

Administration of Continuing Medical Education Activities Policy

Stanford Center for Continuing Medical Education (CME) Must Manage All CME Activities. Because the Center for CME bears the responsibility for ensuring compliance with both the Accreditation Council for Continuing Medical Education (ACCME) Criteria and the Stanford School of Medicine Industry Interaction Policy, it must oversee all CME activities. For this reason, outside conference organizers (e.g. commercial interests or medical education companies) may not have any role in managing Stanford CME activities.

Use of the Stanford Campus by other CME Providers. All CME activities held on the Stanford campus must use Stanford School of Medicine as their certified provider. This means that outside entities (e.g. hospitals, organizations or societies) may not conduct CME on the Stanford campus under sponsorship other than Stanford's.

Joint Sponsorship. Stanford does not engage in jointly sponsored CME activities with non-accredited entities. Co-sponsorship with academic institutions and not for profit organizations who are accredited CME providers will be considered on a case-by-case basis. Proposals should be discussed with the Associate Dean for CME. Potential collaborations must be based on a willingness to fully comply with Stanford commercial support policies for the activity.

Use of the Stanford Name for CME. Only CME activities fully compliant with Stanford School of Medicine commercial support policies and administered through the Stanford Center for CME may use the Stanford name.

Stanford Center for CME, 7/24/09

Meals & Social Events Associated with Continuing Medical Education Activities Policy

Meals and social events may accompany a continuing medical education (CME) activity but commercial sponsorship is prohibited, and commercial employees may not attend except as paid registrants in the CME activity.

Social events that take place in association with a CME activity may not compete with or overtake the activity.

Stanford CME permits only modest meals or receptions at its CME activities for the purpose of promoting interaction and exchange between faculty and learners

Stanford Center for CME, 7/24/09

Honorarium Policy

This document specifies the honorarium policy for continuing medical education (CME) activities sponsored by the Stanford University School of Medicine. Stanford faculty who participate in CME activities sponsored by other CME providers are obligated to comply with relevant sections of the [Stanford Faculty Handbook](#), [Research Policy Handbook](#), and [School of Medicine Faculty Disclosure of Conflicts of Interest](#).

Compensation and Reimbursement

1. Compensation for Stanford Faculty

Stanford School of Medicine faculty may be paid honoraria for participating in Stanford CME activities. An honorarium is supplemental personal compensation, and the Provost limits honoraria for Stanford faculty participation in symposia or lecture series to up to and including \$1,000 (Faculty Handbook 5.1.C(4)). Honoraria greater than \$1,000 may be considered only for exceptional effort. Such requests must first be approved by the Associate Dean for CME and then submitted to the Provost's Office for consideration.

In addition, a CME activity may contribute to a faculty member's academic enrichment account which may be used for discretionary expenditures according to University rules. Payment of honoraria or supplements to academic enrichment accounts to Stanford faculty is contingent upon adequate funds being available after all course expenses have been met.

Associated expenses related to participation will be reimbursed (e.g. out-of-pocket travel, meals, and lodging). All pertinent rules and regulations set by Stanford University will apply, such as per diem limits and mileage reimbursement rates. For details, see [Administrative Guide Memo 36.7](#) on Travel Expenses and the [Stanford Controller's Office information on Travel Expense Reimbursement](#).

2. Compensation for Non-Stanford Faculty

Non-Stanford faculty may receive an honorarium in addition to reimbursement of their customary travel expenses (in accordance with Stanford guidelines). An honorarium of up to \$1,000 per teaching day may be awarded up to a maximum of \$2,000 per activity.

Course directors and/or the pertinent planning committee will set the actual honoraria amount. Criteria that will be taken into account when setting an honorarium will include the individual's background, the usual level of honoraria for the discipline, the amount of effort entailed, and available funding. In addition to providing an honorarium, it is expected that travel, meals and lodging expenses of visiting faculty will be reimbursed. However, all pertinent rules and regulations set by Stanford University will apply, such as per diem limits and restriction to coach class on airline flights.

The Associate Dean for CME must approve honoraria for non-Stanford faculty that are above the specified ranges.

□ *Stanford Center for CME, 08/24/09*

Venue Policy

Purpose

To help maintain the emphasis of Stanford CME upon high quality education.

Use of the Stanford Campus

Educational programs are most effective in settings which are designed to foster learning. For this reason, the School of Medicine encourages faculty to hold CME courses in the rich academic environment of the Stanford campus whenever practical. The administration is committed to making attractive and functional venues available including the new LKSC (opening in Mid-2010).

Off Campus CME Activities

The School of Medicine recognizes that to best serve the educational needs of practicing physicians and to advance the careers of our academic faculty it may be appropriate to hold selected CME courses at off campus locations within our primary medical catchment area. For this reason, it is permissible to use certain types of off-campus facilities within Northern California. Proposals to hold a Stanford CME activity elsewhere will be considered on a case-by-case basis only if they possess exceptional educational merit and have a compelling reason for use of a more remote venue.

The School encourages use of not-for-profit conference centers and moderately priced hotels. School policy does not permit use of venues which are primarily vacation destinations (e.g. ski, golf, and beach resorts; casinos).

Implementation Timeline

The policy is in effect immediately for courses not already on the CME calendar. For already scheduled courses with venues selected, the originally planned venue will be permitted until the end of 2010. Exceptions beyond this date will only be considered if cancellation of an existing venue contract would incur exceptional expense.

Stanford Center for CME, 05/01/09

Course Leadership □ Responsibilities Policy

Course Directors are responsible for assuring that continuing medical education (CME) activities address the professional practice gaps of physicians, are free of commercial influence and are fiscally sound.

Who May Serve as Course Director? □ For reasons of financial accountability and adherence to Stanford policies, Course Directors should be full-time faculty members employed by the Stanford School of Medicine. Non full-time faculty may be considered for leadership positions based on compelling need; this requires prior approval by the Associate Dean for CME. Community practitioners with voluntary clinical appointments may participate as a course co-director in concert with a Stanford School of Medicine faculty member.

It is expected that Course Directors familiarize themselves with Stanford CME policies including: Commercial Support, Honorarium, Identification and Resolution of Conflicts of Interests and Venue. The CME staff and Associate Dean for CME are available to answer any questions regarding these policies.

Specific Responsibilities: □ □ Planning a CME Activity

Selection of a planning committee to coordinate the activity planning process. Planning committees are usually comprised of 3-5 individuals, but in all cases there should be more than one planner. If the Course Director has a conflict of interest relevant to the subject matter of the activity, at least one planning committee member must be non-conflicted and a content expert. Planners' conflicts of interest must be disclosed and resolved prior to planning the activity.

The activity is designed to address identified learning needs of physicians derived from professional practice gaps in knowledge, competence or performance in practice.

These gaps are substantiated by the target audience, expert opinion, scientific literature, national guidelines, maintenance of certification (MoC) requirements and/or quality improvement data.

Activity planning is documented in the CME Planning Documentation Worksheet & Application.

Content of CME Activity

The content developed must be objective, balanced, based on valid and sound scientific studies, and free of commercial bias.

Clinical care recommendations, treatments, or manners of practicing presented in the CME activity are based on evidence that is accepted within the profession of medicine, are not known to have risks or dangers that outweigh the benefits and are not known to be ineffective in the treatment of patients.

Disclosures of Relevant Financial Relationships

Disclosures of relevant financial relationships with any commercial interest must be collected for anyone involved with development and

implementation of activity content (planners, speakers, reviewers, moderators, etc.) and sent to the Stanford Center for CME prior to the activity.

All relevant conflicts of interest must be resolved and documented by the Course Director or designated content expert. If a conflict of interest cannot be resolved, the planner/speaker must be disqualified from participation.

Disclosures of relevant financial relationships (or no financial relationships) with commercial interests must be presented to the learners prior to the activity by inclusion in the syllabus, by slide or by posting next to the sign in sheets.

If during a CME activity, course directors/leaders detect commercial influence, it is their responsibility to discuss this with the learners in order to ensure that a fair and balanced program is in place.

Separation of Commercial Activities from Curriculum

Commercial Interests have no role in the planning or implementation of CME activities.

Educational materials must be devoid of promotion (e.g. advertising, company logos, product messages) and promotional material must not be displayed or distributed.

□ *Stanford Center for CME, 8/21/09*

Advertising & Promoting of Stanford Continuing Medical Education Activities Policy

Emphasis upon Educational Content, Not Venue. Only the name and location of the venue may be used on promotional materials for CME activities. Images or descriptions of the venue are not allowed. A venue web site address may be included for learners to obtain additional information. Use of Stanford imagery in medical education promotion is encouraged.

Stanford medical education marketing must focus exclusively on educational content. As such, promotional material may not include destination imagery (e.g. palm trees, the Golden Gate Bridge) or recreational activities (e.g. surfing, skiing). Images included in promotional material should be related to the course content.

Freedom from Commercial Marketing or Product Messaging. All Stanford medical education syllabi, brochures, course web sites, lecture slides, etc. must be entirely free of commercial marketing or product messaging such as logos and slogans.

No Promotion by Commercial Interests. Stanford medical education activities are not permitted to be marketed on corporate web sites or marketed by corporate entities because it could be misunderstood to imply a relationship that does not exist.

Only Limited Promotion Permitted Before Approval of Formal Application. With the exception of a “save the date” notice, which includes only title, date and location (with no mention of CME credit), no promotion of a CME activity may occur until the application for credit has been approved.

All CME Promotional Material Must Be Approved by the Stanford Center for CME. Faculty involvement in the promotional process is encouraged. However, before distribution or posting, all promotional materials must be approved by the Stanford Center for CME.

Identification & Resolution of Conflicts of Interest Policy

Identification and Resolution of Conflicts of Interest (COI) and Transparency to Learners:

Collection of COI Information. Stanford requires that everyone who is in a position to control the content of a CME activity (including faculty, planners, reviewers, speakers, advisors, and staff of Stanford and its educational partners), disclose all relevant financial relationships with any commercial interest. The Accreditation Council for Continuing Medical Education (ACCME) defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

COI information is obtained through a standard COI form and is disclosed to learners prior to an educational activity. COI disclosure forms are analyzed by the Stanford Center for CME and a mechanism to resolve reported conflicts is implemented.

Resolution of Reported COI. When COI is present, course materials including slides and syllabi are reviewed by the course director and/or one or more the following: the Associate Dean for CME, a member of the CME Faculty Advisory Council or a non-conflicted peer reviewer. Should resolution not be possible through content review, speakers may be asked to limit their talk to the presentation of scientific information only, or in some cases the presenter may be replaced by another expert. Documentation of the resolution of COI is maintained in the activity file.

Transparency to Learners. COI disclosure information is published in course syllabi, handouts, presentation slides and/or is posted with sign-in sheets so that it may be viewed by learners prior to the start of the activity. Evaluation data regarding the learners’ perception of bias is gathered as part of the resolution of COI process.

Definitions:

Commercial Interest. The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Financial Relationships. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or

other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships. ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest. Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

Stanford Center for CME, 7/24/09