

MUSC Office of CME (OCME) Policy for Regularly Scheduled Series

Definition

A Regularly Scheduled Series (RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly or quarterly) and are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a RSS are Grand Rounds, Tumor Boards, and M&M Conferences. RSS can be offered as directly sponsored or jointly sponsored activities.

RSS Certification

RSS are certified annually (July – June) to coincide with the MUSC fiscal year. It is the responsibility of the RSS Activity Director to submit an RSS Planning Document to the MUSC OCME RSS Coordinator annually.

RSS Policy

RSS are designed to change clinical competence, performance or patient outcomes (ACCME Criteria 3) and they must also be designed in order to measure change in competence, performance or patient outcomes (ACCME Criteria 11). Change may be measured at the learner, team or system level.

RSS must strive to ensure focus is based on practice based learning and improvements.

MUSC OCME has established an RSS Monitoring System that facilitates MUSC OCME in assessing RSS compliance of ACCME criteria.

- The RSS Coordinator uses the monitoring system to demonstrate that all series and all sessions within a series are in compliance with ACCME's Criteria for Accreditation and policies. Each series must, therefore, demonstrate compliance in meeting Criteria 2-11.
- Data from all series are collected and entered into the monitoring system. MUSC OCME monitors data from the RSS sessions and determined compliance levels for all of the ACCME Criteria.
- The RSS Coordinator will analyze the data in accordance with ACCME Criteria so as to determine if the RSS has met Criteria 2-10.
- If monitoring data indicate that performance in a series or session did not meet a Criterion or Policy, then the RSS Coordinator identifies the problem (ACCME Criterion 13), implements improvements (ACCME Criterion 14) and measures

the impact of the implemented improvements (ACCME Criterion 15). *If the RSS Coordinator identifies 4 instances of non-compliance within a 12-month period, following 3 written warnings to the course director and department/division RSS coordinator, credit will be automatically withdrawn.*

Documentation is required to demonstrate that each series matches the content to the scope or potential scope of the learner's practice. This is achieved through the use of the RSS Planning Document.

All CME content is developed in accordance with the ACCME Content Validity Statements. Methods of ensuring adherence to this requirement may include review of handouts and/or slides.

ACCME Standards for Commercial SupportSM

Compliance with the ACCME Standards for Commercial Support criteria must be demonstrated for all sessions of each series. See below:

Description of Criteria	Requirements
Activity decisions are free of commercial interests, COI is identified and resolved and financial relationships are communicated to the learners in advance of the session.	 Planning process, meeting minutes and associated documents may be used to demonstrate activity was developed free of commercial influence List of all those involved in the planning and execution of the activity Review of the content, disclosure forms to identify and resolve COI Disclosure information is provided to learners in advance of the session
Commercial Support is managed appropriately	 LOAs allocate funds to be used to support educational activity Reconciled budgets show how funds were used Planning documents outline the amount of support required and how it is to be used.
Promotion and Exhibits do not influence content or interfere with learning	 MUSC College of Medicine policies apply Vendors cannot arrange payment and/or delivery of meals held in conjunction with any MUSC RSS. Departments/divisions must pay for these meals out of an awarded educational grant from their own accounts.
Content promotes improvement in healthcare and not the interests of a commercial interest	 Planning documents, minutes from meetings, etc. will outline desired results for series. Presentation slides or handouts will support educational gaps

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Approved by the Medical University of South Carolina College of Medicine CME Advisory Committee and Robert Malcolm, MD, Associate Dean for CME

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