



APPLICATION FOR JOINT PROVIDERSHIP OF CME ACTIVITIES

We strongly recommend that you contact Marc Jackson (mjackson@msv.org) at MSV prior to planning your activity and prior to beginning your application, to make sure that your organization and your activity are eligible for joint providership with MSV. After that discussion, you will be asked to complete this form in its entirety, and to submit it along with the required supporting documents.

CME ACTIVITY INFORMATION

Organization seeking Joint Providership:

Organization address:

Contact person:

Email address:

Phone number:

Activity title:

Activity type:

* Definitions are in the Glossary at the end of this application.

- ☐ Live Course – In Person
- ☐ Live Course – Virtual
- ☐ Live Course – Hybrid (Simultaneous In-person and Virtual)
- ☐ Regularly Scheduled Series
- ☐ Enduring Material
- ☐ Other:

Activity Date (or the date range of a multi-day activity):

Location of activity (either a physical location or “online only”):

Total number of CME credits requested:

(This should approximate the total number of hours the learners will be engaged in the activity. For example, if your RSS meets for an hour once a month, you would request 12 credits for the year.)

EDUCATIONAL NEEDS

In two or three short paragraphs, please describe the professional practice gap(s) of your learners that this activity will address, and how you identified those gaps.

Check the educational needs that apply:

- ☐ **Knowledge** (knowing something)
- ☐ **Competence** (knowing how to do something)
- ☐ **Performance** (doing something in a different way)

State the educational needs that are the cause(s) of the professional practice gap(s). Tell us why the practice gap exists:

DESIGNED TO CHANGE

Briefly explain how your activity is going to change your learners' competence, performance, or their patients' outcomes. Tell us how this activity will *go beyond communicating new knowledge*, and how it's designed to change your learners' actions. This may include your learning objectives.

APPROPRIATE FORMATS

Provide details regarding the educational format(s) of this activity (such as lecture followed by Q&A, or panel discussion, or hands-on simulation), and explain why the educational format is appropriate for the target audience, setting, objectives, and desired results of this activity.

COMPETENCIES

Select the desirable physician attribute(s) this activity will address. Use the checklist below, or you may enter other competencies recognized by your organization.

ABMS PHYSICIAN COMPETENCIES

- ☐ Patient Care and Procedural Skills
- ☐ Medical Knowledge
- ☐ Quality Improvement
- ☐ Practice-based Learning and Improvement
- ☐ Interpersonal and Communication Skills
- ☐ Professionalism
- ☐ Systems-based Practice

IOM PHYSICIAN COMPETENCIES

- ☐ Provide Patient-centered Care
- ☐ Work in Interdisciplinary Teams
- ☐ Employ Evidence-based Practice
- ☐ Apply Quality Improvement
- ☐ Utilize Informatics

IEC PHYSICIAN COMPETENCIES

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

OTHER DESIRABLE PHYSICIAN ATTRIBUTES:

ANALYZES CHANGE

Describe how you will obtain data or information about changes in your learners' competence or performance or patient outcomes because of their participation in this activity. If you plan to use a post-activity survey to measure learners' intent to change, include the questions you will ask about changes in competence or performance. (The questions must require that the learners reflect on *specific* changes they will make. It is not adequate to simply ask *if* the learners intend to change. MSV has sample language you can use.) If you will be using other change data such as quality improvement data or patient outcomes from a hospital database or an EMR, please describe.

STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CME

STANDARD 1: ENSURE CONTENT IS VALID

We are responsible for ensuring that education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is our responsibility to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
4. We cannot advocate for unscientific approaches to diagnosis or treatment, and we cannot promote recommendations, treatment, or healthcare practices that have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Please attest that this activity will meet all four expectations of Standard 1.

☐ Check box to attest.

Attach the required documentation based on the activity type.

- If the activity is a Live Course:
 - Attach documentation of the activity's topics or content that includes the nature and scope of the CME activity (such as a content outline, agenda, brochure, program book, or announcement).

- If the activity is a Regularly Scheduled Series (RSS) activity:
 - Attach a listing of the dates, faculty, location, and topics for each session that you know so far. (At the end of the series, you'll be required to submit the full listing of session dates, faculty, and topics.)
- If the activity is an Enduring Material (online or print) CME activity:
 - If the activity is a printed Enduring Material, attach the full set of materials.
 - If the activity is an online Enduring Material, attach instructions so that MSV CME staff can access the CME activity. Provide us with a URL or direct link and generic username(s) (e.g., "MSVCMESTaff" and a working password if needed), allowing access to the activity for the duration of the activity's approval term.

STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CME

Accredited continuing education must be free of commercial bias and marketing.

1. All decisions related to the planning, faculty selection, delivery, and evaluation of accredited education will be made without any influence or involvement from the owners and employees of an ineligible company.
2. The activity will be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The names or contact information of learners WILL NOT be shared with any ineligible company* without the learner's explicit permission (opt-in or opt-out).

Please attest that this activity meets the expectations of all three elements of Standard 2.

☐ **Check box to attest.**

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS

Will this activity be non-clinical in content?

Examples include such topics as basic science, leadership or communication skills training, research methods, and patient safety methodology.

Check one: ☐ **Yes, this activity is non-clinical in nature.** ☐ **No, it includes clinical content.**

If Yes, describe the nature of this exception (and skip to Accreditation Statement):

If No, to mitigate commercial bias in accredited CME, we are required to:

1. identify all financial relationships between ineligible companies and everyone in control of content.
2. determine whether each relationship is relevant to the activity and that person's role.
3. mitigate all relevant financial relationships; and,
4. disclose all relevant financial relationships to learners before the activity.

Please list everyone who has any degree of control over the content of the CME activity in any way, including planners, faculty, moderators, panel members, reviewers, and staff. Also specify their role in the activity. (If you need additional rows, please contact the MSV CME office.)

IDENTIFYING EVERYONE WITH INFLUENCE OVER CONTENT:

Name of Person with Influence Over Activity Content	Email address	Role (e.g., Planner, Faculty, Reviewer, Staff, etc.)

IDENTIFYING RELEVANT FINANCIAL RELATIONSHIPS:

Each of these people must complete the MSV CME disclosure form that asks about financial relationships* with ineligible companies*. The form must be signed (digital is OK) and dated and returned to MSV CME no later than two weeks prior to the activity.

The MSV CME staff will review the completed forms, and the CME staff will determine whether any relationships are relevant to the activity's content. Note that any person who is an employee* or owner* of an ineligible company is prohibited from having any role in an accredited CME activity except in very narrow and defined circumstances.

MITIGATING RELEVANT FINANCIAL RELATIONSHIPS:

Any person with a relevant financial relationship will need to have the relationship mitigated, to reduce or remove any bias from their role. The CME Staff will offer several mitigation strategies, including (for planners) recusal from planning decisions related to their relationship and removal from the planning committee, and (for faculty) use of generic rather than trade names in the presentation, avoiding use of corporate names and logos, review of slides or other materials by CME staff in advance of the presentation, and others. The mitigation strategy should be discussed with the person with the RFR and their agreement with the mitigation strategy should be documented.

Note: All faculty with a relevant financial relationship will be required to submit their slides and all other educational materials to the CME office at least one week prior to the start of the activity.

DISCLOSURE OF RFRS AND THEIR MITIGATION TO LEARNERS:

All RFRs must be disclosed to learners prior to the activity. Disclosure should include the name of the person, the nature of the relationship, and the name (only) of the ineligible company.

Disclosure to learners can be done by including a statement in the program materials, by including the information in a slide at the beginning of the activity, by having the speaker state their relationship, or a combination of these methods. We recommend a using a disclosure slide immediately after the title slide for each presentation.

The absence of RFRs must also be disclosed for those without them. Everyone without an RFR can be lumped together as a group, and they don't need to be named individually.

Last, there must be a statement that all RFRs were mitigated.

Here is some sample text for a program brochure: "Dr. Jane Smith serves a consultant for Company X. Dr. John Jones is on the speaker bureau for Company Y. Dr. Ann Williams has received research support from Company Z. No other planners or faculty have relevant financial relationships. All financial relationships have been mitigated."

You must provide MSV with documentation that learners were informed before the activity that (1) the presence or absence of relevant financial relationships, and (2) all relationships were mitigated

To summarize, the documentation for Standard 3 that is needed by the MSV CME office is:

1. A complete list of everyone who has or will have any influence of the content of the activity (listed in the table above, along with their contact information).
2. A completed disclosure form from everyone on the list.
3. Documentation that everyone who has a relevant financial relationship has agreed to mitigation, and what that mitigation strategy is.
4. Documentation of the disclosure to learners of:
 - a. all RFRs (individuals' names, relationship, companies' names) to learners,
 - b. the absence of an RFR for everyone else (they don't need to be named), and
 - c. that all RFRs were mitigated.

ACCREDITATION STATEMENT

Once your activity is accredited, all communications about the activity (announcements, flyers, programs, etc.) should include the following statement:

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 Virginia and [name of your organization]. The Medical Society of Virginia is accredited by the ACCME to provide continuing medical education for physicians.

IMPORTANT NOTE: Until you have received notice that your activity has been approved by MSV, you may NOT communicate that CME credit will be given for your activity, and you may not use the accreditation statement. Use of phrases such as "CME applied for" or "CME approval pending" are also prohibited and are not to be used in your communications.

ATTESTATION AND AGREEMENT OF ORGANIZATION REQUESTING JOINT PROVIDERSHIP

By submitting this application, you agree to the following:

- We are an eligible organization by the ACCME definition.
- We will NOT share attendee information with any ineligible companies unless we have explicit permission from each participant.
- We will ensure that all planners and faculty will disclose to MSV all relevant financial relationships and that as part of the program we and MSV will disclose or acknowledge this information to participants prior to the educational activity.
- All educational activity content will promote quality or improvements in healthcare and not a specific proprietary business interest of any organization. Content for this activity will be well balanced, evidence-based and unbiased. If there are any discussions on product use that is off label, it will be disclosed that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- We understand that MSV may need to review all presentation content prior to the activity.
- If this program provides 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 to or used in the educational activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. All faculty and planners will be instructed and informed of this.
- If the educational activities are discussing specific health care products or services, they will use generic names to the greatest extent possible.
- There must be no promotional aspects that might benefit any planner or speaker in the educational activity.
- We have read the ACCME [Accreditation Criteria and Standards for Integrity and Independence](#) and the guidelines in the [American Medical Association \(AMA\) Physician's Recognition Award Booklet](#) and agree to follow those criteria, standards and guidelines.
- MSV may assign an MSV member to monitor our activity for compliance with ACCME and AMA standards. We agree to free registration for this MSV representative.
- We understand that approval of a Joint Providership Application does not include any MSV marketing support for our meeting.
- We will not hold presentations related to ineligible company(s) in the same space within 30 minutes before or after any CME activity.

We agree that within two weeks after the event we will submit the following items (as listed below). Failure to submit these items may result in MSV declining to consider future Joint Providership activities:

- Learner data in Excel format listing all participants with the data needed to ensure that they receive full credit for their participation.
- Data from the post-activity evaluation.
- On-site materials (program books, agendas, handouts, etc.), including a copy of the final brochure, if any.
- Income and Expenses Statements and Budgets for all activities that receive financial support from illegible companies.

Typed Signature of Activity Coordinator:

Date:

*GLOSSARY

Activity Types Eligible for Accreditation:

Live Course: an activity with one or multiple sessions, held for a target audience over one or more consecutive days. Examples include a one- or several-hour activity on a topic delivered on one afternoon; a multi-hour activity with several speakers, delivered over a weekend; an “annual meeting” with multiple speakers addressing the same audience over several days.

Regularly Scheduled Series: a series of sessions with different content held over time (but not on consecutive days), all for the same general target audience. Examples include a grand rounds series held over a year; a “tumor board” conference held every two weeks; an “infection morbidity conference” held monthly.

Enduring Materials: an educational activity that is available unchanged over a period of time that allows learners to access it at their convenience. Examples include online learning modules that are available to a group’s members; recorded sessions from an annual meeting that are available online after the activity has ended; printed study books with learning tutorials and question forms that are available for free or for purchase.

There are other, less common, types of activities that are eligible for credit that are described on pages 4-5 of [the AMA PRA booklet](#).

Commercial Support: any financial or in-kind support from ineligible companies intended to defray the cost of producing an accredited activity. This includes money with any label such as “educational grant” or “financial support” or “sponsorship”. It also includes in-kind support, such as the loaning of equipment for a demonstration or the time/effort of a medical device trainer. In-kind support should be assessed at a fair market value. **Commercial support is money that is given as a grant, without any return value other than recognition. Commercial support does not include fees for advertising or for exhibits.**

Employee of an Ineligible Company: anyone who is employed directly by an ineligible company, including those with part-time status. Such people receive an IRS W9 form at the end of the tax year. Consultants are not considered employees, although it is a financial relationship; these people receive IRS 1099-NEC forms at the end of the tax year.

Financial Relationship: any financial relationship between an ineligible company and someone who controls content of a CME activity. There is no dollar minimum, and all relationships in the prior 24 months must be reported by those individuals, even if they have ended. Examples include such things as being on a company’s advisory board, being part of a speaker’s bureau, or consulting on marketing strategy; research support is also a financial relationship, even when the money is given to the person’s department or institution and not directly to the individual.

Ineligible Company: any company that makes, markets, sells, re-sells, or distributes products used on or by patients. For-profit or non-profit status is immaterial. Direct providers of healthcare services (e.g., hospitals, health systems, physician practices) are not ineligible companies. For a full list of examples and exclusions to the definition, see page 4 of the [ACCME’s Standards for Integrity and Independence](#).

Owner of an Ineligible Company: anyone with an ownership interest in an ineligible company, including those with stock in a privately held company (i.e., one that is not traded on an open stock exchange). Holding stock in a company whose stock trades on an open stock exchange is not considered ownership. Also, holding shares of mutual funds that include stock in ineligible companies is not considered ownership.