

SCPMG FACULTY AND PLANNING COMMITTEE MEMBER DISCLOSURE

Name of CME Activity: _____

Date of Activity: _____

Name (Please Print): _____

Speaker

Planning Committee Member

As a provider accredited by the California Medical Association/Institute for Medical Quality (CMA/IMQ) the Southern California Permanente Medical Group (SCPMG) must ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. SCPMG adheres to the *Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support*.

This disclosure document is required of all faculty and planners per CMA standards.

Please read, complete and return no later than **(program planner inserts date)**. Failure to disclose the described financial relationships, or failure to disclose that no such financial relationships exist by the designated date, may result in disqualification from participation in the planning and/or implementation of this activity.

A commercial interest is defined as any proprietary entity producing health care goods and/or services consumed by, or used by patients, with the exception of non-profit or government organizations and non-health care related companies.

Indicate financial relationships below.

- **Disclosure must also include the financial relationships of a spouse/partner.**
- **Disclosure applies to the 12-month prior to the activity date. Any dollar amount is relevant.**

Use of This Information

A conflict of interest exists when an individual has a financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify a speaker or program planner from participating in the planning and execution of an educational activity, but to resolve any conflicts of interest that may arise from such financial relationships. SCPMG has a process to resolve any conflicts of interest and assumes that resolution will be possible. During this process, further information or assistance may be requested.

Relevant financial relationships will be disclosed to the audience.

✓	Affiliation/Financial Interest	Name of Organization
	Ownership or part ownership of commercial interests	
	Membership on boards of directors or trustees or advisory committees of commercial interests	
	Grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations)	
	Employee of commercial interests	
	Consultant for commercial interests	
	Stock holder (excluding mutual fund holdings) of commercial interests	
	Member of speakers bureau of commercial interests	

Neither I nor my spouse/partner has any relevant financial relationships with any commercial interests

Signature:	Date:
-------------------	--------------

SCPMG Regional CME Committee use only:

This disclosure form was reviewed by the Regional CME Committee:

Date of Review	
Name of Reviewer	

Southern California Permanente Medical Group Documentation Form for Identification and Resolution of CME Planner or Faculty Potential Conflict of Interest

This form is to be used to document steps taken to resolve real or potential conflicts of interest for individuals serving as faculty and/or planners for Southern California Permanente Medical Group (SCPMG) CME-accredited programs. Demonstration of resolution of such real or potential conflicts is required in the Institute for Medical Quality/California Medical Association Essential Areas and Elements used to accredit CME providers.

- Per SCPMG Regional Physician Education Department policy, individuals who fail to return a faculty/planner disclosure document are not eligible to participate as CME program planners or faculty.
- **Use of this form is not required when faculty/planner disclosure forms are returned indicating no relationships creating a potential conflict of interest.**
- When faculty/planner disclosure forms are returned indicating a relationship with an outside entity that may create a potential conflict of interest:
 - The SCPMG Regional CME Coordinator will forward a copy of the disclosure, along with a copy of this form, to the CME program chair.
 - The CME program chair, or his/her designee, will, consistent with SCPMG Regional Physician Education Department policy, review and, if a conflict is deemed to exist, resolve the potential conflict of interest.
 - The steps used to review and, if necessary, resolve the conflict of interest will be indicated on this form.
 - The CME program chair, or his/her designee, will sign the form, and return it to the SCPMG Regional CME Coordinator.
- As per SCPMG Regional Physician Education Department policy, faculty/planner disclosure will occur at the CME program.

REVIEW AND RESOLUTION OF POTENTIAL CONFLICT OF INTEREST FOR CME PLANNERS & FACULTY

Name of individual with potential conflict of interest:

Check all that apply:

- Upon review, no actual/potential conflict is deemed to exist – no additional action necessary.
- The planning committee member is excluded from analyzing needs assessment results, determining objectives, format, selecting faculty, & reviewing audiovisuals/syllabus material in areas of the program where the actual/potential conflict exists.
- By signing here, _____, the planning committee member/faculty member renounces & discontinues their relationship with the entity creating the real/potential conflict of interest. (It is expected that individuals will not resume the relationship that created the conflict after the completion of the program).
- The faculty member will not present, or provide syllabus/audiovisual material in content area where the real/potential conflict exists.
- The content area has been reassigned to a different individual without a real/potential conflict of interest.
- The faculty member is limited to presenting information from aspects of content (e.g., pathophysiology, epidemiology) where conflict if interest is unlikely to be an issue.

- ❑ The faculty member's slides and handouts have been reviewed before the program by the planning committee & others as needed. Any potential imbalance or bias identified by this peer review process has been eliminated (by edits to slides and handouts or by other mechanisms).
- ❑ The faculty member is limited to discussing evidence only from unbiased systematic reviews of the literature, and will disclose the literature being cited, the types of studies, the level of evidence, and conclusions from this best available evidence.
- ❑ The nature of the content and objectives of the program have been changed, but the new objectives and content are based on identified areas of need from the CME program needs assessment.
- ❑ The faculty member is limited to only presenting data. Another individual, without a real or potential conflict of interest, will discuss the implications for practice.
- ❑ The individual with a real/potential conflict is stepping down from or will be removed from the planning committee.
- ❑ The individual with a real/ potential conflict is stepping down as, or will be removed as faculty.
- ❑ Other: _____

CME planning committee chair (or reviewer designee) printed name

CME planning committee chair (or reviewer designee) signature

Date

SYMPOSIA PLANNING MEETING MINUTES AGENDA

Symposium Title		
Date		
#	Topic <i>(Each of these topics must be discussed at least once during the planning process.)</i>	Response
1	Introduction of Chair and Committee Members (List names and titles.)	
2	Describe Needs Assessment Process (How and why this topic was selected? Include review of last year's evaluations.)	
3	Describe Target Audience (Target audience must be physicians. Resident physicians may <i>not</i> be included in target audience.)	
4	Develop Educational Objectives (Develop overall objectives for the symposium <u>and</u> objectives for each topic. – Educational objectives need to be written in measurable outcomes, e.g., At the conclusion of this presentation attendees will be able to... “describe”, “list”, “explain”, “discuss”, “use”, “demonstrate”, “diagnose”, “identify”, “rank”, “differentiate”, etc, <u>not</u> passive verbs such as “understand”, “know”, “learn”, “appreciate”, etc.)	
5	Select Topics and Potential Speakers (Establish who will invite speakers.)	
6	Establish Educational Design (E.g. hands-on workshop, case presentations, discussion, break-out groups, film/video, questions and answers, didactic presentation with or without slides, etc.)	

Symposium Title		
Date		
#	Topic <i>(Each of these topics must be discussed at least once during the planning process.)</i>	Response
7	Review Program Budget (See attached budget form included in the packet.)	
8	Discuss commercial support – (Describe and who will contact the pharmaceutical representative – assure that no displays will be present in meeting rooms and only formulary drugs will be displayed.)	
9	Establish Evaluation Process (Utilize standard evaluation form. Designate 6-8 participants to give a focused evaluation. Designate committee members to do follow-up evaluation calls to a small sampling of randomly selected participants.)	

**APPLICATION FOR CATEGORY 1 CME CREDIT FOR
REGIONAL SYMPOSIUM/ACTIVITY**

Application Date:	
Name of Symposium/Activity:	
Date(s) of Activity:	
Location:	
Planning Committee Chairperson:	
Chairperson contact #(s):	
Planning Committee Members:	
Target Audience: <i>Please be as specific as possible.</i>	
Overall Needs Assessment	<i>Why are you doing this activity? Are there gaps in practice you wish to address? Are there data sources (Internal Kaiser data, current literature, etc.) to substantiate the need?</i>
Educational Objectives <i>This will be printed in the brochure</i>	<i>At the conclusion of this symposium attendees should be able to:</i> 1.
Measuring Outcomes <i>(which levels of outcomes do you expect to measure?)</i>	<input type="checkbox"/> Level 2: Learning <i>To what extent did participants increase knowledge or change attitudes? (e.g., Post test or follow-up survey 1 – 2 months after the event)</i>
	<input type="checkbox"/> Level 3: Behavior <i>Have participants changed the way they practice medicine as a result of this CME event? (e.g., Survey 3 – 6 months after the event)</i>
	<input type="checkbox"/> Level 4: Results <i>Were the intended results of the event achieved? (e.g., Data collection on regional or physician performance).</i>
Planned Outcome Measurement Method(s)	<i>Describe how this activity's objectives will be evaluated.</i>
AB1195 Compliance Title of Presentation:	
Number of Hours Applied for:	

**APPLICATION FOR CATEGORY 1 CME CREDIT
FOR REGIONAL SYMPOSIUM/ACTIVITY**

FOR EACH PRESENTATION PROVIDE THE FOLLOWING INFORMATION

Title:	
Needs Assessment:	
Educational objectives:	<i>At the conclusion of this presentation attendees should be able to:</i> 1.
AB1195	<input type="checkbox"/> Check if topic meets AB1195 requirement <i>If checked, please explain:</i>
Speaker Name & Title:	
Secondary Title:	
Affiliation:	
Address:	
Phone:	
Fax:	
E-mail:	
Agreed Honorarium:	Honorarium: Guideline: \$300 - \$1,000 for local (lower range) and national speakers (higher range based on distance and time away from normal daily routine) for a 1-hour presentation. Maximum of \$1,500 for a 1-hour presentation for nationally/internationally renowned speakers. SCPMG speakers may receive an honorarium of up to \$500 when presenting on their own time. <i>Exceptions must be <u>pre-approved</u> by the Regional CME Committee.</i>
Day/Date:	
Time:	
Duration:	
Educational Format:	<i>(Panel, Workshop, Group Discussion, Case Presentation, Point/Counterpoint, Didactic Lecture, etc.)</i>

Symposium Title
Date
Location

DATE: (Day and Date)

Introduction / Registration

(Time: From – To)

Presentation Title
Speaker, Title

(Time: From – To)

Presentation Title
Speaker, Title

(Time: From – To)

Presentation Title
Speaker, Title

Etc. Etc.

Breaks should be 30 minutes to allow attendees time to visit exhibits when applicable.

We recommend that lunch not include a presentation. We have found that attendees prefer down time at lunch.

