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# Regularly Scheduled Series Compliance Handbook

**Continuing Medical Education Division**



## **DIVISION OF DUTIES**

Management of an RSS includes various tasks, some of which must be completed by the series Course Director and others of which can be completed or overseen by the Administrative Contact. Refer to the table below.

<b>Course Director</b>	<b>Administrative Contact</b>
Educational planning (along with Planning Committee members) (to include completion of RSS Application)	Maintain series documentation: <ul style="list-style-type: none"> <li>– “Disclosure and Conflict of Interest Review” reports for all speakers</li> <li>– Program announcements</li> <li>– Attendance data by session</li> <li>– Letters of Agreement for commercial support</li> <li>– Record of all expenses</li> </ul>
Selection and oversight of an administrative contact to maintain essential documentation and communicate with the CME Office	Forward session documentation to CME Office <ul style="list-style-type: none"> <li>– Announcement</li> <li>– Speaker Disclosures</li> <li>– Attendance</li> </ul>
Resolution of conflicts of interest before the educational activity	Complete and send Financial Summary by August 1 each year
Oversight of series evaluation process and completion of a brief summary of all findings by August 1 each year	Replace sections of the RSS Compliance Handbook as updates are sent from the CME Office
Completion of Disclosure Review and Verification Form in July of each year	

Changes in either the Course Director or the Administrative Contact should be communicated immediately to the CME Office. Additionally, please forward this handbook to replacement staff as appropriate.

## SESSION CHECKLIST

Each of the following items should be attended to for *every individual session* of the series.

### **BEFORE** each session:

- Review conflict of interest (COI) disclosures well in advance of presentation date so that conflicts can be resolved. Keep reviewed and signed disclosures on file, and submit to CME Office in a PDF file.
- Send a program announcement/flier. Submit electronically to CME Office.
- Obtain signed Letters of Agreement for all commercial support.
- Keep track of all income and expenses (e.g. grants, display fees, food/catering, speaker honoraria). The CME Office will request totals at the end of the fiscal year.

### **DURING AND AFTER** each session:

- Disclose to audience the speaker's COI disclosures before the session begins.
- Take attendance.
- Evaluate learners, if needed. (This must be done at least twice yearly.)
- Submit attendance

## CONFLICT OF INTEREST

### **1. All speakers & planning committee members must disclose.**

Disclosure of Relevant Financial Relationships: Every speaker and planning committee member (including non physicians) is required to disclose relevant financial relationships before presenting at, or participating in the planning of, a CME activity. Per updated ACCME standards, anyone who does not disclose may not participate in the planning or presentation of a CME activity ([Standard 2.2](#)).

#### ***If your speaker is from the University of Iowa . . .***

With few exceptions, UI employees are required to disclose annually in the Joint Office for Compliance eCOI database, so you most likely will not have to ask your speaker to disclose. However, anyone with a HawkID can disclose in eCOI, so if it turns out your speaker has not disclosed in eCOI in the past 12 months, direct him/her to do so here: <https://ecoi.uiowa.edu/>.

#### ***If your speaker is NOT from the University of Iowa . . .***

Send the [Disclosure of Financial Relationships](#) form to the speaker, asking him/her to complete and sign and date it, and then return it to you. [Content Validation Guidelines](#), which outline our expectations for CME activities, should be sent as well.

### **2. All speaker & planning committee member disclosures must be reviewed.**

In many cases, the review process can be completed by the Administrative Contact. The Course Director should be brought into the process for individuals with potential conflicts.

#### ***If your speaker is from the University of Iowa . . .***

Access the [CME Conflict of Interest Database](#) and run a "Disclosure and Conflict of Interest Review" report. (Note: This database pulls disclosure data from the eCOI database.)

#### ***If your speaker is NOT from the University of Iowa . . .***

Once the speaker completes and returns the "Disclosure of Financial Relationships" form, review for Sponsored Research and Personal Disclosures and Relationships.

- a. If there are no listed relationships, simply sign and date the bottom of the form.
- b. If there are disclosed relationships, it might be best to have the Course Director complete the review process using the [Conflict of Interest Review Form](#).

### **3. All speaker disclosures must be announced to the audience before the speaker presents.**

All financial disclosures must be made known to attendees before the program or presentation begins. This can be accomplished in a variety of ways, including in a slide, via verbal disclosure by the presenter or moderator, or by posting the disclosure report at the check in area. Click the following link for a sample script that speakers and instructors can use to verbally disclose their financial relationships: [Script for Verbal Disclosure](#)

## CME Conflict of Interest Database User Instructions Regularly Scheduled Series

1. Go to the [CME Conflict of Interest Database](#).
2. Click on the second link for **CME Coordinators**.
3. Sign in with your **HawkID and password**.
4. Click the **Disclosure Review Report** button.
5. Click the Select **UI Employee** button.
6. Type the presenter's last name into the **Search Last Name** field.
7. Locate the presenter's name in the list and click **Select**.
8. The report should be current to within one year of the scheduled presentation date (see **Disclosure Date** near the top of the report); if it is not, send the speaker the link to the eCOI Database to update his/her disclosure: <https://ecoi.uiowa.edu/>.
9. Enter the **series name** (e.g. Internal Medicine Grand Rounds) and the **presentation date**.
10. If the report is current to within one year, review for **Sponsored Research** and **Personal Disclosures and Relationships**, and select the applicable checkbox under the **Disclosure Review for Conflict of Interest** section.
  - a. If there are no listed relationships, select the first checkbox (Instructor/Planner has no relationships. . .), and sign and date the bottom of the form.
  - b. If there are disclosed relationships, it might be best to have the Course Director review and determine which selection applies.

*Please direct questions about conflict of interest review to Britt Deerberg ([brittain-deerberg@uiowa.edu](mailto:brittain-deerberg@uiowa.edu)).*

## ANNOUNCEMENTS

Announcements may be formatted to your specifications; however, the following items must be included (see template):

- Series Title
- Session Title, Date & Time (start time – end time), and Location
- Sponsored by statement (always your department and the University of Iowa Carver College of Medicine)
- CME Accreditation statement
- CME Credit Designation
- Disclosure Policy (see bottom of template)
- Target Audience (refer to your RSS Application)
- Educational Objectives (refer to your RSS Application)
- A contact person

The CME Accreditation statement and the CME Credit Designation must appear word for word as they do on the template (with your credit hours inserted in the designation statement 1 hour meeting=1.0 credit), and they must be separated into two paragraphs.

If you prefer, you may use a single announcement for several sessions. Be sure to list the session titles, dates and meeting times for each.

Announcements can be delivered via e mail.

**RSS Announcement Template**

**SERIES TITLE**

Session Title: \_\_\_\_\_

Sponsored by the Department of: \_\_\_\_\_  
University of Iowa Carver College of Medicine

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**TARGET AUDIENCE**

This conference will be of particular interest and value to:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL OBJECTIVES**

Following this session, participants should be able to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CME ACCREDITATION:** The University of Iowa Roy J. and Lucille A. Carver College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**CME CREDIT DESIGNATION:** The University of Iowa Carver College of Medicine designates this live activity for a maximum of  *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Everyone in a position to control the content of this educational activity will disclose to the CME provider and to attendees all relevant financial relationships with any commercial interest.

## FINANCES

### Commercial Support

#### Requirements to ensure commercially unbiased educational programming:

- Planning and delivery of CME content must be completely free of commercial interests and commercial bias.
- All commercial support must be disclosed to the audience and payments from commercial companies must be made payable to the sponsor. (For example, the Carver College of Medicine, the CME Division, or your Department/Division.) No payments, either for honoraria or reimbursement of expenses, may be made directly to speakers, instructors, or other individuals involved in content development.
- A *Written Agreement for Commercial Support* must be completed for each commercial grant. Email [susan-zollo@uiowa.edu](mailto:susan-zollo@uiowa.edu) for a copy of the Agreement or visit <http://www.medicine.uiowa.edu/cme/planning/basic.html>.

### Guest Speakers

- An acceptable honorarium for category 1 (CME approved) events Sponsored by the Carver College of Medicine will include amounts up to \$2000 per presentation. If this amount restricts participation by an individual speaker, the course director can request a formal appeal from the CME Division. The appeal will be reviewed in a timely fashion (within one week) by the CME committee, and the course director will be notified immediately of the Committee's decision.
- Funds from commercial support may be used to cover appropriate expenses for the program and 'bona fide' employees of the educational activity, but those funds must come through the College's CME Division or the sponsoring Department and not flow directly from the commercial supporter to an individual.
- Out of pocket, per diem, airfare, ground transportation, and other travel expenses for planners, teachers, speakers, instructors, and authors will be paid in compliance with University of Iowa policies governing travel reimbursement.



## FINANCES – page 2

### Financial Summary

Complete a [Financial Summary](#) at the end of each fiscal year.

- Fill in the Series Title and the Course Director’s name at the top of the form.
- Document expenses and revenues (including meals and snacks). If there were none, indicate so by filling in zeros.
- If exhibit fees were received, list the vendors and the amount paid by each.
- For grants received, list each company and the amount received from each.
- All expenses should have a corresponding revenue source; e.g., if \$500 is paid from a department account for food/catering, list \$500 in Revenue next to “Revenue provided by department,” and list \$500 under Expenses next to “Catering (breaks, meals, etc).”



## WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

The Carver College of Medicine is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the Carver College of Medicine has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest<sup>1</sup>, which is used to pay all or part of the costs of a CME activity.

**Title of CME Activity** \_\_\_\_\_

**Activity Location** \_\_\_\_\_ **Activity Date** \_\_\_\_\_

**Name of Commercial Interest** <sup>(i)</sup> \_\_\_\_\_

**Amount of Unrestricted (Direct or In-kind) Educational Grant** \$ \_\_\_\_\_

<sup>1</sup> The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

### TERMS, CONDITIONS, AND PURPOSES

#### Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

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#### Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

**Commercial Promotion**

- 7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
- 8. The Commercial Interest may not be the agent providing the CME activity to the learners.

**Disclosure**

- 9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

**The Commercial Supporter and the Carver College of Medicine agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Updated *Standards for Commercial Support of Continuing Medical Education (2004)***

**Agreed by Authorized Representatives**

<b>Name of Accredited Provider: <u>Roy J. and Lucille A. Carver College of Medicine</u></b>		
Tax ID <b>426004813</b>	Contact Name _____	Phone _____
Email _____	Title _____	Fax _____
Authorized Signature _____		Date _____
<b>Name of Commercial Interest: _____</b>		
Tax ID _____	Contact Name _____	Phone _____
Email _____	Title _____	Fax _____
Authorized Signature: _____		Date _____
<b>Name of Educational Partner: _____</b>		
Tax ID _____	Contact Name _____	Phone _____
Email _____	Title _____	Fax _____
Authorized Signature _____		Date _____

***Please direct questions, comments, and inquiries to: CME Division/The University of Iowa Carver College of Medicine/100 CMAB/Iowa City, IA 52242. 319/335-8599 (voice) 319/335-8327 (fax)***  
<http://www.medicine.uiowa.edu/cme/> (web)

# **Conference**

Date

This program is supported in part by:

Educational Grant

Exhibitors

We gratefully acknowledge the financial support provided. Determination of educational content for this program and the selection of speakers are responsibilities of the program director. Firms providing support did not have input in these areas.

Everyone in a position to control the content of this educational activity will disclose to the CME provider and to attendees all relevant financial relationships with any commercial interest.

**Regularly Scheduled Series Financial Summary**  
**July 1, 2013 - June 30, 2014**

**Series Title:**

**Course Director:**

*Please enter a zero for each line item where there was no revenue/expense.*

**Revenue**

Exhibit fees (list separately by vendor)	
Grants (list separately by company)	
Total Registration Fees	
Revenue provided by department	
Revenue provided by non-profit (identify)	
Revenue provided by medical association (identify)	
Revenue from government org.; e.g. NIH, etc. (identify)	
<b>Total Revenue</b>	<b>0</b>

**Expenses\***

Speaker Travel	
Speaker Honoraria	
Catering (breaks, meals, etc)	
CME (admin + credit letters)	
Other CE or CEUs	
Advertising, mailings, announcements	
Other expenses (Specify)	
<b>Total Expenses</b>	<b>0</b>

**Balance** (revenue less expenses)                      **0**

## SERIES EVALUATION

Conducting periodic evaluations of learners is necessary to assess the effectiveness of your educational offering. ACCME Criteria 11-15 outline requirements for Evaluation and Improvement of CME programs, which include analysis of changes in learners (i.e., competence, performance, patient outcomes), identification and implementation of needed changes or improvements to the educational program based upon the analysis of changes in learners, and demonstration that identified program changes or improvements are underway.

For greater detail about evaluation methods, please see the document “Series Evaluation – The Process.”

- The Course Director will have chosen an evaluation method as well as interval (no less than twice yearly) when he/she completed the application.
- Plan to evaluate your learners in the manner indicated on the application. (If you are unsure about the method or interval, please contact Britt Deerberg, [brittain-deerberg@uiowa.edu](mailto:brittain-deerberg@uiowa.edu)).
- Send a summary of your findings to the CME Office no later than August 1 of each year.

## SERIES EVALUATION – THE PROCESS

In order to achieve compliance with the ACCME's criteria, you should complete the following steps:

- 1) **Evaluate your learners** for changes in the Learner Qualities you selected on your application. Utilize the evaluation method of your choice at the interval of your choice. Please exclude residents from this data.
- 2) Analyze evaluation findings and **identify and implement needed changes or improvements** to your educational activity.
- 3) **Complete a Year-End Evaluation Summary form.** We will ask for your summary every July.

### 1) Learner Qualities & Evaluation Methods

#### **Competence (ability to apply knowledge, skills and judgment)**

Your learners should be able to demonstrate to you that they can apply what they've learned. Ask them to describe changes they intend to make in practice. This can be done with an **evaluation form**, an **audience response system**, or even by pulling together an **informal focus group** of some of your regular attendees and surveying them face to face. You could also administer a **post-activity quiz** with scenario based questions. (An evaluation form template is available on the CME website.)

#### **Performance (what is actually being done in professional practice)**

Measuring performance requires not only asking learners about the changes they intend to make but also following up at a later date to find out if they actually made the changes. Follow up could take the form of **chart audits** or **self-reporting** by learners.

#### **Patient Outcomes (how patient care has been affected)**

Assessing changes in patient outcomes requires follow up with **chart audits**, **learner self-reporting**, or **analysis of QI data**. (For QI data, visit the Clinical Quality, Safety and Performance Improvement (CQSPI) Department's website at <https://thepoint.healthcare.uiowa.edu/sites/CQSPI/>. There you will find links to UIHC quality and safety data. You are encouraged to contact your department's CQSPI Quality Liaison for guidance.)

### 2) Identifying & Implementing Changes

Analyze evaluation findings to determine what program changes might be needed to improve learner outcomes in the future.

### 3) Year-End Evaluation Summary

We will ask you to complete the Year End Evaluation Summary form every July.

**University of Iowa Carver College of Medicine  
REGULARLY SCHEDULED SERIES EVALUATION FORM**

Series Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Are you a resident in training?  Yes  No

What is your degree? \_\_\_\_\_

Please describe any 'pearls' or takeaway messages that you feel were particularly relevant to your practice.

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Please note any *specific changes or improvements* in the care of your patients that you plan to make (or have already made) as a result of attending this educational activity.

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If no changes were identified, please explain why (program format or content not appropriate, nothing new learned, etc).

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**Did the program meet your expectations in accomplishing the stated educational objectives?**

Not at all  Minimally  Partially  Mostly  Completely

*(If minimally or not at all, please explain.)*

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**Were the presentations associated with this activity balanced and free of commercial bias?**

Yes  No *(If no, please explain below.)*

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**My overall impression of this CME activity:**

Fair  Good  Very Good  Excellent

**Additional Comments:**

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*Thank you for taking the time to complete this evaluation.*



## ATTENDANCE REPORTING

**Attendees are responsible for signing in to each session when they arrive, or no later than 10 minutes after the session begins.** CME credit won't be awarded to those who don't sign in.

**Take attendance at each session**, and be sure to collect attendees' University ID numbers (see the options below). **Exception: For attendees from outside the University, e-mail these attendees' names, degrees, addresses and e mail to the CME Office.**

Scan University/UIHC ID Cards.

Attendees sign in in the manner chosen by the department, but they must also provide their University ID numbers (8 digit number located on the front of Iowa One cards and on the back of UIHC ID cards).

**Submit attendance after each session** via the [CCOM Attendance Application](#). Contact Britt Deerberg ([brittain-deerberg@uiowa.edu](mailto:brittain-deerberg@uiowa.edu)) if you are unable to access the application.

### ***How to use the attendance application:***

1. Create an event
  - Select **Admin** (top yellow bar), then Event Admin
  - Click the Add Event button
  - Enter the series title in the Event Name field (e.g., Internal Medicine Grand Rounds)  
NOTE: Do not enter the date here and do not use slash marks (/)
  - Change the date and time in the Event Date field, if necessary, to match the meeting date and time
  - Select the host department from the dropdown list
  - Click Save
2. Upload Attendance – this can be accomplished using one or a combination of both of the methods listed below.

**File Upload** – Use this option if you use a wireless scanner (txt file) or if you are uploading a CSV file (contact Britt Deerberg ([brittain-deerberg@uiowa.edu](mailto:brittain-deerberg@uiowa.edu)) for a template and instructions for creating a CSV file).

- Select File Upload (top yellow bar)
- Select the host department from the dropdown list
- Select the event you created from the dropdown list
- Click the Browse button and navigate to the file
- Click the Upload button

## ATTENDANCE REPORTING – page 2

**Card Swipe** – Use this option if you are entering individual ID numbers manually.

- Select Card Swipe (top yellow bar)
- Select the host department from the dropdown list
- Select the event you created from the dropdown list
- Click Launch Event
- Place cursor in the box below “Please swipe ID badge”, type in the 8 digit ID number, and hit the Tab key (Enter will not work)

Once attendance is uploaded, the CME Office will retrieve the data. You may access the attendance data for your own purposes via **Reports**.