATION page 13 for comprehensive "CME Accreditation @ A Glance"

It is wise to start the accreditation process early in the planning stages of any CME event to allow time for changes. Work with the CME accrediting bodies (the CFPC, RCPSC, specialty associations or UBC's CPD-KT office). Each of these bodies has similar but not identical criteria and procedures to ensure that accredited CME activities meet high educational standards. In general, the accrediting bodies assess the following:

- ▶ The target audience of the activity must be clearly indicated on the program
- ▶ The activity planning is based on an identification of needs (perceived and/or objective)
- ▶ The program must clearly set forth the objectives of this activity
- ▶ The educational methods selected must allow the objectives to be achieved
- ▶ The audience must be able to participate actively in the activity
- ▶ Participants must evaluate the activity at the end of the meeting
- ▶ The organization of the activity must respect a code of ethics governing sponsorship and funding of CME events
- ▶ Budget estimates and sources of financing must be adequate
- ▶ Related social activities should not interfere with the scientific content of the activity

 Be sure to include all the supporting documents with your application to avoid processing delays.

 The CFPC and RCPSC will not consider accrediting programs that have already taken place.

 Accrediting your CME event makes your event more attractive to physicians and sometimes makes it easier to obtain funding.

LOCATION

To ensure optimal conditions, the physical organization of the room requires careful preparation. Conference rooms and the physical layout of the site must be adapted to the selected teaching materials and meet certain criteria. Keep in mind the following:

- ▶ Ensure adequate and comfortable seating for participants
- ▶ Ensure acoustic requirements are met – a microphone may be necessary
- ▶ Ensure separate rooms for presentations and exhibitors
- ▶ Ensure adequate electrical outlets for laptops and other A/V equipment. Some rooms may require extension cords.
- ▶ Ensure adequate space for exhibitors
- ▶ Ensure adequate lighting

Room Size

The size of the room should be appropriate for the number of participants. It is preferable to have a small full room rather than a large room that seems empty. Many institutions have conference rooms that are suitable for small to medium size educational activities.

 A meeting that is located close to the hospital improves attendance. If your location is off-site, being consistent with the time and location will enhance participation.

 If your meeting is large in scale with many exhibitors, request a floor plan from the facility to ensure enough floor space.

AUDIO-VISUAL & OTHER REQUIREMENTS Handouts, nametags, certificates..etc. The speakers will predetermine the audio-visual requirements for your event. Here are some guidelines to keep in mind:

Days Prior to the Event

- ▶ Book audio-visual equipment as soon as the date has been set for your event
- ▶ Ensure photocopies of handouts are available
 - TIP** When speakers agree to provide handout materials, it is wise to issue reminders and set a closing date.
 - TIP** Make extra copies of handouts for last minute participants.
- ▶ Facilitate preparation of teaching materials – creating slides and transparencies
- ▶ Prepare nametags and certificates of attendance (*if required*)
 - SEE** page 18 for sample certificate
 - TIP** Nametags are highly recommended for groups of participants who do not know each other. They can be prepared in advance or participants can write their own names on them.
 - TIP** Print additional blank certificates and nametags for last minute attendees who have not pre-registered.
- ▶ Prepare sign in sheets
- ▶ Prepare lists of participants for exhibitors/sponsors

Day of Event – Before the Presentation

- ▶ Ensure that someone with knowledge of AV equipment is present to set up and check that all AV components are in perfect working order – test the projector (data, overhead or slide), laptop, microphone, etc.
 - TIP** Arrive early enough to check that all equipment is properly set up and in working order.
- ▶ Set up a box marked **“Evaluation Forms”** near the registration desk or an equally visible area for evaluation form drop off.

During the Event

- ▶ Ensure schedule stays on target i.e., Coffee and meal breaks
- ▶ Allow time for questions
- ▶ Provide noise and climate control
- ▶ Remind participants to complete the evaluation form and inform them where to drop it off

TIMELINE **SEE** pages 14-17 for templates A flexible and realistic timeline will facilitate the planning of your CME event. It is wise to chart out the steps for your planning. Two different types of timelines are provided; select the one which best suits your planning style. Depending on the size of the event, certain steps in the tables on pages 14-17 may not apply, however they should provide a useful structure to follow.

BUDGET Budgetary considerations include room rental, audio-visual equipment rental, meals, transportation and lodging for speakers. Not all speakers require an honorarium, however, this should be known in advance to properly budget for.

CONTRACTS Hotels require the signing of contracts for room rental and food and beverage services. Community and other public facilities may require liability contracts as well.

ADVERTISING & RECRUITING FOR YOUR CME EVENT

A cohesive, comprehensive advertising plan is important for the success of your event. Without adequate promotion, your other planning efforts will be in vain. Appropriate advertising directed at the target audience is often key to achieving attendance goals.

The notice (flyer or brochure) should be graphically appealing and contain all the vital information that prospective registrants need in order to make an informed decision. The brochure is an important advertising

tool and should be designed to display key information at a glance. The information about the “academic” part of the event should be more prominent than the information related to social activities.

Brochure Checklist Below is a checklist of items to include on your brochure. Depending on the scale of your event, not all of the following items will apply:

- Date and time
- Speakers’ names, titles and affiliations
- Acknowledgement of Sponsors
- Location – building, room and street address
- Objectives
- CME accreditation details – # of credits & the type
- Meeting schedule
- Parking details
- Facility information
- Lodging information
- Map of vicinity
- Special events and functions
- Spouse activity and child care information
- Registration form including:
 - application deadline
 - address for remittance of form
 - fees and details about what they include e.g., reduced rates for early registrants or medical students
 - accepted methods of payment
 - place for registrant’s name
 - registrant’s address info, phone & email
- Cancellation policy
- Phone number and email for inquiries

TIP Provide complete information, highlighting important speakers and subjects to encourage and facilitate participation. Titles should be attention getting but not so obscure as to lose the readers. The copy must convince the reader of the value of the meeting and elicit a response.

TIP Corporate contributions must be acknowledged, and as a minimum mention the company’s name.

Advertising Avenues For Promoting Your Event

- ▶ Placing flyers and posters in high visibility areas is a good way to get people’s attention
- ▶ Flyers/brochures of the event can be circulated through internal mailboxes for:
 - physicians
 - nurses
 - paramedical personnel
 - any other interested parties
- ▶ Flyers for regularly occurring meetings can be colour coded: yellow for morning rounds, green for lunch and pink for dinner meetings
- ▶ Via email to outlying hospitals
- ▶ Sent by regular mail
- ▶ Circulated via the BCMA CME Email Discussion List **SEE** page 10 on how to subscribe
- ▶ List your event on the BCMA’s online “CME Calendar of Events”. The calendar is located in the members’ area of the website and is updated weekly. For information to advertise online or in the *BC Medical Journal* go to www.bcma.org.
- ▶ Advertised in professional newsletters and publications
- ▶ Finding “program champions” who will spread the word in person or through emails is a powerful publicity tool. Such individuals could include local chief residents who are willing to make an announcement at grand rounds or other professional conferences.

Incentives to Increase Registration

You may also make your event more appealing by offering incentives to participants. Here are some suggestions:

- ▶ Offer CME credits
- ▶ Reduce the registration fee for early registrants
- ▶ Make your event discounted or free for students
- ▶ Offer free parking

- ▶ Other incentives not related to the program could be explored. Could you offer a group museum tour or access to sports facilities before or after the event? Could you offer daycare?

"If he who has a thing to sell goes and whispers in a well, He won't be so apt to make the dollars, As he who climbs a tree and hollers!"

~Anonymous

Suggestions for Scheduling Your Event

- ▶ Schedule your event at times easy to attend
- ▶ Schedule in conjunction with a related conference in a nearby location, allowing participants to attend both in succession
- ▶ Schedule around weekends – right before or after a weekend. Airfares can also be much cheaper if participants stay over a Saturday night.
- ▶ Schedule on days that do not conflict with other local or national professional conferences

Some Final Tips for Advertising

- ▶ Start recruiting early – the more notice you can give, the better
- ▶ **Issue repeat reminders** about your event via mail, email and word of mouth
- ▶ Ensure that staff members you designate as contact people are well informed about the event such as program content, directions to the site and other logistical issues
- ▶ Track recruitment methods to assess which worked best. This can be done by asking registrants when they pre-register or during the event about what persuaded them to attend and this will also help in planning future events.
- ▶ Promotion should be intensive, persistent and carried out with some flare!

DOCUMENTING CME ACTIVITIES ~by Dr Neil Donen

Keeping Track of Attendance & Other Records

Documentation is critical for both the CME coordinators and the attendees of CME programs. While we are happy to clearly document medical care in our patient records, we seem to have a blind spot when it comes to ensuring information relating to our own professional development activities is listed.

Why Document CME Activities?

Here are a couple of reasons why we should ensure appropriate documentation of these programs:

1. For the CME Provider

- ▶ **Accreditation Purposes** Both the Mainpro and Maincert program require documentation for programs to be, and continue to be, accredited.
- ▶ **Certificate of Attendance** By providing attendees with a record of attendance they are able to supply this information to their Regional Health Authorities, Institutions, Colleges or the BC College of Physicians and Surgeons if so required.
- ▶ Permits Collection of Information that can be used for Needs Assessments, Evaluations or financial accountability. This will help with both the current program and planning for future programs (evaluations become future Needs Assessment surveys).

2. For the CME User



- ▶ Assists them in keeping a record of ongoing CME activities and credits obtained.

How Do You Document CME Activities?


Keep it simple; keep it simple – but **DO IT**.

- ▶ **Needs Assessments and Course Evaluations** Develop a generic form for each that can be very easily modified and used again and again. Remember to keep these for accreditation purposes.

SEE page 19 for sample course evaluation form

- ▶ **Sign In Sheets** VERY IMPORTANT. Ensure that they are made available for each program or rounds and collected. Give this responsibility to a designated person who should do this on a regular basis.
 Make the sign in sheet easy to use for the attendees e.g., Print most of their names on the sheet if it is a recurring program such as rounds.
- ▶ Provide attendees with a **Certificate of Attendance** if they attend a meeting.  page 18 for sample certificate
- ▶ **Issue Receipts** If people pay for the program, ensure that a formal receipt is issued. This is important for financial accountability and record keeping (accreditation) purposes.
- ▶ Keep, as a minimum, a simple **Financial Accounting** of your income and expenditure. Some pharmaceutical companies now require this as one of their provisos for providing funding support. There is also a legal requirement to ensure that you can document your spending against funds received.

To those who wonder why should we bother doing this – remember your documentation in your patient’s records and ask why shouldn’t the users of your programs be entitled to the same courtesy. There is an old adage that is still pertinent today **“IN GOD WE TRUST, ALL OTHERS MUST KEEP DATA.”**

EVALUATING YOUR EVENT  page 19 for sample evaluation form Evaluating your CME activity is an essential step and should be done immediately after the meeting. CME coordinators need to get a sense of participant satisfaction with a program’s overall presentation and organization, and its perceived effectiveness and relevance. It is also a method of gathering feedback to improve the content and organization of future CME events. There are many informal and formal techniques used to evaluate a CME event:


Informal Evaluation Techniques

- ▶ Asking the participants casually *“Did you enjoy it?”* and *“Was it useful to you?”*
- ▶ Speaking with key medical staff immediately after the event
- ▶ Non-physician opinions e.g., from pharmacy or nursing staff
- ▶ Gut reaction

“Be realistic, demand the impossible.”

~Anonymous

Formal Evaluation techniques

- ▶ Pre and post testing
- ▶ Evaluation Forms/Questionnaires – simple, well planned and user-friendly
For open-ended questions, leave ample space for registrants to write valuable feedback
 page 19 for sample evaluation form

Tips for Increasing Rate of Return of Evaluation Forms


- ▶ Encourage a high evaluation return rate by frequently reminding participants to fill out and hand in their evaluation forms
- ▶ Limit the form to one page
- ▶ If possible have participants complete and hand in their forms before the formal dismissal
- ▶ Indicate to the audience that there will be someone at the door waiting to receive their forms when they leave
- ▶ Approach a few people in the audience before the presentation and ask them to complete the form (it makes them feel important)
- ▶ Offer incentives to those who hand in their forms e.g., a draw for certificates or small prize
- ▶ Printing your questionnaire on very bright coloured paper (hot pink, lime green) will make it easy for participants to locate in their conference package
- ▶ Provide a clearly marked box near the registration desk, or other highly visible area for questionnaire drop off
- ▶ Some organizations only issue credits to individuals who complete and return evaluation forms
- ▶ Note which techniques used to elicit evaluations were most effective

FUNDING & PROFESSIONAL ETHICAL GUIDELINES

There are different sources of funding available for CME events. These include pharmaceutical companies and other companies interested in setting up exhibition booths (bookstores, computer companies, orthotics..etc.). Pharmaceutical company representatives can be contacted directly. In general these companies fund activities whose themes closely relate to their own area. In addition to funding, many pharmaceutical companies provide educational support for activities.

CME coordinators are responsible for applying appropriate ethical guidelines for working with pharmaceutical companies. The guidelines in common use are those of the Canadian Medical Association, the local university, or the R_x&D.

The following guidelines are available on the internet:

- ▶ The **Canadian Medical Association's** guidelines entitled "**Policy on Physicians and the Pharmaceutical Industry – Update 2001**" can be viewed at:
www.cma.ca//multimedia/staticContent/HTML/N0/I2/where_we_stand/physicians_and_the_pharmaceutical_industry.pdf  page 22 for an excerpt
- ▶ The **College of Family Physicians of Canada** adheres to CMA's "**Policy on Physicians and the Pharmaceutical Industry**":
www.cfpc.ca/English/cfpc/cme/mainpro/maintenance%20of%20proficiency/policy%20summaries/default.asp?s=1
- ▶ **UBC Division of CPD-KT** has developed "**Guidelines for Commercial Support of Continuing Medical Education/Continuing Professional Development Activities**" which can be viewed on the web at:
www.cpdkt.ubc.ca/___shared/assets/Guidelines_for_Commercial_Support452.pdf
- ▶ The **CEMCQ** (Conseil de l'éducation médicale continue du Québec) and **R_x&D** (Canada's Research-Based Pharmaceutical Companies) jointly developed and approved the "**Code of Ethics for Parties Involved in Continuing Medical Education**" available online at:
www.cemcq.qc.ca/fr/documents/Code_ethique_en.pdf
- ▶ **R_x&D's** (Canada's Research-Based Pharmaceutical Companies) "**Code of Marketing Practices**" is available at:
www.canadapharma.org/Industry_Publications/Code/code_es04a.html

NOTE Corporate contributions must be acknowledged, but limited to mentioning the company's name.

CME EMAIL LISTS ON THE BCMA WEBSITE

www.bcma.org



CME information and discussion email lists are available to BCMA members. To subscribe to these lists, go to the BCMA homepage (www.bcma.org), login as a member, click on "Member Services" on the toolbar, and select "BCMA Email Lists" from the drop down menu as depicted above.

MOTIVATING THE PHYSICIAN LEARNER One of the many responsibilities of the CME coordinator is to create conditions that promote motivation at all stages of the activity: prior, at the beginning, during, and at the end of the activity. Trying to get doctors out to CME can be an ongoing challenge for CME coordinators. Therefore, it is important to keep in mind that, despite your best efforts, some physicians may never participate in your well-planned CME activities.

The following table shows how a CME coordinator can facilitate physicians’ motivation to learn at the various stages of a CME activity:

Motivating the Physician Learner – How to Make CME Fun & Interesting		
Step 1	Before the CME event	<ul style="list-style-type: none"> ▪ Choose enthusiastic colleagues to help you plan the activity ▪ Address your target audience’s needs ▪ Market the activity well – send repeat reminders ▪ Choose a pleasant venue
Step 2	At the beginning of the CME event	<ul style="list-style-type: none"> ▪ Oversee hospitality: greet the learners ▪ Give participants time to get to know one another ▪ Good food is always appreciated at any point during an event
Step 3	During the CME event	<ul style="list-style-type: none"> ▪ Don’t rush: give participants all the time they need ▪ Keep things interesting: change the pace or learning strategy ▪ Encourage active learning and interactivity ▪ Pay attention to participants’ comfort ▪ Be available and alert to their reactions
Step 4	At the end of the CME event	<ul style="list-style-type: none"> ▪ Ask for feedback ▪ Provide feedback to learners

Adapted from *Handbook of Continuing Medical Education*. Conseil de l’éducation médicale continue du Québec, 1998.

THE CHOICE OF COORDINATOR This choice is THE most important consideration in the whole scenario to follow:

- ▶ If all other characteristics are lacking, two things he/she must have are enthusiasm and the belief that CME is good and will work.
- ▶ He/she need not have any background in academic CME.
- ▶ The appointment of the coordinator should be taken seriously. Many times it is hurried and casual.
- ▶ The appointment should be for more than one year. It takes a minimum of two years to become acquainted with general approach to medical education.
- ▶ If within the community there are retired physicians, nurses, or non-medical educators, they can be approached to help with the programmes. They however have to be enthusiastic, believe in CME and will arrange to devote time to the project. Certainly volunteers can cut the costs of CME in community hospitals.
- ▶ A co-coordinator should be chosen by the coordinator to fill in when the coordinator cannot attend.
- ▶ Most coordinators undertake this task willingly and do a credible job but they are not remunerated.

“The trouble with being a leader today is that you can’t be sure whether people are following you or chasing you.”

~Anonymous

NOTE There is a “*Job Description/Template for Physician CME Coordinator*” in the members’ area of the BCMA website in the CME Reference Materials section.

Adapted from C. M. Couves, MD, FRCSC. Editor. *A Practical Guide for Organizing Continuing Medical Events in Community Hospitals*. February 1990.

CME REFERENCE MATERIALS ON THE BCMA WEBSITE

www.bcma.org



To access CME reference materials for CME coordinators on the BCMA website (www.bcma.org), log into the members' area and click on CME to display the drop down menu as depicted above. There you can locate the following documents:

- ▶ CME Handbook
- ▶ CME Calendar of Events
- ▶ CME Coordinators in BC
- ▶ CME Coordinator Job Description and Contract Template
- ▶ CME Email Lists **SEE** page 10 for subscription details

BCMA CONTACT INFO, ACKNOWLEDGEMENTS & REQUEST FOR FEEDBACK

Research and design for this handbook are by **Gabrielle Lynch-Staunton** (BCMA Department of Professional Relations) who welcomes all comments, questions and suggestions. Please direct any inquiries regarding the CME Nucleus Committee to Gabrielle at: tel 604.638.2856 fax 604.638.2938 email glynch@bcma.bc.ca

A special thanks to **Dr Neil Donen** for his valuable contributions to this handbook.

FINAL NOTE The delivery of CME has evolved rapidly with the changes in medicine, science and technology and the evolution of our knowledge about adult education. While there are increasing opportunities for distance learning and videoconferencing, the need for CME group activities shall remain because of the importance of communication among colleagues. The CME Nucleus Committee hopes that this handbook facilitates the planning of many high quality CME events.



Turn of the 20th Century CME

Sir William J. Osler was very scrupulous in fulfilling his duties in attendance upon the meetings of medical societies. When once informed by a student that he did not attend the meeting of a medical society because he was not sure that he could get anything out of it, he replied,

"Do you think I go for what I can get out of it or for what I put into it?"

Excerpted from "Sir William Osler: Physician and Teacher"
by Dr W. D. Keith
The 1st Osler Lecture
Vancouver Medical Association
January 10th, 1921




CME Accreditation @ A Glance

revised March 2011

MAINPRO®-M1 credits are for **Family Physicians**
who are members of the
CFPC College of Family Physicians of Canada

MAINCERT credits are for **Specialist Physicians**
who are members of the
RCPSC Royal College of Physicians & Surgeons of Canada

Organization	Credits & Application Process
<p>BCCFP BC COLLEGE OF FAMILY PHYSICIANS</p> <p>CONTACT Ian Tang #350-1665 West Broadway Vancouver BC V6J 1X1 t 604.736.1877 f 604.736.4675 e ian.tang@bccfp.bc.ca</p> <p>BC Toll Free 1.888.736.1877 www.bccfp.bc.ca</p> <p>BC Chapter of the CFPC</p> 	<p>MAINPRO®-M1 credits</p> <p>Application Deadline Applications should be received at least 8 weeks prior to the date of the course to be guaranteed an accreditation decision on time.</p> <p>Application Fee \$300 per course</p> <p>NOTE The application fee per year to accredit hospital rounds is \$300. Attendance must be confirmed to gain credit for a session.</p> <p>Apply Online Use the CFPC's QuickConnect www.cfpc.ca/QuickConnect/ Contact QuickConnect Support Line: 1-866-242-5885 quickconnect@cfpc.ca</p> <p>Paper-based Application: Effective January 1 2011, an additional \$100 will be charged for each paper-based application.</p> <p>SEE pages 20-21 for a reference copy of the form. The original application form is in quadruplicate format.</p> <p>IFP An active CFPC member should be involved in the application process.</p>
<p>UBC Division of CPD</p> <p>CONTACT JoAnna Cassie Accreditation Coordinator UBC CPD 855 West 10th Avenue Vancouver BC V5Z 1L7 t 604.875.4111 x.69135 f 604.875.5078 e joanna.c@ubc.ca www.ubccpd.ca</p>	<p>MAINCERT-SECTION 1 credits</p> <p>MAINPRO®-M1 credits</p> <p>AMA PRA Category 1 credits</p> <p>Application Deadline It takes 4-6 weeks to process an application.</p> <p>Application Fee MAINCERT-SECTION 1 \$300 per course MAINPRO-M1 \$400 per course AMA PRA Category 1 \$500 per course</p> <p>For faster review, applications can be expedited for an extra \$50. Additional \$100 if application is made <4 weeks in advance of program date or set deadline (e.g., brochure going to print).</p> <p>Application Form Downloadable forms can be found on the UBC CPD website at: www.ubccpd.ca/CME_Services/Accreditation.htm</p>
<p>National Specialist Societies</p>	<p>MAINCERT credits can also be applied for through national specialist societies, provided they are identified by the RCPSC as accreditors.</p> <p>A list of national specialist societies with contact information is located at: http://rcpsc.medical.org/opd/moc-accreditation/providers/providers_e.php</p>
<p>RCPSC Self-Accreditation for Rounds, Journal Clubs, & Small Group Learning</p> <p>Hospital sponsored educational events for specialists (GRAND ROUNDS, QA MEETINGS...ETC) and non-institutional specialist sponsored small group activities (JOURNAL CLUBS) are eligible for Section 1 self-accreditation credits from the RCPSC.</p> <p>Self-Approval Requirements & Forms Rounds & Journal Clubs http://rcpsc.medical.org/opd/forms/SA-hospital-rounds_e.pdf Small Group Learning Activities http://rcpsc.medical.org/opd/forms/SA-small-groups_e.pdf</p> <p>Application Fee There is no fee, but strict criteria (LISTED ON THE APPLICATION FORM) must be followed for the rounds or small group programs to be eligible for MAINCERT credits.</p> <p>CONTACT RCPSC Office of Professional Development t 1.800.461.9598 e cpd@rcpsc.edu</p>	

Timeline and Checklist for Coordinating a CME Event

(EXAMPLE with a suggested, hypothetical timeframe)

CME EVENT: Emergency Medicine Annual Conference					
Date: April 5 th 2005					
Task	Time Required	Start date	End Date	Complete	Responsibility
Assess Needs	1 week	Jan 8	Jan 22	<input type="checkbox"/>	Organizing Committee
Determine Objectives & Activity Format	2 weeks	Jan 22	Feb 6	<input type="checkbox"/>	Organizing Committee
Design preliminary program	2 weeks	Feb 10	Feb 24	<input type="checkbox"/>	Organizing Committee
Select and contact local speakers - if speaker is not local, invite them 4-6 months before	3 weeks	Feb 6	Feb 27	<input type="checkbox"/>	Organizing Committee
Seek funding	3 weeks	Feb 6	Feb 27	<input type="checkbox"/>	Organizing Committee
Apply for CME credits MOC/MAINCERT or MAINPRO®-M1	4-6 weeks prior to event SEE page 13 for detailed accreditation process			<input type="checkbox"/>	Organizing Committee
Reservations (A/V equipment, rooms and meals)	6 weeks	Feb 20	April 5	<input type="checkbox"/>	Organizing Committee & Office Staff
Design final program	1 week	Feb 27	Mar 6	<input type="checkbox"/>	Office Staff
Distribute program	.5 week	Mar 3	Mar 6	<input type="checkbox"/>	Office Staff
Prepare educational materials (handouts)	3 weeks	Feb 27	Mar 17	<input type="checkbox"/>	Office Staff & Resource People
Registration management	4 weeks	Mar 6	April 5	<input type="checkbox"/>	Office Staff
Hold event	1 day	April 5		<input type="checkbox"/>	Organizing Cmte, Office Staff & Resource People
Thank you letters to speakers & sponsors	¼ day	April 8	April 8	<input type="checkbox"/>	Organizing Committee & Office Staff

Adapted from *Handbook of Continuing Medical Education*, Conseil de l'éducation médicale continue du Québec, 1998.

Timeline and Checklist for Coordinating a CME Event

CME EVENT: Date:					
Task	Time Required	Start date	End Date	Complete	Responsibility
Assess Needs				<input type="checkbox"/>	
Determine Objectives & Activity Format				<input type="checkbox"/>	
Design preliminary program				<input type="checkbox"/>	
Select and contact local speakers if speaker is not local invite them 4-6 months before				<input type="checkbox"/>	
Seek funding				<input type="checkbox"/>	
Apply for CME credits MOC/MAINCERT or MAINPRO®-M1				<input type="checkbox"/>	
Reservations (A/V equipment, rooms and meals)				<input type="checkbox"/>	
Design final program				<input type="checkbox"/>	
Distribute program				<input type="checkbox"/>	
Prepare educational materials (handouts)				<input type="checkbox"/>	
Registration management				<input type="checkbox"/>	
Hold event				<input type="checkbox"/>	
Thank you letters to speakers & sponsors				<input type="checkbox"/>	

Adapted from *Handbook of Continuing Medical Education*, Conseil de l'éducation médicale continue du Québec, 1998.

Program Planning Timetable (EXAMPLE with a recommended timeframe)

ACTIONS	8 mths	6 mths	5 mths	4 mths	3 mths	11 wks	10 wks	9 wks	8 wks	6 wks	5 wks	4 wks	3 wks	2 wks	1 week	Post program
1. Needs Assessment	█															
2. Finalize Date for Meeting		█														
3. Program Design/Development																
Meetings of Planning Committee	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Establish Learning Objectives		█														
Program bookings (rooms etc)		█														
Contact Speakers		█	█													
Set up Budget		█	█													
Contact Pharmaceutical companies		█	█													
Prepare initial mail out notices			█													
Mail out first notice				█												
Finalize contracts				█	█											
CME Accreditation				█	█											
Program Design/Preparation						█										
Print program							█									
Stuff envelopes								█								
Mail out brochures/registration-2 nd mail									█							
Purchase Orders/Travel Requisitions									█							
? 3 rd notice/mail out (if required)												█				
Cancellation Decision														█		
4. FOLLOW-UP																
Evaluation Summaries																1 week
Thank you letters/feedback - Speakers																2 wks
Thank you letters/feedback - Sponsors																2 wks
Finalize expenditures																3 wks
Prepare financial statement																3 wks
Program summary																3 wks
Committee review of program																4 wks

Adapted from Memorial University of Newfoundland - CME Dept

Program Planning Timetable

ACTIONS	8 mths	6 mths	5 mths	4 mths	3 mths	11 wks	10 wks	9 wks	8 wks	6 wks	5 wks	4 wks	3 wks	2 wks	1 week	Post program
1. Needs Assessment																
2. Finalize Date for Meeting																
3. Program Design/Development																
Meetings of Planning Committee																
Establish Learning Objectives																
Program bookings (rooms etc)																
Contact Speakers																
Set up Budget																
Contact Pharmaceutical companies																
Prepare initial mail out notices																
Mail out first notice																
Finalize contracts																
CME Accreditation																
Program Design/Preparation																
Print program																
Stuff envelopes																
Mail out brochures/registration - 2 nd mail																
Purchase Orders/Travel Requisitions																
? 3 rd notice/mail out (<i>if required</i>)																
Cancellation Decision																
4. FOLLOW-UP																
Evaluation Summaries																1 week
Thank you letters/feedback - Speakers																2 wks
Thank you letters/feedback - Sponsors																2 wks
Finalize expenditures																3 wks
Prepare financial statement																3 wks
Program summary																3 wks
Committee review of program																4 wks

Adapted from Memorial University of Newfoundland - CME Dept



Certificate of Attendance

The British Columbia Medical Association CME Nucleus Committee

Wishes to acknowledge and certify that

Dr Malcolm Young

has registered and attended the Annual CME Conference
June 3rd-4th, 2005 BCMA Vancouver, BC

The Conference Program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 5.5 MAINPRO-M1 credits.



Dr Robert Streich, Chair
CME Nucleus Committee



June 2005

Date

Course Evaluation Form

Course Name:

Date:

Overall, I would rate the.....*(please check the most appropriate response)*

Program: Excellent Above Average Average Below Average Poor

Facilities: Excellent Above Average Average Below Average Poor

This course...*(please check or comment on all that apply)*

Was relevant to my practice Was not relevant to my practice

Met the stated objectives Satisfied my expectations

Will not alter my practice

Will alter my practice performance. *Please specify in what way(s):*

What modifications would you suggest?

Was sufficient time allowed for audience participation? Yes No

Did you find the course to be free of commercial bias? Yes No

Speaker Evaluation

Please rate by circling the appropriate number

	1=Poor	2=Fair	3=Good	4=Very Good	5=Excellent	
Speaker/Topic	Content	Delivery	AV Aids	Overall	Comments	
1.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
2.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
3.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
4.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
5.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
6.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		

The two most important things I learned from this meeting were:

1.

2.

Please comment on topics you would like to see addressed at future CME meetings:

Thank you for your feedback and ideas – please return this form to the registration table.



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

MAINPRO®-MI ACCREDITATION APPLICATION FORM
(THIS FORM IS ALSO USED FOR MAINPRO-C SUBMISSIONS)

NOTE

The application form provided here and the next page is for **REFERENCE ONLY**.

Request an application form from the BC College of Family Physicians.

SEE page 13 for contact information

Please type or print clearly. Refer to the reverse side of form for details on documentation that must accompany this application. Applications that are illegible, incomplete or lacking documentation will be returned unaccredited.

1. Date of application _____
2. Date(s) of program _____
3. Title of program _____
4. Location _____
(Le. Auditorium/Hospital) (City) (Province) (Postal code)
5. Responsible organization _____
6. Address _____
(Street) (City) (Province) (Postal Code)
7. Program director/chair _____
8. Telephone () _____
9. E-mail address _____
10. Fax no. () _____
11. Contact person for registrants _____
12. Telephone () _____
13. Number of **MAINPRO-MI** credits requested (based on the number of hours of learning activity) _____
(exclude breaks and lunches)

This section must be completed by the CFPC member who is involved in the program planning.

As a family physician and member of the CFPC, I hereby certify that I had substantial input into the planning and development of this program. My involvement has been as follows:

14. Name _____
15. Membership number _____
16. Signature _____
17. Telephone () _____

MAINPRO-MI ACCREDITATION CRITERIA		FOR OFFICE USE ONLY	
		Criteria met	Criteria not met
1.	At least one member of the CFPC has had substantial input into the program. This member should be from the local region, or minimally from the province, where the program is to be held.		
2.	The educational content is relevant to family medicine.		
3.	Learning objectives have been defined according to the learning needs of the participants and will have been provided to them prior to the program.		
4.	Organizers will have provided specific instructions to the speakers regarding their involvement.		
5.	The format and environment will be appropriate for learning.		
6.	Participants will have an opportunity to evaluate the program.		
7.	The planning, content and conduct of the program follow acceptable ethical standards.		

- Accredited for _____ MAINPRO-MI Credits
- Not accredited for the following reason(s):

Reviewer's Name _____ Signature _____ Date _____

NOTE

The application form provided on this and the previous page is for

REFERENCE ONLY.

Request an application form from the BC College of Family Physicians.

SEE page 13 for contact information

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION

1. Answers to the following questions, in letter or other format. (This information will allow the reviewer to determine if the 7 accreditation criteria have been met.)

		FOR OFFICE USE ONLY	
		Provided	Not Provided
1.	What was the involvement of the CFPC member in the planning of the program? <i>(This information must be stated on the front of the form. You may wish to include further detail.)</i>		
2.	How were the topics selected?		
3a.	How were the learning needs of the participants considered?		
3b.	How were the learning needs used to develop the learning objectives?		
4.	How did you communicate with the speakers regarding the format and learning objectives they were to address and what kind of instruction were they given?		
5a.	What is the format of the sessions? How will the participants be able to interact with each other and the speakers? What time is built in for questions and answers?		
5b.	Describe the venue (location, rooms, environment).		
5c.	How are the learning sessions scheduled in relation to any social activities?		
6.	Describe the process to be used to evaluate the program (e.g. form or discussion group).		
7a.	What are the costs to the participants, including registration fees, education materials and social events?		
7b.	Fully describe any outside funding sources.		

2. A copy of the program materials indicating/including:

1.	Content/sessions for which accreditation is being requested. <i>(Only educational sessions are eligible. Refreshment, exhibit, meal, other social breaks and written tests are not).</i>		
2.	Learning objectives.		
3.	Duration of program/sessions.		
4.	Speakers.		
5.	Funding sources.		
6.	A copy of the evaluation form, where applicable.		

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APPLICANT - PLEASE NOTE

- Please refer to the MAINPRO[®] section of the CFPC web site (www.cfpc.ca) for detailed descriptions of the accreditation criteria (including special requirements for hospital rounds and journal clubs). A printed extract of the guidelines and requirements may be obtained from any chapter or the national office.
- Submit the completed set of documents to the CFPC chapter in the province where the course is to be held.
- An accreditation decision will be guaranteed in time only if the complete application materials are received **8 weeks** prior to the program date. Under no circumstances will the CFPC consider accrediting a program that has already taken place.
- **NO REFERENCE** may be made to the CFPC or its CME accreditation system prior to official notification that accreditation has been granted. **DO NOT** state "CFPC credit applied for.", or similar wording. Once notice has been received, course materials may indicate accreditation by using the following **EXACT** wording:

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for _____ MAINPRO-M1 credits.

- Failure to comply with any of the MAINPRO accreditation criteria or process requirements will result in the denial or withdrawal of the accreditation of the program. The CFPC reserves the right to audit any aspect of programs it accredits.



PHYSICIANS AND THE PHARMACEUTICAL INDUSTRY (UPDATE 2001)

Continuing medical education / continuing professional development (CME/CPD)

17. The primary purpose of CME/CPD activities is to address the educational needs of physicians and other health care providers in order to improve the health care of patients. Activities that are primarily promotional in nature should be identified as such to faculty and attendees and should not be considered as CME/CPD.
18. The ultimate decision on the organization, content and choice of CME/CPD activities for physicians shall be made by the physician-organizers.
19. CME/CPD organizers are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.
20. The ultimate decision on funding arrangements for CME/CPD activities is the responsibility of the physician-organizers. Although the CME/CPD publicity and written materials should acknowledge the financial or other aid received, they must not identify the products of the company(ies) that fund the activities.
21. All funds from a commercial source should be in the form of an unrestricted educational grant payable to the institution or organization sponsoring the CME/CPD activity. Upon conclusion of the activity, the physician organizers should be prepared to present a statement of account for the activity to the funding organizations and other relevant parties.
22. Whenever possible, generic names should be used rather than trade names in the course of CME/CPD activities. In particular, physicians should not engage in peer selling.* If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of scientific information on the product or service and of reasonable, alternative treatment options. If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact. Faculty must disclose to the participants at CME/CPD events any financial affiliations with manufacturers of products or service providers mentioned at the event or with manufacturers of competing products or providers of competing services.
23. Negotiations for promotional displays at CME/CPD functions should not be influenced by industry sponsorship of the activity. It is preferable that promotional displays not be in the same room as the educational activity.
24. Travel and accommodation arrangements, social events and venues for industry sponsored CME/CPD activities should be in keeping with the arrangements that would normally be made without industry sponsorship. For example, the industry sponsor should not pay for travel or lodging costs or for other personal expenses of physicians attending a CME/CPD event. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a conference or meeting. However, faculty at CME/CPD events may accept reasonable honoraria and reimbursement for travel, lodging and meal expenses. Scholarships or other special funds to permit medical students, residents and fellows to attend educational events are permissible as long as the selection of recipients of these funds is made by their academic institution.