

CONTINUING MEDICAL EDUCATION COMMITTEE

John Maese MD, Chair

MEETING OF APRIL 15, 2021 – ACTION ITEM

1 50.992 Continuing Medical Education Application Forms
2

3 At its December 13, 2007 meeting, MSSNY Council accepted the recommendation of the CME
4 Committee to update the CME application forms. Updates had been made to ensure
5 compliance with updates that the Accreditation Council for Continuing Medical Education
6 (ACCME) had made in their Accreditation Criteria.
7

8 In December 2020, ACCME released its new Standards for Integrity and Independence in
9 Accredited Continuing Education and reorganized Accreditation Criteria. The CME Committee
10 has updated the MSSNY CME application form to ensure compliance with the standards and
11 criteria. The CME Committee also recommends adoption of ACCME's Quick Tool for Planning
12 Accredited Continuing Education, a simplified application form that can be used for CME
13 activities with content that precludes the existence of relevant financial relationships.
14

15 **RECOMMENDATION:** As an Accredited Provider, it is the Medical Society of the State of New
16 York's responsibility to revise CME application forms to be consistent with new standards and
17 accreditation criteria mandated by the Accreditation Council for Continuing Medical Education
18 (ACCME). Therefore, the revised CME application forms are before the Council for
19 consideration.

(FOR COUNCIL APPROVAL)

MEDICAL SOCIETY OF THE STATE OF NEW YORK
APPLICATION FOR
AMA PRA CATEGORY 1™ CME CREDIT



PLEASE NOTE

This application should be received by MSSNY three months prior to the program to be eligible for consideration.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Updated 2021

Educational Providership Agreement

PLEASE REVIEW AND RETURN SIGNED COPY WITH YOUR APPLICATION

- Step I** *Applicant must contact MSSNY's Office of Continuing Education at least three (3) months prior to the date(s) of the educational activity to schedule a planning meeting.*
- Step II** A planning meeting must be held to discuss preliminary program agenda, faculty, and budget.
- Step III** The completed application for AMA PRA Category 1 credits™ and all supplemental documents are submitted to the MSSNY Subcommittee on Educational Programs for review and approval or disapproval. Payment will be invoiced.
- Requirements for CME activities are the responsibility of the organization making the application.
- Step IV.** Planning and submission
- Step V.** **Implementation:** Must submit draft copies of ALL brochures and advertisements to MSSNY's CME office for approval prior to printing. *All printed materials must include the MSSNY Accreditation statement.*

All commercial supporters should be acknowledged as supporters, not sponsors, on all printed materials.

For Enduring Materials - video, audio, printed materials and online CME activities have additional requirements. See Enduring Material policy

- Step VI.** Applicant receives a written report of the Subcommittee's decision.
- Step VII.** **Evaluation:** The following materials are due in MSSNY's CME office four (4) weeks after completion of the activity or series:
- Actual attendance list of MD/DO's and non-MD/DO's including total numbers
 - Evaluation and faculty evaluation summary, including outcomes data
 - One copy of the syllabus and handout materials
 - A final budget report including all industry support information
 - The MSSNY monitor's evaluation form

Joint Providership Fees:

Joint Providership Fee: **\$1000 plus \$150 per credit.** This fee is for:

1. a one-time presentation of a live activity,
2. an enduring material or internet based activity for one year
3. a regularly scheduled series for one year

Joint Providership Fee: **\$500 plus \$150 per credit.** This fee is for:

1. each additional repeat presentation of a live activity.
2. an enduring material or internet based activity for each of the second and third years.

County Medical Societies that do not have an Academy of Medicine that is an accredited provider are billed 50% for the joint providership and per-credit fees listed above.

Activity Review Fee: If MSSNY sends a monitor to perform an activity review, it is the Joint Provider's responsibility to pay the monitor's expenses. This includes, but is not limited to, registration fees and any travel expenses. An invoice with original receipts will be sent after the activity is held.

I have read and understand my responsibilities _____
Program Coordinator Date

APPLICATION FOR EDUCATIONAL PROVIDERSHIP OF A CME ACTIVITY

Applicant Information

Organization Name:

Program Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

E-Mail:

Activity Information

Title:

Date of application:

Activity Date(s):

Location of Program:

Of AMA PRA Category 1™ Credits Requested:

Proper Preparation of Printed Materials

All printed materials (flyers, brochures, CD/DVD covers, email, etc) must have the proper accreditation and disclosure statements. **ALL MATERIALS MUST BE APPROVED BEFORE PRINTED OR DISTRIBUTED TO THE PUBLIC.**

1. Type of Providership requested: Choose one

- ☐ Joint Providership (applicant is a non-accredited provider)
- ☐ Direct Providership (applicant is a MSSNY staff person)

PLANNING

Education must develop or increase knowledge, skills and/or professional performance a physician uses for patients, public or the profession. The subject area must encompass the scope & depth appropriate for physicians & be planned, presented & evaluated in terms of measurable educational objectives defining the level of competence/performance to be achieved.

2. Describe your target audience:

3. Describe Gaps in Competence and/or Performance (Educational Needs)

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

- **Competence** "Knowing how to do something" "... a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice" "The simultaneous integration of knowledge, skills & attitudes required for performance in a designated role and setting."
- **Performance:** What is actually done in practice. It is based on one's competence but is modified by system factors & the circumstances."
- **Professional Practice Gap** "The difference between actual and ideal best practice - performance and/or patient outcomes."

a. What practice-based issue (gap between current & best practice) will be addressed in this CME?

b. How did you know this was a gap for your physician-learners? (as identified in Q3a)?

- () Learner Evaluations/Survey () Objective data / medical audit/statistics* () Regulatory changes*
() Risk Management /QI Report* () New technology/technique* () Other*

c. *Identify the data source(s):

d. Based on answers to 3b, describe how you sure are it is a gap for your learners:

e. Why does the practice gap exist?

f. State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each).

**Knowledge need
and/or**

**Competence need
and/or**

Performance need
and/or

4. Application of Identified Gaps to Planning Content

Designed to Change: Provider generates activities/education interventions designed to change competence, performance or patient outcomes

Education objectives are not simply what participants will learn; they must clarify outcomes for change in competence, performance, patient outcomes.

Knowledge is information acquired through experience/education (*A professional practice gap can be the result of a knowledge need; however accredited CME must change competence, performance, or patient outcomes to comply with this criterion.*)

Competence is the ability to apply knowledge, skills, or judgment in practice or develop a strategy based on new knowledge. Competence is knowledge put into action by the learner. It is: This is what I know and this is what I would do on the basis of it.

Competence put into action by the learner — that is Performance. Performance implies *in practice*.

Patient outcome — these are the consequences in the system, your stakeholder, the application of performance. You measure these to determine the impact of the educational intervention.

Based on answers to Q3, State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words).

EVALUATION

Analyzes Change: The provider analyzes changes in learners (competence, performance, or patient outcomes)

5. Evaluation Tools (including Outcomes Evaluation Assessment) (Analyzes Change)

The method of evaluation depends on (1) the expected result (*to change competence, performance or patient outcomes*); (2) format & applicability of the tool & (3) available resources. How will you evaluate the activity's effectiveness in producing change? Post-activity, how will you ascertain if the practice gap is resolved?

METHOD options:
Post-activity Evaluation (<i>measures change to competence</i>)
Long-term Post-activity Evaluation (<i>measure change to performance / patient outcomes</i>)
Pre - Post Test (<i>measures immediate learning</i>)
Learning Contract (<i>commitment - to - change question</i>)
Audience Response System (<i>identifies if learners understand content and provides learning reinforcement</i>)
Focus Group (<i>qualitative measurement to seek more indepth information</i>)
Post Test (<i>measures transfer of knowledge</i>)
Case discussion or vignette (<i>measures application of knowledge to practice / competence</i>)
Performing specific techniques taught at CME
Medical records review before and after activity
Other

- a. In Question 4, do you plan to change Competence _____ YES _____ NO
- b. **Describe the evaluation mechanism**
- c. In Question 4, do you plan to change Performance _____ YES _____ NO
- d. **Describe the evaluation mechanism**
- e. In Question 4, do you plan to change Patient Outcomes _____ YES _____ NO
- f. **Describe the evaluation mechanism**
- g. Is this a regularly scheduled series? _____ YES _____ NO
- If YES, provide your process for monitoring the activity

6. Preparing Measurable Learning Objectives (Designed to Change)

Educational **objectives** are not simply what the participants will learn. They must clarify outcomes for change in competence, performance and/or patient outcomes.

- a. If focus is changing competence, will the activity provide information allowing learners to change their approach to diagnosis or management? What practice strategies are offered to help a learner develop or expand?
- a. If focus is performance-based changes how will learners assess their practice to understand how often to approach a patient on issues described in this CME? What can this CME do to help learners change their practices? Is a new skill being taught?
- b. If focus is on changing patient outcomes, will learners be able to assess if their patients are getting best possible outcomes from treatment, as described in the presentation? What can this CME do to change patients' outcomes?

Based on your answers to Q4 and using the descriptions above, LIST your measurable learning objectives:

7. Program Format:

Appropriate Format: Provider chooses educational formats that are appropriate for the setting, objectives & desired results of the activity.

Based on the previous steps, what format(s) will be used for this activity?

- | | | | |
|---|---|---|------------------------------|
| <input type="checkbox"/> Live* | <input type="checkbox"/> Enduring material | <input type="checkbox"/> Internet | <input type="checkbox"/> PIP |
| <input type="checkbox"/> Journal-based CME | <input type="checkbox"/> Test-item writing activity | <input type="checkbox"/> Manuscript review activity | |
| <input type="checkbox"/> Internet point-of-care | <input type="checkbox"/> Other_____ | | |

What is the educational design of the activity?

- | | | |
|--|---|---|
| <input type="checkbox"/> Didactic Lecture | <input type="checkbox"/> Symposium | <input type="checkbox"/> Case-based discussion |
| <input type="checkbox"/> Train the Trainer | <input type="checkbox"/> Online | <input type="checkbox"/> Webinar |
| <input type="checkbox"/> Enduring material Type: | <input type="checkbox"/> Regularly Scheduled Series: SE | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Panel | <input type="checkbox"/> Skill-based training | <input type="checkbox"/> Small group discussion |
| <input type="checkbox"/> Other_____ | | |

Explain why this educational format is appropriate for this activity (maximum 25 words).

8. Planners and Presenters

Faculty should have a demonstrated expertise, strong presentation & communication skills, and be able to address the needs & objectives of the activity without a conflict of interest.

List the names of anyone with the potential to control the content of this activity (activity planners, moderators, faculty, authors, etc.):

9. Physician Competencies and Attributes

Competencies: The provider develops activities/educational interventions in the context of desirable physician attributes. (competencies).

Competencies & Attributes are national goals for physicians associated with targeted specialty(ies) that should be addressed whenever possible in planning CME. Based on the List of Desirable Physician Attributes below, which competency areas have been addressed during the planning of this CME activity? Check all that apply. (C6)

ACGME/ABMS Competencies

- ___ **Patient care and Procedural Skills** demonstrate an ability to listen and absorb medical histories, diagnose, properly inform and educate, and prescribe and perform necessary procedures in a way that maximizes patient comfort.
- ___ **Medical knowledge** of established & evolving biomedical, clinical, & cognate sciences & application of knowledge to patient care
- ___ **Practice-based learning and Improvement** that involves investigation and evaluation of own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- ___ **Interpersonal & Communication Skills** that result in effective information exchange & teaming with patients, families & other health professionals
- ___ **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- ___ **Systems-based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context & system for health care and the ability to effectively call on system resources to provide care that is of optimal value

Institute of Medicine Core Competencies

- ___ **Provide patient-centered care:** identify, respect & care about patient differences, values, preferences & expressed needs; relieve pain & suffering; coordinate continuous care; listen to, clearly communicate with & educate patients; share decision making & management; continuously advocate disease prevention, wellness, healthy lifestyle promotion, including focus on population health
- ___ **Work in interdisciplinary teams:** cooperate, collaborate, communicate & integrate care in teams to ensure care is continuous & reliable. Employ evidence-based practice. Integrate best research with clinical expertise & patient values for optimum care & participate in learning and research activities to the extent feasible
- ___ **Employ evidence-based practice:** Incorporate expertise in clinic practices with available clinical research evidence of patient findings. A

- ___ **Apply quality improvement:** identify errors & hazards in care; understand & implement basic safety principles, like standardization & simplification; continually understand & measure quality of care in terms of structure, process & outcomes in relation to patient & community needs. Design & test interventions to change processes & systems of care, with objective of improving quality
- ___ **Utilize informatics:** communicate, manage, knowledge, mitigate error, & support decision making using information technology

Interprofessional Education Collaborative

- ___ **Values/Ethics for Interprofessional Practice**
- ___ **Roles/Responsibilities**
- ___ **Interprofessional Communication**
- ___ **Teams and Teamwork**

Other Competencies

___ Please check if competencies other than those listed were addressed.

10. Preliminary budget: Provide expected revenue and expenses for this activity:

11. Commercial Support

- a. Is there commercial support for this activity? ___YES ___NO
If NO, how is the activity funded?
- b. If YES, attach a list of commercial supporters
- c. If receiving commercial support, how will this support be disclosed to the learners prior to the activity?
___Verbally
___Written
- d. Will there be exhibitors? ___YES ___NO
- e. If YES, attach a list of exhibitors
If YES: How will you manage the separation of the exhibitors from the educational rooms and learners?
- f. Will you be accepting advertisements? ___YES ___NO

DISCLOSURE

12. Financial Relationships

This form must be completed by all presenters/planners (and any other individuals in control of CME content) if commercial support is or is not accepted.

- a. Has anyone with the potential to control the content refused to disclose financial relationships?
___ YES ___ NO
If yes, how was this managed?
- b. On the Financial Relationship Form, did anyone with the potential to control the content of the activity disclose a relevant financial relationship (RFR), resulting in a need to mitigate? ___ YES ___ NO
If YES, submit a completed MSSNY Content Review Form for each person.
- c. **Prior to the start of the CME activity**, learners must be informed of any and/or the lack of RFRs for anyone with the potential to control the content of the activity.

Describe how you plan to make the disclosures to your learners prior to the start of the activity:
___Verbally ___Written

MONITORING

13. Accredited providers are responsible for ensuring that their accredited CME activities comply with ACCME's Standards for Integrity and Independence in Accredited Continuing Education, including Standard 1, Ensure Content is Valid, and Standard 2, Prevent Commercial Bias and Marketing in Accredited Continuing Education.

- ☐ By checking here, you acknowledge that you have read Standards 1 and 2 (hyperlinked above) and accept that measures to ensure compliance, including but not limited to monitoring the activity, are to be taken.

PREVIOUS ACCREDITATION

14. Have you applied for CME credit for this activity in the past? ___YES ___NO

- a. If yes, submit a narrative describing analysis of the outcome data from your previous activity justifying the need for this educational activity. Describe use of evaluation data from the previous activity as part of your needs assessment.

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) (If chosen, additional documentation will be required)

15. Will this activity meet the requirements of a MIPS improvement activity? ____YES ____NO

MAINTENANCE OF CERTIFICATION (If chosen, additional documentation will be required)

17. Will this activity be designed to provide MOC points for physician attendees? ____YES ____NO

If "yes," please select the specialty boards with which you would like to register this activity"

- ___ American Board of Anesthesiology (ABA)
- ___ American Board of Internal Medicine (ABIM)
- ___ American Board of Ophthalmology (ABO)
- ___ American Board of Otolaryngology - Head and Neck Surgery (ABOHNS)
- ___ American Board of Pathology (ABPATH)
- ___ American Board of Pediatrics (ABP)
- ___ American Board of Surgery (ABS)

A CME APPLICATION MAY NOT BE ACCEPTED WITHOUT THE FOLLOWING: Identify materials have been submitted:

- ___ Completed application form
- ___ An agenda with start and end times of all live activities
- ___ Activity materials and all handouts (PowerPoints, slides, etc) with appropriate disclosure statements
- ___ List of planners, presenters, moderators
- ___ A CV or bio for each Faculty member
- ___ A copy of the faculty invitation letter (if used)
- ___ List of all commercial supporters (if applicable)
- ___ List of all exhibitors
- ___ Signed MSSNY commercial support agreements for all entities providing financial or in-kind support.
- ___ Preliminary budget
- ___ The Financial Relationship form for each planner, presenter, moderator, and other individuals in control of content
- ___ MSSNY Content Review Form for anyone with relevant financial relationship
- ___ Copy of the verbal disclosure attestation form
- ___ Copy of written disclosure information for RFR and/or commercial support
- ___ A copy of any non-educational interventions
- ___ The evaluation tool(s) for learners and faculty
- ___ Monitoring tool for RSS
- ___ Copy of all printed materials: brochure, flyer CD/DVD covers etc.
- ___ A copy of your sign-in sheet
- ___ Analysis of the outcome data from your previously-approved activity justifying need for this activity.

FOR CME COMMITTEE USE ONLY : Date of Committee action: _____ Initialed by CME staff _____ () Approved for ____AMA PRA Category 1™ credit(s) () Not approved: Reason: _____
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REQUIREMENTS FOR ACCREDITATION:

ACCREDITATION STATEMENT: All printed or electronic flyers/promotional materials/CME certificates MUST include the statement as written below. The credit designation statement MUST be offset (italics or bold) from the rest of the statement

For Directly Provided Activities

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this (type of activity) for a maximum of (number of credits) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For Jointly Provided Activities

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Medical Society of the State of New York (MSSNY) and

(Name of Non-Accredited Provider). MSSNY is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this (type of activity) for a maximum of (number of credits) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURE

All accredited providers are required to identify and mitigate relevant financial relationships of all individuals in control of CME content. Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- ✓ A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- ✓ The financial relationship existed during the past **24 months**.
- ✓ The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

Relevant financial relationships of all individuals in control of CME content must be disclosed to learners, in written and/or verbal* form. Absence of relevant financial relationships must also be disclosed. See “Examples of Communicating Disclosure to Learners” document for sample disclosure language.

*If disclosures are solely verbal, an attestation form with the exact language used will be required.

Disclosure of relevant financial relationships must be followed with the statement “All of the relevant financial relationships listed for these individuals have been mitigated.”

FUNDING DISCLOSURE STATEMENT EXAMPLES:

This activity has been funded by an unrestricted educational grant from Merck Pharmaceuticals

This activity has been funded by an unrestricted educational grant from the NYS Department of Health.

REGISTRATION FOR THE CME ACTIVITY: There **MUST** be a sign in sheet which clearly identifies the learner sent to MSSNY post-activity. This can be sign in sheet, registration list (the learner must sign or initial) or electronic roster (for online activities).

CERTIFICATES: These will be sent to learners upon receipt of the sign in sheet and/or registration list (please include Excel spreadsheet including name, degree/credentials, and email address).



Quick Tool for Planning Accredited Continuing Education

For more information, visit
accme.org/standards

What is your name and email?

Name:

Email:

When will the education take place?

Date:

Do you have a title or brief description for the education?

Title/Brief Description:

If yes, please note it to the right; if no, leave blank.

Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-In

What practice-based problem (gap) will this education address?

Practice-based problem (gap):

Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students

What is/are the reason(s) for the gap?
How are your learners involved?

Reason(s) for the gap:

Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration

Review the three statements to the right.

The education will... (check all that apply)

If you can check any of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.

☐ only address a non-clinical topic (e.g., leadership or communication skills training).

If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.

☐ be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).

☐ be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).

What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?

Desired change(s) in strategy, performance, or patient care:

Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills

In order to award CME/CE credit, please indicate the duration of the education.

Education duration: _____ hours and _____ minutes

Please report time in 15-minute increments.

Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.

Changes learners intend to make to strategies, performance, or patient care:

Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.

After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.



Note for Continuing Education Staff

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact ACCME at info@accme.org.