

SYMPOSIUM AND EVENT PLANNING

Frequently Asked Questions

Summary: Volume 1, Number 1 through Volume 5, Number 1
May 2003 - October 2007

Volume 5, Number 1
September 2007

Q. What is “content validation” all about?

A. Accredited providers are responsible for validating the clinical content of CME activities. The Southern California Permanente Medical Group, in accordance with the Accreditation Council for Continuing Medical Education (ACCME) and the California Medical Association / Institute for Medical Quality (CMA / IMQ) policies on assuring the independence of CME activities, requires all CME faculty to attest that:

- 1) All recommendations involving clinical medicine in a CME activity are **based on evidence** that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- 2) All scientific research referred to, reported or used in a CME activity in support of justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.
- 3) Research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner.

A content validation agreement with a request for an advance copy of presentation materials has been developed and will be included with the speaker confirmation letters.

Q. What is expected of planners and committee members related to “content validation”?

A. It is expected that physicians involved in the planning of CME activities and symposia will assist in or direct the review of the content (presentation materials, handouts, outlines, reference lists, etc.). Physicians specifically need to conduct the reviews since they have more of the needed expertise to assure content validation. This review may involve outside content experts. Its purpose is to assure that the content is scientifically evidence-based, accurate, current, balanced, and without evidence of commercial influence.

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Q. What is a conflict of interest (COI)?

A. A conflict of interest (COI) exists when any person involved in the planning or presentation of a CME activity has a relationship with a commercial interest and that person has the opportunity to affect the content of the activity relevant to the products or services of that commercial interest. Relationships with commercial interests are identified through the faculty and planning committee disclosure process (see question below). Conflicts of interests are determined by considering 3 things: the disclosure information, the content of the activity (meeting), and the involvement of the person disclosing. When there is a COI, the CME provider is required to “resolve” it before proceeding with the activity (symposium). (See question below about resolving COI.)

Q. What are some examples of conflicts of interest (COI)?

- A. Below are three examples illustrating what is and what is not a conflict of interest.
- There is a COI when Dr. Coy is on the speakers’ bureau of Company X and is the presenter for a CME activity about a disease for which Company X makes a drug.
 - There is no COI when Dr. Ngo is on the board of directors of Company W which makes lots of drugs, but she is talking about physician-patient communication skills and is not discussing any drugs per se.
 - A committee member receives a research grant from Company Y for one of its drugs. He is involved in the planning of an activity in which a device made by Company Y will be demonstrated. He is not involved in the research on this device. Does this create a COI? If you said “yes”, then you’re right.

Q. If a conflict of interest (COI) is identified, what is expected of planners and committee members in resolving the COI?

A. The Regional CME Committee has adopted a tool for follow-up and resolution of conflicts of interest. Upon receipt of evidence of a conflict of interest, a form is forwarded to the Symposium Chair’s attention. The chair (and perhaps the committee) will be expected to review the nature of the COI and the actual content (presentation materials) of the activity or symposium and help direct the resolution process. The form provides suggestions for resolving the COI. Once action is taken, the form is returned to the Regional CME Committee. In the example above, Dr. Coy agreed to have his presentation materials reviewed (and, if necessary edited) by a member of the planning committee who was deemed to be a content expert to make sure that his material was balanced, evidence-based, and without bias towards the drug made by Company X. In the case of a planning committee member, his/her involvement with the planning of the activity must be in areas that have no relevance to the conflict or s/he may be excluded from planning the activity.

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- Q. When are Planning Committee disclosures due?**
- A. Completed Planning Committee disclosure forms must be received by the SCPMG Meetings and Events Department (formerly know as the Symposium Department) no later than two months prior to the submission of the CME application (seven months prior to the Symposium date). Failure to comply with the policy timeline will result in removal from the committee. These forms are required so we, as the CME provider, can identify conflicts of interest (as mentioned above question).

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Volume 4, Number 2
July 2006

This issue of FAQ will address specific questions and concerns generated by California Assembly Bill 1195 (AB1195) as it relates to symposium planning.

Q. What is AB1195?

A. On and after July 1, 2006, all continuing medical education courses must contain content that includes cultural and linguistic competency in the practice of medicine. California-based providers planning courses within the State of California must comply with this law.

Q. How is “cultural and linguistic competency” defined?

A. In the context of AB1195, cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups and communities.

Linguistic competency means the ability of a physician to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient’s primary language.

Q. Does this apply to every CME activity?

A. No. This law applies to most, but not all CME activities. CME activities that do not include a direct patient care component are not required to comply with AB1195. All other activities must comply. A symposium, regardless of length, is considered a single activity.

Q. Does this mean that every presentation within a symposium needs to meet the AB1195 requirement?

A. No. The requirement is for the “activity.” A symposium is considered one activity with multiple sessions or presentations. If at least one presentation within the symposium meets the requirement, the symposium is considered to be in compliance.

Q. My application is complete and approved, but my symposium won’t take place for two more months and there is no specific content that meets the requirement. Do I need to change the program?

A. No. If planning is complete prior to the July 1 effective date, content does not need to be altered to meet the requirement.

Q. Is there a specific number of hours physicians need to report as was done for AB487 where 12 hours of Pain and End of Life education were required?

A. No. AB1195 puts the burden on the CME provider rather than individual physicians.

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Q. How will AB1195 be tracked?

A. The provider, Regional Physician Education, will monitor CME activities through the application process. Application templates have been revised to incorporate AB1195 compliance designation.

Q. Are there resources available?

A. Each Medical Center has a Culturally Responsive Care (CRC) Champion with access to a tool kit that contains printed material, videos and other resources that can either be incorporated into a symposium or used as reference. Contact your local Physician Education Office for assistance.

The IMQ (CMA's Institute for Medical Quality) will update its Web Site with more information and resources as they become available. Check out www.imq.org, then click on the link for CME Accreditation Program (the fourth link down on the left), then click on the link for What's New (at the top right), and finally click on the link for Assembly Bill 1195.

Q. Are there examples?

A. As this is early in the process, the only available examples are rather specific to specialized disciplines. In general terms, compliance with AB1195 can be accomplished in a variety of ways. An entire topic can be dedicated to cultural and linguistic competencies. A needs assessment or a learning objective that is directed toward cultural and linguistic competencies within a topic would also constitute compliance.

Consider including culturally relevant information on the diagnosis, prevalence, workup, management, complications, and/or prognosis of the condition being presented. Consider covering culturally appropriate communication techniques around the condition. Consider reviewing written and other resources that can be of help in appropriately communicating with patients, such as the use of a language telephone line, interpreters, handouts, and/or consent forms.

Q. How will I know if my application is in compliance?

A. You will be notified during the application review process if there are any compliance issues regarding AB1195. If you have any questions, you may contact the Regional CME Coordinator at 8-338-5361 or (626) 564-5361. E-mail – jim.e.follett@kp.org

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Volume 4, Number 1
March 2006

The Symposium and Event Planning and Regional CME Departments want to thank all of you for your responses to our new Chairperson Survey, conducted by Organization Research. Your input is very valuable to us in our desire to consistently improve our service to you, our speakers and our attendees.

We want to let you know that we've heard what you had to say. We reviewed your responses to identify repeated themes. Please take a few minutes to examine these topics.

1. Evaluation Summaries

There were several concerns regarding the timeliness of receipt of the attendee evaluation summaries. As you may know, this was a very labor-intensive process that took weeks to complete. It was often slowed by the staff's attempts to decipher handwriting. And we often found the content of the evaluations of limited use. Now with our new online registration system, SignUp4, we are sending electronic surveys via email during the week following the symposium. Our response rates have been great and the content very useful. The system automatically tabulates the quantitative data as well as collating all of the written comments. Within 4 weeks of your symposium, you will receive an email with the evaluation summary: bar charts with the appraisals of your speakers and easy-to-read responses to the narrative.

In addition, all speakers will be apprised of their own evaluation results. First the staff will be notifying the speakers in their preliminary letters that evaluations are completed by attendees and will share the actual evaluation questions in that letter. The thank you letter included in the honorarium envelope will also state that the evaluation summary for that speaker will be arriving via email. Finally, the staff will email each speaker with another thank you and his/her evaluation summary.

2. Budget Information

The Symposium Department is stepping up its efforts to obtain the invoices from the hotel venues more quickly to enable the staff to provide the budgets to chairpersons in a more timely manner.

We are committing to being able to forward the event budget to the chairpersons one month following the event. Please be aware that a revised budget may be sent at a later date due to receipt of new charges. However the staff will endeavor to provide as accurate an accounting as possible by the one month date.

During the event planning process, your Meeting Planner sends regular updates on the status of the budget. At the early stages, these updates will be monthly and, as the date approaches, the updates will be every 1 to 2 weeks. This information includes the status of the vendor support as well as registration.

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3. Vendors

The Department maintains Vendor Logs for each symposium and strives to keep the contact information as current as possible. As the planning season arrives for each meeting, all of the vendors on the list are contacted to request support at the level the chairperson has designated. Many of the pharmaceutical companies have initiated electronic grant request processes, so the element of personal contact has been reduced.

In some cases there is an advantage to trying to benefit from individual relationships the chair or committee member may have with a representative from a pharmaceutical or equipment company. In such cases, the staff may request the chair to make personal contact with the representative to request financial support.

4. Hotel Selection

Many of the symposium logistical processes were revised beginning in 2004, including the selection of hotels. Creating categories of hotels is intended to improve our efforts to manage the budgets. The initial hotel categories had limited venues in each in an attempt to exact preferred rates. The Staff has since found that many hotels in the community can match these preferred rates, so SCPMG leadership has agreed that the lists of hotels may be expanded, as long as they fit into one of our 3 categories:

HOTEL/VENUE PLAN DEFINED BY CATEGORY A, B, C	Category A	Category B	Category C
	Non-Hotel Venue	Mid-range Hotels	High-end Hotels
Continental Breakfast	\$10 - \$15	\$15 - \$25	\$25 - \$35
Lunch	\$25 - \$35	\$35 - \$42	\$42 - \$50
Basic Sleeping Room Rate	NA	\$100 - \$199	\$199 - \$250
Daily Registration Fees MD/Non-MD	\$75/\$50	\$95/\$75	\$125/\$100

Category A venues include using KP facilities, local churches, Sycamore Center in Lakewood, Descanso Gardens.

Category B hotels include venues such as: Paradise Pier and Disneyland Hotels, Crowne Plaza, Pacific Palms; Hilton, Hyatt, Marriott, Renaissance and Sheraton Hotels.

Category C hotels include venues such as: Grand Californian at Disney Resort, Four Seasons, Ritz Carlton, Las Vegas strip hotels

Your Meeting Planner can assist you in identifying other sites within your category.

We strive to improve our service on a continuing basis. Your Meeting Planner is ready to support your efforts to produce an outstanding educational event.

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Volume 3, No. 1
Spring 2005

Q. What is the intent of the planning committee member disclosure policy?

- A. As with the faculty disclosure policy, the planning committee disclosure policy's intent is to prevent commercial bias from entering into a CME activity. In the event there is a commercial tie between a committee member and a pharmaceutical company, the committee member may still participate in the planning process. However he/or she may not be involved in the planning of any presentation in which their commercial tie may be construed as a potential conflict of interest.

Q. At what point should the speaker provide the learning objectives and topic?

- A. Never. Needs assessments and learning objectives are to be determined by the planning committee prior to faculty selection. From the Institute for Medical Quality/California Medical Association CME Accreditation Standards:

"IMQ/CMA's CME Committee believes that, after the organization CME committee has identified the need, objectives, and target audience for the activity, the committee must communicate the need, objectives and target audience to the faculty in writing so that the speakers will clearly understand the committee's expectations."

Q. Please explain the timing of symposium planning.

- A. Ideally, symposium planning starts eleven (11) months prior to the activity's date. Regardless of when planning actually starts, the completed CME application must be submitted for approval *no later than* five months prior to the scheduled symposium date. This translates to a six-month window in which to plan the symposium content and select the faculty.

Speakers cannot be confirmed until after the application is approved. The confirmation process can take from several days to several weeks. The registration brochure cannot be finished until the confirmation process is complete. Our goal is to have the brochure and on-line registration available a minimum of three months prior to the symposium. Late submission of the application has a domino effect that retards the marketing of the meeting.

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Q. What is meant by “Data-based” Needs Assessments?

A. It is an IMQ/CMA requirement that planners “use needs assessment data” to plan CME activities. This does not mean that every needs assessment in the application must be loaded up with facts and figures. However, data should be used wherever appropriate. Below is an example of how data can be used in needs assessments.

The leading cause of death in the US is cardiovascular disease. (CVD) Regionally, the prevalence of CVD is 4.2%, with the total number of members with CVD in 2001 being 79,481.

New evidence suggests that the burden of disease caused by CVD can be significantly reduced by the proper administration of medications that have been extensively evaluated and repeatedly proven effective and safe.

The HOPE study demonstrated that when subjects >55 years with CVD or with diabetes mellitus (DM) plus one CVD risk factor, were prescribed an ACE-Inhibitor, their risks for morbidity and mortality were decreased substantially. The Heart Protection Study demonstrated that for subjects 40 – 80, adding a statin to existing treatments reduced rates of MI, stroke and revascularization by about one-quarter.

Many SCPMG members are not yet prescribed these beneficial medications. For those members who have CVD, 52.1% are not getting ACE-I and 68.3% of members with CVD have LDL-C under 100 mg/dl. Of that CVD population, 13.1% experience repeat revascularizations during the year following angioplasty and 22.7% are hospitalized with a major coronary event within 2 years of heart attack. Among members who had an acute MI, 21% experienced a subsequent revascularization procedure within 2 years.

That is the A+ version of a data based needs assessment.

Below is a needs assessment that addresses needs where specific data are not available:

Medical researchers, physician leaders, and health care underwriters expect medical caregivers to be skilled in evidence-based medicine in order to provide the most informed advice to patients. Society needs us to ensure that care is cost-effective, incorporating the latest published evidence while abandoning practices that are not supported by high-quality clinical studies. But evidence-based conferences have not been commonly available to orthopedic surgeons. This symposium seeks to fill that important gap in orthopedic education.

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The faculty will use clinical examples to demonstrate methodology for distinguishing high-quality from low-quality evidence, and for incorporating the evidence into clinical care in order to improve outcomes as well as overall population health. Examples will be taken from important and under-addressed issues such as injury prevention (including hip fractures in the elderly and knee injuries in females and adolescents), disease management (hip fracture), and use of registry data to improve outcomes of clinical care (total joint replacement). Two examples will address the management of common acute orthopedic conditions (elbow fractures in children and radial head fractures in adults).

Q. What kind of questions should be asked on a follow-up survey?

- A. Questions should primarily be based on learning objectives. In an effort to simplify the process somewhat, we have incorporated new wording into the speaker confirmation letter that requests specific points that the speaker expects attendees to take back to clinic. See below.

Please use the following learning objective as a guide for the focus of your presentation:

At the conclusion of the symposium the participant should be able to

- (Learning objective)
- (Learning objective)

Please isolate two points that you would like the audience to take away from you presentation:

In addition, we respectfully request the following:

- Incorporation of case studies if applicable
- A format that encourages audience interaction
- Opportunity for questions from the audience

If you have any questions about the CME planning process or if we can help in any other way, please do not hesitate to contact us:

Jim Follett, CME Coordinator – Physician Education 8-338-5361 / (626) 564-5361

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Volume 2, No. 2
Summer 2004

Content Validation

The provider must base all the recommendations involving clinical medicine in a CME activity on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in CME support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Specifically this element requires that all recommendation regarding diagnosis and treatment must be substantiated in the literature. Thus, all speakers whose presentations include such recommendations must provide the appropriate bibliography.

The CMA has adopted the ACCME standards for Commercial support:

Disclosure Policy for All CME Activities

An accredited provider shall have a policy requiring disclosure of the existence of any significant financial interest or other relationships a faculty member or the provider has with the manufacturer(s) of any commercial product discussed in an educational presentation.

As you may know, currently every speaker must complete a faculty disclosure form. In light of this new requirement, a similar disclosure will need to be obtained from every member of a symposium planning committee.

A few requirements are worthy of review:

Needs assessments: This is the first step in educational planning and should reflect the gap between current practice and best practice.

Learning objectives: Well-written objectives should be specific, short-range and action oriented. What will the participant do differently as a result of the activity?

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Q. What is the policy regarding complimentary sleeping rooms for symposium planning committee members?

A. Planning committee chairs and co-chairs are granted a hotel room in accordance with the schedule of the event. Generally the room is available the evening prior to the start of the symposium through the evening prior to the end of the symposium.

Planning committee members, as a general practice, are not granted complimentary hotel rooms. Exceptions to this may be made to this policy, at the discretion of the planning committee chair, when all of the following criteria are met:

- Participation in the planning process as evidenced by meeting minutes or summaries of telephone conference calls.
- Contribution to the development of the CME application, such as the needs assessment and learning objectives for a topic and interface with the presenter.
- Participation on site to moderate a panel discussion or point/counterpoint, provide assistance at registration, introduce speakers, or oversee vendor space.

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Volume 1, No. 2
Winter 2004

Q. Please explain the request for a Patient Safety topic in my symposium.

- A. With patient safety as a primary focus of the organization, Regional Symposia offer ideal opportunities to reach groups of physicians that share common concerns. They also offer opportunities to share best practices among specialty groups. The Physician Education Department at the Regional Office can assist with the identification of topics, the development of learning objectives, and the selection of speakers for patient safety presentations. You may contact Felice Klein, tie line 338 extension 5807, or Jim Follett, tie line 338 extension 5361 for assistance if needed.

Q. I'm not clear on the approval process for CME. To whom do I submit my application?

- A. When the CME application and agenda are completed, they should be e-mailed to Jim Follett, CME Coordinator in Physician Education, jim.e.follett@kp.org 8-338-5361 (626) 564-5361.

If you need help along the way, please contact us. The CME application and agenda need to be completed a minimum of five (5) months in advance of the symposium date. Once they are submitted, the Physician Education Department and the Regional CME Committee review the application for "pre-approval". There may be suggestions for changes made at this time, but once pre-approved, you may proceed with speaker confirmations, and other logistical details. A challenge to be addressed is how to develop a CME application and agenda for approval with names of speakers and agenda already developed and not know whether it will be approved. To address this, work with the Physician Education staff and Regional CME Committee throughout the planning process.

Q. What specific areas need to be covered in opening remarks?

- A. Along with welcoming and general housekeeping announcements there are a few items that need to be mentioned in opening remarks:
- Remind attendees to sign in. The only acceptable verification of attendance is the attendee signature on the sign-in sheet.
 - Stress the importance of thoughtful completion of the electronic evaluation.
 - Thank the vendors for their support of the symposium.

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In addition to opening remarks, there is specific information that needs to be included in all speaker introductions:

- Faculty disclosures – Whether or not there is the existence of any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) discussed in an educational presentation.
- Off-label usage – Whether or not there will be any discussion of off-label usage of any product.

Q. In developing my agenda I scheduled a 15-minute break. Why was it changed to 30 minutes?

A. There are a number of reasons for the longer break, especially in the morning:

- An important side benefit of our educational activities is the opportunity for physicians to network. Thirty-minute breaks enhance that opportunity.
- A 15-minute break is often logistically inadequate in terms of physically moving a large number of attendees out of and back into the meeting and/or breakout rooms.
- The exhibitors who provide funding for our symposia appreciate the contact with our physicians as afforded by the longer break.

Q. It was recommended that I do not have a lunch speaker. Why not?

A. Again for a variety of reasons:

- It is difficult for speakers to compete with the inherent noise and distraction of servers moving about, people eating, silverware clattering, and glasses clinking.
- Conversely it is difficult for attendees to hear a speaker over the same distractions.
- As with the extended breaks, attendees enjoy the opportunity to visit and relax after a spending the morning in learning mode.

We would like to hear your feedback. Please submit comments and ideas for future issues to Jim Follett, CME Coordinator in Physician Education, jim.e.follett@kp.org 8-338-5361 (626) 564-5361.

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Volume 1, No. 1 Spring 2003

Q. Why all the sudden focus on budget?

- A. In the past symposia budgets have almost been an afterthought, something to review after the fact. As we all know, a symposium is a very expensive proposition. Costs are rising and revenue has declined.

Some specialties have much greater funding sources than others, and thus have planned more elaborate programs at higher priced venues. The SCPMG Partnership lends itself to the implementation of guidelines that ensure equity.

The Regional CME Program has instituted guidelines to help us meet our budget challenges and realize our goal of bottom line budget accountability. By adhering to these guidelines, we can assure equity for all symposia regardless of specialty.

Some common queries and comments regarding bottom line budget accountability and the guidelines that will take us there:

Q. Since we have the funds, can we have lunch and dinner?

- A. The guideline calls for one meal per day, either lunch *or* dinner. Keep in mind that dinners at our venues are more expensive than lunches. Before opting for dinner, be sure the projected budget can accommodate the added cost.

Q. Can I have a reception at the end of the symposium?

- A. Yes, *if* it can be done within the budget.

Q. How much can I spend on a magician?

- A. Symposia budgets can only cover the costs of educational activities, facilities and one meal per day.

Q. I have a great speaker but he wants \$3000 for a one-hour lecture. We have a vendor that is willing to pay the full amount, so the honoraria guidelines don't apply, right?

- A. Honoraria guidelines apply regardless. (Local Speakers: \$300.00 - \$1,000.00 for a 1-hour presentation. National Speakers: \$500.00 - \$1,500.00 for a 1-hour presentation.) Any exceptions that exceed the guidelines must be approved by the Regional CME Committee on a case by case basis *prior to making a commitment to the speaker.*

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Q. I want to reward my committee by paying for their hotel rooms at the symposium. Is that allowed?

- A. *If the committee members have actively participated in the planning of the symposium and if they are assisting on site with the execution of the meeting, it is okay to pay for their rooms if it can be done within the budget.*

Q. Why does an application need to be submitted five months prior to a symposium?

- A. There are many logistical steps to putting on a symposium. In order to allow potential attendees the opportunity to arrange their calendars, the ideal timing for publicity is no less than three months prior to the date of the symposium. CMA regulations prohibit any reference to CME prior to credit being granted. All applications need to go through an approval process. Upon approval, speakers are contacted and confirmed. Registration brochures are developed and printed. With multiple symposia and other events being planned simultaneously, this entire process can easily take two months. When applications are not received at least five months in advance of the symposium date, there is a trickle down effect that delays marketing and creates a potential negative impact on attendance.

Q. When should planning begin?

- A. It is recommended that symposium planning committees schedule the first planning meeting for the next year's symposium one month after the current year's symposium. This allows six months for planning. Additionally, the review of the budget and evaluations of the just completed symposium is a great starting point to get the plan for the next meeting rolling. Ideally, the first meeting should be face to face.

Q. As the Chairperson I do most of the work. Why do I need a committee?

- A. To do most of the work. Realizing that the bulk of the planning and preparation for a symposium happens off hours and during lunch, the more planners that are involved, the lighter the load for everyone. Committees are most successful when members have specific assignments. In addition, there is a CMA CME requirement for a planning committee. This increases the breadth of input into the planning process, providing a wider base of ideas.

Q. Does anything need to be submitted besides the application?

- A. In addition to the application, the meeting agenda is *required* before the application can be approved.

Q. How should the committee members submit their sections of the application: fax, interoffice mail, or e-mail?

- A. First, the entire application must be submitted as one document. The planning committee chair or his/her designate should review the completed application and forward it for approval. E-mail is the best way to do this, as the document will need to be forwarded upon review. The agenda should also be submitted electronically.