

Regularly Scheduled Conferences Guidelines

Many physicians participate in the planning and delivery of daily, weekly, or monthly CME activities of accredited providers that are primarily planned by and presented to the provider's professional staff (regularly scheduled conferences or RSC's -- such as Grand Rounds, Morbidity/Mortality Conferences, Tumor Boards). Hospitals, healthcare delivery systems and schools of medicine are typically the only types of organizations that provide RSC's. The ACCME has conducted several discussions and performed a survey of accredited providers to better understand the problems associated with documenting requirements for these conferences.

On March 14, 2003 the ACCME adopted policy 2003-A-08 as the mechanism for determining compliance with RSC's:

Policy 2003-A-08

The provider is required to describe and verify it has a system in place to monitor for compliance with RIMS Elements and Policies, including the Standards for Commercial Support.

The Provider is required to verify its system to monitor for compliance:

1. Is based on actual performance data and information derived from the RSC's that describes compliance (in support of Elements 2.1-2.5 and 3.1-3.3), and
2. Results in improvements when called for by this compliance data (in support of Elements 2.4, 2.5 and 3.1), and
3. Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3).

The provider is required to make available and accessible to the learners some form of an information management system (examples include paper-, web-, or LAN-based systems) through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. (Note: RIMS limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.)

The approach to reviewing the compliance of regularly scheduled conferences will move from a focus on documentation to a focus on self-monitoring. All the RSC's produced by an accredited provider taken together will be considered one 'activity.' Within the 'RSC's Activity' there will be several 'series' each made up of several 'sessions.' (For example: The RSC activity of your institution is made up of two series - Internal Medicine Weekly Rounds and Monthly Pathology Case Conferences. Internal Medicine has 32 weekly, 1-hour sessions. Pathology has 10 2-hour sessions in the year.)

In order for RIMS to determine the compliance of RSC's, CME providers that produce RSC's will be asked to have a system in place to monitor the compliance of their entire RSC Activity. RIMS will no longer request that providers submit documentation to demonstrate session-level compliance with Elements and Policies in the accreditation process. In order to maintain accreditation, CME providers will be asked to:

1. ***Describe*** their monitoring system - ***tell us how you “know”***
2. ***Demonstrate*** that the monitoring system has been implemented - ***tell us what you “know”***
3. ***Explain and show*** that the monitoring system has facilitated improvements - ***tell us what you changed or improved.***
4. Be able to store and retrieve information about learner participation.