**Planning Committee and Speaker Guidelines**

Wright State University Boonshoft School of Medicine is an Accreditation Council for Continuing Medical Education (ACCME) accredited provider of continuing medical education (CME).

**General**

**Contributed Funds:** All support, monetary and in-kind, must be paid or contributed with the full knowledge and approval of the school’s CME committee to Wright State University. All funds must adhere to the [ACCME Standards for Commercial Support](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf).

**Disclosure of Financial Relationships:** All individuals in a position to influence the content of a certified CME activity must disclose any relevant financial relationship within the past 12 months that might affect independence in the proposed CME activity. This information must be provided to the audience before the activity. Company funding and any significant relationship among speaker, moderator and a company will be disclosed prior to the activity. Refusal to disclose relevant financial relationships will be disqualified from being a part of planning or speaking at a CME activity.

**Conflict of Interest (COI) Resolution:** If anyone in a position to influence content of a certified CME activity declares a COI, the planning committee must be aware of it and document the steps taken to ensure balance, independence, objectivity and scientific rigor in the CME activity.

**Planning Committee**

**Development:**  The planning committee must identify and document appropriate needs using CME needs assessment [guidelines](http://www.med.wright.edu/fca/cme/needs.html). The committee will establish the goal of the activity, create appropriate [objectives](http://www.med.wright.edu/fca/cme/objectives.html), and choose an activity title, date and location.

**Speaker Selection:** The planning committee must identify potential speakers and moderators. The school’s CME committee is ultimately responsible for control and selection of presenters and moderators.

**Contributor Selection**: The planning committee must identify potential contributors. All contributors must adhere to the [Commercial Support and Disclosure](http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm) policies of the ACCME and cannot have control of the content of the CME activity.

**Activity Content:** All CME educational activities developed and presented by a provider accredited by the ACCME and associated with *AMA PRA Category 1 Credit*TM must be developed and presented in compliance with all ACCME accreditation requirements – in addition to all the requirements of the AMA PRA program.

**Speaker**

**Statement of Purpose:** The speaker agrees that the CME activity is for scientific or educational purposes. Any discussion of a company’s products will be objective, balanced, and scientifically rigorous.

**Technical Assistance:** Speakers may seek limited technical assistance from commercial supporters in preparing slides or audiovisual materials but must not let the company influence the content of the program.

**Limitations of Data:** The speaker must disclose any limitations on the information that is presented, such as data that represent ongoing research, interim analysis, preliminary data or unsupported opinion.

**Discussion of Unapproved Uses:** If unapproved (unlabeled) uses are discussed during the CME activity, the speaker must disclose that the product is not approved in the United States for the use under discussion.

**Opportunities for Debate:** During the CME presentation, the speaker will open the floor for scientific debate or questioning.

**Content Validity:** Speakers must assure, implicitly or explicitly, that any clinical recommendations made are valid for use in the care of patients. All scientific research referred to, reported in, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis. The following must be adhered to:

* Clinical care recommendations must be based on evidence that is accepted within the profession of medicine as adequate

justification for their use

* All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted

within the profession of medicine as adequate justification for their indications and contraindications in the care of

patients

* A recommendation on clinical care must be more than firmly held beliefs or hopes for efficacy
* Data or information accepted within the profession of medicine must support the recommendation
* The conclusions drawn from the data must be those that would be reasonably drawn from those data

The validation of clinical content does not mean that every clinician in the country accepts the recommendation or that the recommendation is part of FDA-labeling. An important part of validity is the scientific integrity of the data from which the conclusions are drawn and the clinical recommendations crafted.

**CME Conflict(s) of Interest Disclosure**

All individuals in a position to influence the content of a certified CME activity must disclose any relevant financial relationship that might affect their independent involvement in the proposed CME activity. The intent of this policy is to ensure that any potential conflict will be identified openly so that the activity participants may form their own judgments about the presentation with the full disclosure of facts.

**Commercial entity** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Relevant financial relationship** is defined as a financial benefit that you or your spouse/partner has had within the past 12 months. This pertains to employment, management position, independent contractor(including contracted research), salaries, royalties, intellectual property rights, consulting fees, honoraria, membership on advisory committees or review panels, board membership, ownership interest or other financial benefits with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic.

**Name:**

**Activity Date:**

**Activity Title:**

**Role:** Faculty/ Speaker Planning Committee Member

I ***do not have*** any relevant financial arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this continuing medical education activity.

I ***do have*** a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this continuing medical education activity, as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship** | **Self** | **Spouse/ Partner** | **List Names(s) of Commercial Entity(ies)** |
| Affiliation/Financial Interest |  |  |  |
| Grant Research Support |  |  |  |
| Consultant |  |  |  |
| Speaker's Bureau |  |  |  |
| Major Stockholder |  |  |  |
| Other (describe) |  |  |  |

Having an interest or affiliation with a corporate organization does not necessarily prevent you from participating in the proposed CME activity. However, ACCME policies describe procedures for resolving conflicts of interest that may require limiting the role and input of any person judged to have a conflict.

Please note the following from the ACCME Standards for Commercial Support: “An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of a CME activity.”

Will your presentation(s) include discussion of any “off-label” uses of any FDA approved pharmaceutical products or medical devices?

No  Yes, please list the product(s) and the “off-label” use to be discussed

Your signature below attests to the accuracy of the information you have provided above and you have agreed to the Planning Committee and Speaker Guidelines.

**Signature:**

Please no electronic signatures. You may complete the [COI e-form](https://wright.qualtrics.com/SE/?SID=SV_578TurqmsloevBz) instead **CME Attestations to Avoid Bias**

**Name:**

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

**Agree Disagree**

I have disclosed to WSU all relevant financial relationships, and I will disclose this information to the learners verbally (for live activities) and in print.

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with WSU.

I understand that WSU may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.

I understand that commercial entity corporate names or logos should not appear on my slides or handouts.

**Agree Disagree N/A**

If I am providing recommendations involving clinical medicine, they will be based 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 in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.

If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.

If I have been trained or used by a commercial entity or its agent as a speaker (e.g., speaker’s bureau) for any commercial interest, the promotional aspects of the presentation will not be included in any way with this activity.

If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.

If I am presenting research studies, I will include weaknesses and strengths of each study in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

**I have carefully read and considered each item in this form and have completed it to the best of my ability.**

Signature Date

**Speaker Credit Application (Optional)**

Activity Title:

Date of Activity:

Speaker’s Name:

Time Spent Speaking:

Thank you for agreeing to teach in our event. Your “assignment” can be recognized as a learning project for you, in support of your own continuing professional development, if you so choose.

In order to do so, we will need to do some work together to ensure the best outcome for you. **Please use full sentences for descriptions**. **Descriptions determined to be inadequate in breadth will not be considered for speaker credit.**

1. Describe the area of your professional practice that this learning project will/did inform, or improve:
2. Describe this in terms of new knowledge sought or gained, or a new strategy or practice developed for you:
3. Describe where and when you can apply this learning:
4. What outcome for your practice did it/will it have?
5. What assistance or resources did/would you need from us in this learning project?
6. Describe what you did or will do, as an active learner, to complete this project?
7. Can we/did we assist you by,
   1. Connecting you with other persons with a similar project?
   2. Connecting you with a local physician with experience in this area?
   3. Making available our simulation center for you to work on this project?
8. Did you encounter any barriers to achieving your desired result while working on this project?
9. As an end to this project we ask you to describe for us,
10. What you learned?
11. What the outcome of this learning will be for you, or your patients, or the system in which you work?
12. What barriers to implementation exist for you?

You could report this to us in a manner that works well for you (ex., a brief email after the session or by identifying these elements from within your presentation itself.)

Accredited CME providers may choose to award *AMA PRA Category 1 Credit*™ to [faculty](http://www.ama-assn.org/ama1/pub/upload/mm/455/pra2006.pdf" \t "1) for the learning that occurs in the preparation of an original presentation as part of an *AMA PRA Category 1 Credit*™ live activity. The formula for granting such credit is 2 *AMA PRA Category 1 Credits*™ per participant credit (or a 2:1 ratio). Like other *AMA PRA Category 1 Credits*™ awarded based on time metrics, credit can be designated in 15 minute increments. No credits are given for repeat presentations of the same material. It is the responsibility of the physician to claim the credit once, and credit may not be simultaneously earned as both a presenter and learner.