



**National
Medical
Association**

NATIONAL MEDICAL ASSOCIATION

Continuing Medical Education

**CORPORATE POLICIES
AND PROCEDURES**

Approved By the Council and Committee on Educational Affairs on 4/7/06

NATIONAL MEDICAL ASSOCIATION
Department of Medical Education Policies & Procedures

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**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: SCIENTIFIC PRESENTATIONS

POLICY/PROCEDURE NUMBER: 500.100

PURPOSE

To provide a process and system which develops and presents activity in support of professional development of National Medical Association (NMA) and other health professionals.

SCOPE

Activity which includes general and specialty medical information in support of health professional practice, patient care and practice outcome in keeping with Continuing Medical Education (CME) requirements of the Accrediting Council of Continuing Medical Education (ACCME) under the guidance of the NMA Department of CME.

ORGANIZATION FRAME WORK:

The NMA CME program is presented in a variety of forms or forums. These include:

- An annual scientific assembly
- Regional, state and local society meetings
- Distance learning
- Monthly Journal Publication
- Quarterly Newsletter Publication
- Online CME
- Videotapes
- CD Roms
- Focus Groups
- Other

This policy describes the relationship of each of these to the overall National Medical Association Scientific Program.

POLICY/PROCEDURE:

The scientific assembly is presented during the first full week of August annually. Planning for the assembly begins with identification of the needs and needs assessment and planning by the multiple MNA specialty sections individually under the guidance of the NMA Department of Continuing Medical Education. Individual specialty sessions are held from one to six days.

The region, state and local society presentations include educational activity as it relates to these “locations” and national membership surveys, planning, presentation, and

evaluation during the scientific assembly, region, state or local society meetings. Each of the six regions of the NMA holds an annual meeting on a date and site of its planning committee's choice. Adherence to all NMA planning steps are to be maintained in keeping with the essentials of the ACCME.

Each participating state holds its meeting annually. Not all states have NMA CME presentations.

Local Societies may hold accredited NMA CME meetings planned for four to six hours per day activities. One hour dinner meetings are no longer accredited for NMA CME.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: REGION & STATE CME ACTIVITY

POLICY/PROCEDURE NUMBER: 500.101

PURPOSE

To provide a process and system for NMA continued professional development among NMA members and other health professionals in the six NMA regions.

SCOPE

Professional development activity including general and specialty medical information in the region, state, or local communities augmenting the Scientific Assembly activity in keeping with the requirements of the Accreditation Council of Continuing medical Education.

Organization Framework

NMA Regions are distributed as follows:

- Region I
 - New York Rhode Island Maine
 - Massachusetts New Hampshire New Jersey
 - Vermont Virgin Islands Connecticut
- Region II
 - Delaware District of Columbia Maryland
 - Virginia West Virginia Pennsylvania
- Region III
 - Alabama Georgia Tennessee
 - Florida Kentucky Mississippi
 - North Carolina South Carolina
- Region IV
 - Illinois Indiana Michigan
 - Minnesota Ohio Wisconsin
- Region V
 - Arkansas Iowa Kansas
 - Louisiana Missouri Nebraska
 - New Mexico Oklahoma Texas
- Region VI
 - Alaska Arizona California
 - Colorado Hawaii Idaho
 - Montana Nevada North Dakota
 - South Dakota Oregon Utah
 - Washington Wyoming

POLICY/PROCEDURE

Region CME planners must meet with the CME Director

- During each Board of Trustee meeting
- At 8am on Sunday of the Scientific Assembly
- During the October and February CME Workshops

State societies may have separate CME organizational activity. Examples:

- Louisiana State
- Florida State
- Georgia State
- California State

Accredited local society activity may be developed for four to six hour meeting of the society. One hour dinner meetings are no longer accredited. Examples include:

- Mound City (St. Louis)
- Med Chi (Washington, DC)

Activity Schedule for region and state meetings may be held:

- Thursday to Saturday
- Friday to Saturday
- Saturday
- Seven (6) hours daily
- A business meeting is held for 1 (one) hour

Postgraduate Course may be held in section, region, and state society meetings.

- Full day (7 hours) or multiple days or ½ day (4 hours) [See Postgraduate Policy]

The CME activity for a region and state society begins with identifying the need or the justification for the educational activity and needs assessment during its annual meeting.

Documentation of the needs includes individual contribution of national and regional interest of NMA membership during the annual meetings, literature search, experts in the field, risk to community health.

Documentation and the planning process, application for approval and certificates of the CME activity must begin no later than nine months prior to the activity and finalized for printing within six months of the activity.

Submission for approval must include the need and needs assessment, topics, objectives, speakers and city, etc..

Scheduling region and state CME activity must avoid conflict scheduling with other regions.

A report of all CME activity including planning minutes, educational need, needs assessments, brochures, meeting manuals, evaluations, and attendance list must be submitted to the Department of CME within 2 weeks after the activity. [See policy]

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: LOCAL SOCIETY CME

POLICY/PROCEDURE NUMBER: 500.102

PURPOSE:

To provide a process and system that supports the NMA mission in professional development in a city or local community.

SCOPE:

Activity which gives special support of the CME needs of the local NMA membership in keeping with requirements of the ACCME. CME Activity is presented 4 to 6 hours per day activity.

ORGANIZATIONS FRAMEWORK:

A local society is composed of NMA members practicing in that area. It has officers designated as chairman, chairman-elect, secretary and treasurer. The chairman is responsible for the educational activity.

POLICY/PROCEDURE:

Educational needs of the local NMA members must be documented as they relate to local medical practices. These include local medical requirements, licensing requirements, local health ordinances and commonly occurring disease in the practice area. Local society activity consists of CME meetings as determined for no less than four hours in a day session.

An application and report must be made for each activity. The completed application must be submitted for approval and certification before printing of the brochure announcement and by 9 months before the activity.

Local society meetings will be held for no less than four hours. Topics are chosen from national surveys, and surveys of local practitioners. Needs and needs assessment may also be determined by disease and public health activity affecting the local community.

A record of attendance must be taken at each CME meeting and an evaluation must be done by each attendee.

Local society chairs should consult with the director of CME for the development of activity that is described in this policy.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: SCIENTIFIC ASSEMBLY SECTIONS

POLICY/PROCEDURE NUMBER: 500.103

PURPOSE

To define and delineate CME activity of the NMA specialty sections

SCOPE

Section organization and CME events

POLICY/PROCEDURE

The scientific assembly is formed by specialty sections. Sections are designed accordingly to medical specialty interest. The sections are listed below.

Aerospace & Military Medicine	Allergy, Immunology & Asthma
Anesthesiology	Basic Science
Community Medicine & Public Health	Dermatology
Emergency Medicine	Family Practice
Internal Medicine	Medical Administration
Neurology-Neurosurgery	Obstetrics & Gynecology
Orthopedics	Ophthalmology
Otolaryngology	Pathology
Pediatrics	Physical Medicine & Rehab
Plastic & Reconstructive Surgery	Postgraduate/Resident
Psychiatry & Behavioral Sciences	Radiology
Surgery	Urology
Women's Health	

Each section must present a session during the annual Scientific Assembly

- Sessions may be held for one (1) to six (6) days, Saturday thru two p.m. Thursday.

FORMATION OF NEW SECTIONS

- New sections must be approved by the Council on Education Affairs
 - The proposed new section must provide a one day workshop or session in which the requested specialty is highlighted
 - Established sections with similar interest must approve the formation of a new section.
 - Approval will depend upon lack of apparent conflict in purpose.

OFFICERS

Each section must have the following officers and indicate term office:

- Chair 2years
- Chair Elect 2years
- Executive Secretary determined by section but no less than 2 years
- Treasurer determined by section but no less than 2 years
- Daily CME Activity Monitors

SECTION REPORTS

A report of section activity must be submitted each year during the Wednesday Assembly CME Workshop and during the fall NMA CME Workshop. The role of the section chairman in planning section assembly activity includes the following. Section chairs must:

- Develop topics for participation as recommended by the section members/audience planning committee and other needs assessment.
- Participate in the fall NMA CME Workshop
- Submit application for the section assembly event nine months before the actual event
- Coordinate the Assembly activity
- Present a written report of section activity during the assembly and fall CME Workshop
- Coordinate the activity of engaged fundraisers, and assistant program planners such as medical education communication companies
- Begin the annual section activity by no later than 9 months before the planned event.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: PREPARATION FOR THE SCIENTIFIC ASSEMBLY

POLICY/PROCEDURE NUMBER: 500.104

PURPOSE

To describe the organization and activity of the scientific assembly

SCOPE

Policy and preceding applies to general and specialty section CME activity

POLICY/PROCEDURE

- Each NMA specialty section must hold a scientific session during the Annual Scientific Assembly.
- Needs and needs assessment will be determined annually by questionnaires, individual specialty member, section planning committee, and public needs as determined by national or global activity affecting medical practice.
- An annual CME assessment meeting will be held during the Scientific Assembly activity of the section on Wednesday of the Assembly.
- Planning and presentations must be documented and reported to the department of CME annually.
- Planning must include minutes of planning meetings, phone, special committee meetings, and meetings during the Assembly.
- Evaluations of the activity must be done annually by section program planners, health professional attendees and section staff.
- An application for approval of the planned activity must be submitted by nine months before the activity (see application).
- Section activity must include a postgraduate session on at least one day of the Assembly.
- A section's scientific activity will be held during the assembly of one to six days as declared by the section members and the council of Scientific Affairs.
- Planning and presentations must be made according to the needs assessment and request of the section members.
- Needs assessed must be supported by topics in the subsequent meetings of the section
- Section planners must participate in the annual Scientific Assembly planning meeting held in the fall of each year in preparation for the subsequent annual Assembly.
- Similar section presentations may be done in combination with other sections when possible to insure specialty interchange relating to topics and optimal practice outcome.
- The section must make a survey of education needs of its members annually.

Timetable for planning section Assembly activity

- Assessment with the office of CME staff during the assembly (Wed 1pm)
- Meeting with other sections and the CME department staff in the fall of the assembly year in preparation for next year's Assembly event.
- Providing a schedule with topics during the Wednesday 1p.m. meeting of the Assembly.
- Submission of named lecturers, photographs and biographical sketch by 30 October.
- Request to participate abstracts by the 15 December Submission of complete schedule of activity (with abstracts, topic, speaker, title, and city) for the preliminary brochure.
- Postgraduate (invited) abstracts by 15 December
- Schedule of travel and lodging information for speakers (15 March)
- Submission of audio video request for section (15 March)
- On-site meeting with the director of CME at 8am Saturday at the beginning of the assembly
- Section manuals, Power Point material, sign in sheets, evaluation form (of activity and individual speakers presentations)
- Assembly chairs evaluation meeting Wednesday 1pm with summary and preparation of next years' Assembly event.

Wednesday Workshop at the Assembly.	Initial schedule of planning event for next Assembly
September-October	Workshop submission of budgets for funding (topics)
December 15 th	Postgraduate Abstracts
February	Final program schedule with topics, title, & city
May 15 th	Schedule of travel & lodging Audio/video requests
1 st Saturday of Assembly	Meeting with section chairs
Wednesday of Assembly 1pm	Meeting with section chairs

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: APPLICATION PROCESS

POLICY/PROCEDURE NUMBER: 500.105

PURPOSE

To guide CME planners in preparation for a CME event approved by the Director of CME in keeping with ACCME requirements

SCOPE

All activities to be designated as NMA continuing medical education activity and approved for continuing medical education credit

POLICY/PROCEDURE

1. In order for an activity to be certified for CME credit, a CME application must be submitted to and approved by the Director of CME
2. Incomplete applications will not be reviewed
3. Funds may not be sought in support of the activity, until the application has been approved by the Director of CME
4. The completed application includes:
 - Planning meeting minutes:
 - Members Present
 - Physician members and non-physicians present
 - Problems encountered
 - Recommendations for future topics
 - Planners' disclosures
 - Educational Need and Needs Assessment documentation
 - How determined (Why have it?)
 - Disparities noted by national analysis
 - Nationally recognized health risks
 - Literature (must have literature references noted)
 - Planning Committee
 - Goal/Purpose
 - Objectives
 - Recommended Faculty
 - Chosen by Achievement, Apparent Knowledge
 - Summary of Presentation
 - Faculty Disclosures
 - Resolution of Conflict of Interests

- Letters of Agreement
 - Method(s) of Evaluation
 - Activity Design
 - Number & types of credit
 - Potential Funding Sources
 - Cooperating Organizations/Institutions (if applicable)
 - Budget (Proposed)
5. Adherence to the CME Planning Process will ensure completion of the application in a timely manner.

**NATIONAL MEDICAL CENTER
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: CME CREDIT

POLICY/PROCEDURE NUMBER: 500.106

PURPOSE

SCOPE

Practicing physicians, academicians, researchers, basic scientists, residents, fellows and students in primary, secondary and tertiary care.

POLICY/PROCEDURE

CME Category 1 Credits are provided hour for hour for participation in planned CME. Participants must have signed proof of attendance, participate in the discussion and evaluate the activity.

Credit hour awards are as follows:

American Medical Association Physicians Recognition Award (AMA PRA)

- Category 1

American Academy of Family Practice (AAFP)

- Credits Prescribed
- Credits Elected

National Medical Association (NMA PAA) (NMA PCCA) (**Proposed**)

- Physician Achievement Award (as NMA modified)
- Physician Cultural Certificate Award
- Category I

American Osteopathic Association (AOA)

- Physician Achievement Award
- Category I

“On the spot” record of attendance

- Each participant may indicate hours of participation on a report with duplicates.
- The chairman of the activity will sign the duplicate.
- The original is kept by the participant.

A signed certificate of attendance is sent by the “Central” CME director to the attendee following verification of attendance, evaluations, documents of registration and payment (if payment is required for the event).

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: CME PLANNING PROCESS: STATES, REGIONS, & SECTIONS

POLICY/PROCEDURE NUMBER: 500.107

PURPOSE

The purpose of this process is to provide steps in planning for NMA CME events

SCOPE

This policy applies to all NMA scientific meeting activity consistent with requirements of the ACCME.

POLICY/PROCEDURE

The NMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education through its Annual Scientific Assembly and Region, State and Local conferences. As an accredited provider of the ACCME, the NMA is committed to addressing the educational needs of physicians, measuring educational effectiveness and continual quality improvement.

All continuing medical education presented in the name of the NMA must meet specific criteria in order to assure quality level education, professional development for practicing physicians and NMA accreditation by the ACCME and be directed by the need and need assessment. Failure of Program Directors to adhere to NMA policies and processes may jeopardize NMA's standing with the ACCME and ability to continue to certify educational activities for CME credit.

The following steps must be followed and documented in order to provide quality education and meet ACCME requirements. In order to complete all steps in a satisfactory manner, planning must begin one year prior to the activity.

IMPORTANT: Please send all required documentation to the Central CME Office, Wednesday of the Assembly, October Workshop – February final program. Failure to submit required documentation may result in cancellation of the activity and/or non-accreditation of the CME activity.

PLANNING STEPS REGIONS - STATES

REGIONS & STATES	STEPS
PRE-ACTIVITY	
JUNE TO JULY	<ol style="list-style-type: none"> 1. Obtain minutes of the Region Planning Committee, determine the education need for the activity and collect disclosure forms for Program Director and Planning Committee members. 2. Assemble documents required for activity 3. Perform an assessment to determine education needs. 4. Identify audience. 5. Establish objectives. 6. Design the activity. 7. Develop the budget. 8. Select and invite faculty. 9. Collect disclosures of faculty. 10. Review Disclosures. 11. Submit completed Disclosure Forms. 12. Resolve potential Conflict of Interest. 13. Submit CME application to the Director of CME for Review and Approval.
AUGUST	
SEPTEMBER	<ol style="list-style-type: none"> 14. Seek funding after approval of CME application by Director of CME, 15. Participate in Training and Planning CME Workshop. 16. Collect remainder of all faculty materials.
OCTOBER Board Meeting CME Workshop	<ol style="list-style-type: none"> 17. Present to Director before printing. 18. Draft the activity brochure. 19. Submit presentations to Central office for review/approval prior to printing. 20. Print/mail brochures only after approval by Director of Continuing Medical Education.
NOVEMBER- DECEMBER	<ol style="list-style-type: none"> 21. Submit signed letters of agreement and copy of grant (checks) to Director of CME. 22. Prepare activity manual once all other on-site materials are available. 23. Send final product to Director of CME before printing. 24. Print all on-site materials. <p>Present Activity</p> <ol style="list-style-type: none"> 25. Make sure all participants including planners, faculty, audience sign (designates title, print address and email). 26. Ensure that verbal disclosure is made. 27. Have all participants complete the Evaluation Form. 28. Have all participants complete and submit the complete evaluation form. 29. Immediately after the event, send all material to NMA Central Office.
ON-SITE APRIL/MAY	

Comment [J1]: Disclosure & steps 1, 2, 15, 17, 18, 19, 27, 28 – 32 do not correspond to the detailed steps outlined in this guide

POST-
ACTIVITY

30. Complete program sent to Director with post activity evaluation forms and financial statement.
31. Check List for All Documents to be sent to the CME Office.

IMPORTANT:

- Items due for Regions and States
 - Items resulting from Steps 1 to 13 are due to be delivered at the Region/State workshop presented on the Thursday before Scientific Assembly.
- At the completion of the activity, please send all required documentation to the Central CME Office. Failure to submit required documentation may result in cancellation and/or non-accreditation of the CME activity.

PLANNING STEPS SECTIONS

Sections	STEPS
PRE- ACTIVITY August (Wednesday)	<ol style="list-style-type: none"> 1. Obtain minutes of the Region Planning Committee, determine the education need for the activity and collect disclosure forms for Program Director and Planning Committee members. 2. Assemble documents required for activity. 3. Perform an assessment to determine education needs. 4. Identify audience. 5. Establish objectives. 6. Design the activity. 7. Develop the budget. 8. Select and invite faculty. 9. Collect disclosures of faculty. 10. Review Disclosures. 11. Submit completed Disclosure Forms. 12. Resolve potential Conflict of Interest. 13. Submit CME application to the Director of CME for Review and Approval.
SEPTEMBER	<ol style="list-style-type: none"> 14. Seek funding after approval of CME application by Director of CME.
OCTOBER Board Meeting CME Workshop	<ol style="list-style-type: none"> 15. Participate in Training and Planning CME Workshop. 16. Collect remainder of all faculty materials. 17. Present to Director before printing. 18. Draft the activity brochure. 19. Submit presentations to Central office for review/approval prior to printing
February	<ol style="list-style-type: none"> 20. Print/mail brochures only after approval by Director of Continuing Medical Education. 21. Submit signed letters of agreement and copy of grant (checks) to Director of CME. 22. Prepare activity manual once all other on-site materials are available. 23. Send final product to Director of CME before printing 24. Print all on-site materials.
ON-SITE August Assembly	<p>Present Activity</p> <ol style="list-style-type: none"> 25. Make sure all participants including planners, faculty, audience sign (designates title, print address and email). 26. Ensure that verbal disclosure is made. 27. Have all participants complete the Evaluation Form. 28. Have all participants complete and submit the complete evaluation form.

Comment [J2]: Disclosure & steps 1, 2, 15, 17, 18, 19, 27, 28 – 32 do not correspond to the detailed steps outlined in this guide

POST-
ACTIVITY

29. Immediately after the event, send all material to NMA Central Office.
30. Complete program sent to Director with post activity evaluation forms and financial statement.
31. Check List for All Documents to be sent to the CME Office.

IMPORTANT:

- Items due for Section Chairs
 - Items resulting from Steps 1 to 13 are due to be delivered at the CME workshop held on Wednesday at 12:00 during the Scientific Assembly week.

See Planning Guide for more details

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: NEED AND NEEDS ASSESSMENTS

POLICY/PROCEDURE NUMBER: 500.108

PURPOSE

To guide CME planners in determining the education needs of NMA continuing medical education activities and needs assessment to determine topics in support of physician learning and applications to practice.

SCOPE

This policy/procedure applies to all NMA continuing medical education planners (region, state, local or scientific assembly)

POLICY/PROCEDURE

Identification and analysis of CME needs are the basis for formulating educational goals and objectives and planning educational activities. The needs assessment is essential in specifying instructional intent and expected learning outcomes. It is imperative that a needs assessment be conducted and used throughout the planning process. Just as important is the documentation of the entire process; all associated documentation must be sent to the Central CME Office for inclusion in the activity file.

Each event must be presented based on documented need, learning objectives and teaching techniques best suited to the desired outcome. (Example: Hands on technique for a procedure requiring manual efforts. Each objective must be stated in a way that identifies what the attendee will be able to do after participating in the education event)

In developing the needs assessment the chair and the committee must:

- Perform a survey of the section or state membership (audience)
- Observe the recommendations noted in the evaluation and recommendation listing in the audience evaluation of the previous annual event.
- Utilize needs as noted in the current literature.
- Include recommendations for needs assessment from the planning committee.
- Consider national or local risk to health maintenance.

It is the responsibility of the CME planner(s) to:

1. Establish the need which justifies the education event.
2. Identify topics which will potentuate the learning process
 - Review NMA member survey summaries to identify topic areas
 - Posttest deficiency areas

- Areas for improvement that may impact educational design and/or other planning aspects
3. Research additional resources to guide/refine content development
 - Sources may include, but are not limited to, any of the following:
 - Practice guidelines
 - Mortality & Morbidity reports
 - Tumor registry data
 - Media coverage of new advances
 - Hospital admission data
 - Local medical problem manifestation
 - NM A Journal article (peer reviewed)
 - National medical crises
 - Licensing requirements
 - Examination preparation
 - Topics deemed by members to be contributing or helpful in their practice
 - Observations of continuing medical education planners at each activity
 - Recommendations made for topics at each activity by attendees
 - Overall membership questionnaire
 - Fall workshop participant questionnaire
 - Evaluation data from previous CME event
 4. Continue refining the needs assessment during faculty content development meetings; information gained is utilized to guide the creation of presentations and print material.
 5. Draft referenced abstract that explains the rationale for the activity
Include:
 - Statistics of population with condition/disease
 - Challenges faced by target audience
 - Summary of a solution(s) to challenge(s) outlined
 - Purpose/goal of the activity

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: CONTENT, FORMAT, AND CONTENT VALIDATION

POLICY/PROCEDURE NUMBER: 500.109

PURPOSE

The purpose of this policy is to provide guidance for CME staff, planners, chairmen and faculty to ensure compliance with the ACCME policy on content development and content validity.

SCOPE

This policy applies to all NMA CME activities

POLICY/PROCEDURE

1. Definition of CME: "CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional competence and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public."
2. All 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.
3. All scientific research referred to, reported or used in a CME activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
4. All recommendations, treatment, or manners of practicing medicine discussed in a CME activity must be within the definition of CME and must not be known (a) to have risks or dangers that outweigh the benefits or (b) to be ineffective in the treatment of patients.
5. The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific-proprietary business interest of a commercial interest.
6. Colors or other design elements that are part of a product-promotional campaign shall not be used in the promotional or educational materials for a CME activity discussing that product.

7. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.
8. CME activity content and format shall comply with the Food and Drug Administration (FDA) Final Guidance on Industry-Supported Scientific and Educational Activities. [FDA Guidance]
9. CME activity content and format shall comply with the American Medical Association (AMA) definition of continuing medical education and Ethical Opinion 9.011. [AMA Regulations and Opinions]

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: DISCLOSURES OF FACULTY AND PLANNERS RELATIONSHIP TO MEDICAL COMMERCIAL ENTITIES (PHARMACEUTICAL OR MEDICAL DEVICES) RELEVANT TO POTENTIAL COMMERCIAL BIAS AND OFF LABEL DISCUSSION

POLICY/PROCEDURE NUMBER: 500.110

PURPOSE

To inform CME staff, planners and faculty of requirements pertaining to disclosure of relevant financial relationships.

SCOPE

Faculty, speakers, moderators, planners, CME staff and others involved in the development of educational content or delivery of educational content for a NMA CME activity

POLICY/PROCEDURE

1. A relevant financial relationship is defined as a financial relationship in any amount occurring in the past 12 months that creates a conflict of interest. SCS 2.2
2. Completed disclosure forms must be received in ample time to be reviewed and discussed by the appropriate monitoring group, i.e. National Medical Association Director of CME. Planners, teachers, and authors shall receive clear and unambiguous instructions that failure to return the form in a timely manner may result in disqualification from participation in the CME activity. Reminders (calls, e-mails, faxes) shall be sent at reasonable periods prior to the deadline.
3. Faculty members failing or refusing to complete the disclosure form in ample time to be reviewed by the Director of CME shall be automatically disqualified as a planning committee member, teacher or author.
4. The following information regarding relevant financial relationship(s) of all individuals in a position to control CME content will be disclosed to learners:
 - a) The name of the individual
 - b) The name of the commercial interest(s) with which the relationship exists;
 - c) The nature of the relationship the individual has with each commercial interest. SCS 6.1
5. For an individual with no relevant financial relationship(s), the learners will be informed that no relevant financial relationship(s) exist. SCS 6.2

6. Individuals who fail or refuse to disclose their relevant financial relationship(s) will be prohibited from participation in the planning, presentation, or evaluation of a CME activity. SCS 2.2
7. The source of all support from commercial interests will be disclosed to learners. When commercial support is “in-kind”, the nature of the support must be disclosed to learners. SCS 6.3
8. “Disclosure” must never include the use of a trade name or a product-group message. SCS 6.4
9. If a faculty member does not provide disclosure information prior to the deadline for printed activity materials, that information must be disclosed verbally at the live activity prior to the faculty member’s presentation . A National Medical Association Department of CME staff member or designated agent must also witness the communication of the information and must complete the Verification of Verbal Disclosure Form. SCS 6.5
10. All disclosure information will be provided to learners prior to the beginning of the educational activity. SCS 6.5
11. All planning committee members, teachers, presenters, editors, and authors (SCS 2.1) must complete a Full Disclosure Form [Industry Best Practice] indicating any relevant financial relationship(s).
12. The information from the Full Disclosure Forms will be presented:
 - a) In printed CME activity materials
 - b) As required verbal disclosure.
 - c) With audience (learner) notification that disclosure was made.
13. The source and nature of all support from commercial interests will be disclosed to learners in writing in all promotional and activity materials.
14. Regarding product disclosures, a blanket statement posted on the “Speakers and Disclosures” page will alert readers that investigational products/unapproved uses may be mentioned.
15. NMA/CME encourages speakers to identify investigational products and off label uses at first mention in the content of the article, recognizing the difficulties inherent in identifying multiple drugs and combinations of drugs.

Planners are required to include a statement on the “Speakers and Disclosures” page of the syllabus to alert readers that investigational products/unapproved uses may be mentioned.

16. Use of brand names of regulated drugs is discouraged. However, at the discretion of the Program Director, the generic name may follow by brand name at the first mention in the activity; thereafter, generic names will routinely be used.
17. Regarding medical devices regulated by the FDA, NMA will identify the manufacturer at first mention of a device and will include the corporate headquarters address (city and state).

Reference: ACCME Standards for Commercial Support

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: INDEPENDENCE

POLICY/PROCEDURE NUMBER: 500.111

PURPOSE

To provide guidelines to CME staff and planners regarding provider independence from any commercial interest as stipulated by the updated Standards for Commercial Support

SCOPE

All National Medical Association CME activities

POLICY/PROCEDURE

National Medical Association CME planners are fully responsible for planning, design, presentations, selection of speakers and evaluation of NMA CME events.

1. In order to maintain the independence of the CME provider, the following decisions regarding CME activities must be made free of control of any commercial interest (SCS 1.1):
 - Identification of CME needs
 - Determination of educational objectives
 - Selection and presentation of content
 - Selection of all persons and organizations that will be in a position to control the content of the CME
 - Selection of education methods
 - Evaluation of the activity
2. Independence of the CME provider must be stipulated in the Commercial Support Letter of Agreement.
3. All parties to the Commercial Support Letter of Agreement must agree to comply with the ACCME Standards for Commercial Support.
4. The NMA must make all decisions regarding the disposition and disbursement of commercial support. SCS 3.1
5. The NMA may seek suggestions from the commercial interest regarding faculty members, content, and other aspects of the CME activity. However, the commercial interest cannot make the acceptance of advice or services concerning teachers, authors, or participants or other education matters, including content, a condition of support. SCS 3.2

6. A commercial interest cannot take the role of the non-accredited partner in a joint sponsorship relationship. SCS 1.2

Reference: ACCME Standards for Commercial Support

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: ENDURING MATERIALS

POLICY/PROCEDURE NUMBER: 500.112

PURPOSE

To provide guidelines to CME staff and planners regarding the planning of enduring materials

SCOPE

CME enduring material products include, but are not limited to: videotape, CD-ROM, DVD, Journal-based CME and on-line CME

POLICY/PROCEDURE

1. Enduring Materials are defined as printed, recorded or computer-assisted instruction that may be used over time and which, *in themselves*, constitute a planned CME activity.
2. The following information will be communicated to participants on all CME Enduring Materials.
 - a. Principal faculty and their credentials
 - b. Medium or combination of media used
 - c. Method of physician participation in the learning process
 - d. Estimated time to complete the educational activity (same as the number of credit hours designated)
 - e. Dates of original release and the most recent review or update
 - f. Termination date (date after which enduring material is no longer certified for credit)
 - g. Acknowledgment of commercial support (only at the beginning of the enduring material; no trade name or product-group message)
3. All enduring materials must be reviewed at least once every three (3) years, or more frequently if indicated by new scientific developments.
4. A commercial interest or its representatives shall not provide enduring materials to learners. SCS 4.5 (See Policy on Role of Commercial Interest Representatives)
5. Journal-based CME is defined as a CME activity that includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed

phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

- a. The educational content of journal CME must be within the ACCME's [Definition of CME](#).
- b. Journal CME activities must comply with all [ACCME Essential Areas and Elements](#) (including the Standards for Commercial Support) and [Accreditation Policies](#). Because of the nature of the activity, there are two additional requirements that journal CME must meet:
 - i. The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.
 - ii. The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: MONITORS

POLICY/PROCEDURE NUMBER: 500-113

PURPOSE To document declaration of commercial interests of planners and speakers.

SCOPE: Surveillance of all NMA CME activities for disclosure of commercial interests.

POLICY/PROCEDURE

THE PROBLEM

Disclosure of medical commercial relationship with the Faculty and NMA CME Planners with the CME audience is an essential requirement of the ACCME and highly endorsed by the FDA and PhRMA.

In order to ensure that this is done during each NMA CME event, a system of monitors is being instituted in which each Section, Region or State activity will have at least one monitor for each day of NMA CME activity.

ROLE OF THE MONITOR

The monitor will make a statement at the beginning of each CME activity specifying:

- The relationship of the Planning Committee members, chairs and others with medical commercial entities.

- The presence or absence of any relationship with a medical or medical device company and what that relationship is.
 - o (This information should be printed in the program booklet and read to the audience).

- Attestation a verbal declaration disclosure for each speaker.
 - o (This, too, must be placed in print for each speaker in the printed program booklet).

- Attestation in writing that the announcements were made.

- That the audience attendees indicate on their evaluation sheet for each speaker that the speaker did or did not make the declaration of disclosure.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative for the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a. That verbal disclosure did occur; and
 - b. Itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider's acknowledgement of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

**NATIONAL MEDICAL CENTER
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: RESOLUTION OF CONFLICTS OF INTEREST WITH COMMERCIAL ENTITIES

POLICY/PROCEDURE NUMBER: 500.114

PURPOSE

The purpose of this policy is to define conflict of interest, as well as state NMA's position regarding resolution of all conflicts of interest for CME staff, chairmen and planners and to determine the participation of speakers or planners who have conflicts of interest with commercial entities.

SCOPE

Faculty, speakers, moderators, planners, CME staff and others involved in the development of educational content or delivery of educational content for a NMA CME activity

POLICY/PROCEDURE

1. NMA Department of CME shall identify all conflicts of interest for individuals in a position to control the content of an educational activity. SCS 2.3
2. A Conflict of Interest can be said to exist under the following condition:
 - The individual has a financial relationship with a commercial interest, and
 - The opportunity to affect the content of CME about the products or services of that commercial interest. SCS 2.1
 - Speakers must sign and remit Disclosure Statements regarding relationships with medical industry. All speakers should send a summary of their lectures before the activity. Speakers have a conflict (i.e. have the potential influencing relationship) must have their summary submitted and reviewed by the section, region, or state secretary and chair. A decision must be made either to alter or omit the presentation if a conflict is determined to exist.
3. Section, region, or state secretary and chair shall resolve all conflicts of interest prior to the education activity being delivered to learners. SCS 2.3
4. When a conflict is recognized, the speaker must submit a summary of his/her speech for review by the chair and planning committee participants.

A decision must be made:

- To modify
- To omit item or not allow the speech

5. Conflict not resolved at this level must be referred to the Director of CME for final disposition.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: ABSTRACTS OR LECTURE SUMMARIES

POLICY/PROCEDURE NUMBER: 500.115

PURPOSE

The purpose of these policies/procedures is to provide guidelines for all who wish to provide a summary of a presentation to be made during the NMA Scientific Assembly.

SCOPE

Applies to requested abstracts in response to invitations to speak or abstracts requested as opportunity to make a presentation. Applies to physicians, nurses and other allied categories.

POLICY/PROCEDURE

Abstracts must be solicited from all speakers including residents in training. Abstracts must be submitted on the form prepared by the association by no later than 30 days after acceptance of invitation to speak. Abstracts for other occasions are encouraged.

Abstract form should include:

- Topic
- Authors
- Background of topic
- Objective
- Method or procedure
- Finding
- Conclusion

Summary must include a statement of purpose and description of lecture content.

Abstracts must be sent within 30 days of acceptance. Abstracts may be used as preliminary information before the activity and may be used to determine conflicts of interest.

Preference must be labeled for oral presentation or poster presentation and preferred specialty section.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURES**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: COORDINATING PLANNING STEPS AND CME ACTIVITY

POLICY/PROCEDURE NUMBER: 500.116

PURPOSE

The purpose of this policy/procedure is to further relate the planning steps to CME activity for steps to be taken by NMA central office in planning CME events.

SCOPE

The policy/procedure applies to all National Medical Association program planners for assembly, region, state and local CME activity (see updated planning guide).

POLICY/PROCEDURE

A proposal of all continuing medical education activities must be submitted to the office of Continuing Medical Education for approval prior to printing.

- Region and state activity request must be submitted by no later than 6 months prior to the planned event.
- Requirements for approval of the event for category 1 designation must include the following:
 - Statement of intended audience
 - Needs assessment data
 - Objectives
 - Timed schedule of events:
 - Topics, time, speakers name, title and city, lecture title, and questions and answer segments.
 - Disclosure Statement
 - Disclaimer

Each participant will be given a personal record of attendance at the (“on the spot”) activity. The following must be sent to the office of CME by two weeks after the event if the participants are to receive a Certificate of Attendance signed by the director.

- Printed names and addresses of all in attendance
- Participants’ evaluations
- Yellow duplicate copy of the personal record
- Copy of all printed material used at meeting

Certificate of Attendance at all CME activity will be sent to participants within 30 days after the receipt of requested data by the CME office.

All section chairs and region chairs must participate in the annual planning NMA workshop (usually in October and/or February).

Section Chairs must bring a (complied template) copy of their planned program to the workshop.

Assembly program theme, plenary session and joint program topics should be chosen at this time.

Abstracts for assembly participation must be submitted by December 31st.

All final assembly section programs must be submitted to the CME office by February 15th.

The preliminary assembly brochure must be planned and mailed in early January.

Assembly sessions must include the following:

- Saturday – Hands on Activity
- Sunday – Post Graduate Courses
- Sunday – Plenary Session 10a.m. – 12p.m.
- Saturday – Maziquie Symposium 1p.m. – 3p.m.
- Tuesday – Joint Session 9a.m. – 11a.m.
- Wednesday – meeting of Chairs sharing evaluation of the Assembly and planning next Assembly at 1p.m.

Assembly time will be 1:00p.m. to 3:00p.m. Saturday, 9:00a.m. to 5:00p.m. Sunday through Wednesday, and 9:00a.m. to 2:00p.m. Thursday.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: LETTERS OF AGREEMENT

POLICY/PROCEDURE NUMBER: 500.117

PURPOSE:

SCOPE

All funds sent to NMA from commercial sources to be applied to NMA CME activities.

POLICY/PROCEDURE

All funds contributed in NMA CME must have a Letter of Agreement (LOA) signed by the contributing representative and the Director of NMA CME. Funds contributed by commercial entities must not be dispensed for any purpose without the presence of a Letter of Agreement signed by the contributing representative and the Director of NMA CME and received by the NMA Finance Office.

- Funds contributed must be sent with the LOA to the Finance Office.
- When funds are received without the LOA, the Director of NMA CME office must be notified.
- The staff of the department of CME will contact the chair of the responsible (requesting) unit for the receipt of the signed LOA.

Required Content of LOA

- Statement of purpose
- Statement of control of content and selection of presenters and moderators
- Statement of Disclosure of financial relationship
- Promotional Activities
- Objectivity and Balance
- Financial management of the grant

Acknowledgements

- The name of each contributing company must be listed in the activity manual distinct and separate for audience information.
- The acknowledgement for the contribution must be made in print e.g. --“We thank the _____ Company for its contribution toward the success of this activity.”
- The chair of the unit must send a letter of acknowledgement and thanks to the contributing company for funds granted

A financial report of the funds use must be made and kept on file with the record of the activity in the CME department and in the Finance department.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: INTERACTIVE VIDEO WITH HBCU'S

POLICY/PROCEDURE NUMBER: 500.118

PURPOSE

To provide guideline strategy for live broadcast of scientific assembly activity to medical colleges (HBU's) and student and faculty participation in the Assembly.

SCOPE

Include planned NMA conferences and recipient groups monitored at each school site.

FORMAT

A two hour period discussion will be broadcasted from the Assembly to the medical schools.

POLICY/PROCEDURE

The faculty reception conference will be held in the distance learning facility of the medical school example.

Each site will have a monitor (at Drew, Howard, Meharry, and Morehouse).

Script

Topic #1

- 20 minute presentation
- 40 minute question and answers

Topic #2

- 2nd hour repeated

The topics chosen will be of high profile and culturally sensitive recommended by the medical school faculty.

- Sessions will be held Monday, Tuesday, Wednesday and Thursday at the medical school/hospital.
- Faculty department chairs will be consulted to determine interest in participation and desired schedule.
- Monitors, faculty representation at the Assembly and each school will be chosen for their knowledge of the subject (topic) and communications ability.

- Presentations in the Assembly will be limited to 15 minutes allowing discussion and questions from among the faculty and students at the medical schools/hospitals for 45 minutes.
- Two topics will be chosen for discussion during the two (2) hour event. Broadcast will be either: Assembly to one school or to more than one and among schools.

The Assembly moderator will conduct the Assembly activity and ensure:

- Time limit of lectures
- Questions for Assembly audience (minimal)
- Maximum time for questions and answers for the students or medical faculty.

The planning process will begin 6 months before the Assembly and evaluated for effectiveness by faculty and students.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: JOINT SPONSORSHIP OF CME ACTIVITIES

POLICY/PROCEDURE NUMBER: 500.119

PURPOSE

To establish and clarify requirements for the planning and production of CME events by an unaccredited organization

SCOPE

All activities providing NMA, AOA, or AAFP credit hours

POLICY/PROCEDURE

National Medical Association (NMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

NMA engages in “joint sponsorship” when it plans and presents one or more activities with non-ACCME accredited providers.

National Medical Association reserves the right to accept or deny joint sponsorship of individual CME activities at its own discretion.

Eligibility

NMA will not enter into a joint sponsorship relationship with a commercial interest. (SCS 1.2)

A commercial interest is defined by the ACCME as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies. (The ACCME does not consider providers of clinical service directly to patients to be commercial interests.)

Requirements for Joint Sponsorship

1. Mission and Definition of CME

Applicants must request and read a copy of National Medical Association’s *CME Mission Statement*. This document may be provided by the Director of CME. Any activity to be considered for joint sponsorship must fit the **Definition of CME** as promulgated by the ACCME and must fall within the mission of NMA’s CME Program. A statement affirming these two requirements must be submitted to NMA as part of the application process.

2. Application

Applicants must obtain an Application for Joint Sponsorship from National Medical Association's Department of CME. That application must be completed in full and returned to the NMA Director of CME as early in the planning process as possible to allow for necessary changes, revisions, or input into the planning and implementation process. One contact person representing the applicant must be identified at the time of application. A completed application must be submitted by:

- 6 months for a national activity
- 6 months for a regional or local activity

Status of Application

The Applicant organization will be notified in writing when its request is approved or disapproved. Promotional or activity materials may not be disseminated without approval by NMA.

Joint Sponsorship Agreement

Upon approval of the Application, NMA Director of CME and the Joint Sponsor will sign a *Joint Sponsorship Agreement* delineating all pertinent information and responsibilities.

Compliance

NMA requires that all activities which it jointly sponsors comply with its policies, as well as the Essential Areas, Policies and Standards of Commercial Support of the ACCME, and, if designated for credit, with the requirements of the American Medical Association Physician Recognition Award or other appropriate entity.

Documentation

NMA will define the nature of documents that the Joint Sponsor must provide along with the schedule for that provision.

Review of Materials

NMA must review all activity materials and reserves the right to mandate pre-dissemination changes it feels are required for compliance with appropriate regulations or for maintenance of NMA's image.

Promotional or activity materials may not be disseminated without approval by NMA.

The activity may not take place (or in the case of enduring materials or journal CME, may not be disseminated) until official approval is granted by NMA in writing. NMA

will make reasonable efforts to review materials in a timely manner, but will not be responsible for delays in implementation of the activity.

NMA Forms

Applicants are required to use NMA's *Full Disclosure Form* and *Commercial Support Letter of Agreement*. Other forms may be required during the planning, implementation, and evaluation of the activity.

NMA Identification

National Medical Association will be clearly and prominently identified on all promotional and activity materials as a joint sponsor of the activity.

NMA Required Statements

NMA will communicate and approve all required statements that must appear on activity materials.

The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate [accreditation statement](#). All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

NMA Responsibilities

The following responsibilities are solely those of National Medical Association and will not be delegated to the Applicant:

- Negotiation and signing of the Commercial Support Agreement
- Preparation and dissemination of certificates of credit or participation (four to six weeks following receipt of the participant list)
- Maintenance of official participant records (Applicant will also be required to maintain unofficial records for six years)
- Handling of participant grievances

Fee and Payment

The Fees and payment schedule will be negotiated on an activity-by-activity basis and will be delineated in the Joint Sponsorship Agreement.

- Display boards will be provided in poster display section of the exhibit floor Sunday to Tuesday of the assembly.

Award declaration will be made by 2p.m. on Tuesday.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: NMA POSTGRADUATE (RESIDENT) PARTICIPATION

POLICY/PROCEDURE: 500.121

PURPOSE

To identify the postgraduate resident participation during the NMA Scientific Assembly and to encourage resident participation in other activity in the NMA.

SCOPE

- Postgraduate activity in
- The postgraduate session
- The specialty sections
- The poster sections
- Oral and poster presentations

POLICY/PROCEDURE

Postgraduate Session Activity

- The postgraduate session must be organized with chairman, chairman elect, secretary and treasurer.
- CME activity in the postgraduate session must be held on Saturday and Sunday of the Scientific Assembly. The session program must include oral and poster presentations by postgraduates with faculty comments and grand rounds supported by specialty faculty of medical schools.
- Practice Management Issues should be discussed.

Oral Presentations

Oral presentations will be held on Saturday and/or Sunday as determined by the postgraduate session's planning committee. Oral presentations will be limited to 10 minutes and will include the name of the faculty adviser, method of procedure, findings and summary.

Poster Session

- Poster Presentations will begin Sunday (with Saturday placement) and extended thru Tuesday in the exhibit hall.
- Specialty section funding for postgraduate participation must be provided by the training program of origin or by the NMA, dependency upon available funds
- Posters must be by single sheet 4 by 6 of photographed individual poster content and set up time before the Assembly.
- Judging and presentations will be done on Sunday, Monday, and Tuesday from 11a.m. to 1p.m.

- Judging and rounds will be lead by the representatives and Section representatives of family practice, Internal Medicine, and General Surgery and other sections as advised

Special Session Participation

Each specialty must provide a period in the schedule for postgraduate participation during and as a part of the section CME activity. This may be competitive or non competitive.

Printed Booklet

A booklet listing all postgraduate participants must be made available at the Assembly and provided for each oral and poster presenter and site of training.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURES**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: POSTGRADUATE COURSES

POLICY/PROCEDURE NUMBER: 500.122

PURPOSE

The purpose of this procedure is to serve as a guide in the development of postgraduate courses.

SCOPE

Didactic presentations of a subject of importance to the section, chosen and represented by the chairperson. The schedule of the presentation may include epidemiology, prevention, management, and expected outcome of therapy.

POLICY/PROCEDURE

NMA Postgraduate Course should be:

- Presented by all specialty sections, region and state societies
- Held on the Sunday (full day) of the Scientific Assembly or in the region and state society meeting (a half day or full day) on the first day or as determined by the chairman.
- Designed by the section with cooperation (with a medical school preferably)
- Preferably presented by section members as lectures or other invited experts as needed
- Single topic with all lectures or demonstrations related directly to that topic
- Examples:
 - Management of Diabetes
 - Management of Breast Cancer
 - Management of Fracture of Hip
 - Management of Diabetes Retinopathy
 - Management of Prostate Cancer
 - Management of Senile Dementia
 - Management of Drug Abuse
 - Management of Pain Management

Required Items on Brochure and Manual

- ACCME statements needs assessment, intended audiences, objectives, disclosures, disclaimers, etc.
- Related activity or items
- Power Point presentations (use only)
- Syllabus or Seminar Manual for each course with content related to the topics only
- Syllabus to include slide Power Point presentation type with Lateral and Note Lines

- A completed syllabus, made available at no later than the beginning of the course or seminar (preferably, sent to attendees of the Sections by mail or electronic format prior to the seminar)
- Agenda (Schedule)
- Abstracts
- Placed in Three-Ring Binder or bound (preferred) and by electronic format
- Contributions of commercial organizations should be noted if any
- Pre or post test

Charges to support manual may be made, but the cost of the manual is borne by the Section with minimal registration cost to individuals.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURES**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: SATELLITE PROGRAMS

POLICY/PROCEDURE NUMBER: 500.123

PURPOSE

Education activity presented by non-NMA organizations for practice enhancement of Assembly attendees (include lectures, breakfast, lunch, receptions, dinners or focus groups).

SCOPE

All activity before the first scheduled hour of the Assembly and after of the last day and prior to 1p.m. of Saturday (first day) and 9a.m. Sunday through Thursday.

POLICY/PROCEDURE

Characteristics:

- Not a part of the NMA credited scientific presentation activities.
- Not developed by NMA personal, section, Council or Board of Trustees representatives.
- Designed and presented by non-NMA organizations e.g.
 - Pharmaceutical and device companies
 - Other medical organizations to include:
 - Marketing companies, pharmaceutical companies representatives
 - Medical or other health organization not funded through the NMA or by the NMA
 - Grant Programs developed without NMA input (a grant that does not include payment or funding to the NMA as recipient).
- All publications and brochures must be approved by the CME director prior to printing and mailing.

Satellite Times:

Before scheduled assembly time: 7:00 a.m. to 1:00 p.m. Saturday, 7:00 a.m. to 9:00 a.m. Sunday through Thursday. After scheduled assembly time: 5:00 p.m. to 7:00 p.m. Monday and 2:00 p.m. to 5:00 p.m. Thursday.

Arrangements Including Cost:

- Arrangements must be made through the Central NMA CME department.
- Cost will be determined by the CME director.
- Preferably acceptance should be made by February 1 of the Assembly year.
- Payment to be made at the time of confirmation of acceptance of request.
- Satellite marketing breakfast may begin at 7:00 a.m. and must end by 9:00 a.m.

- Satellite morning session may be held in the Assembly hall near NMA CME activity upon approval of the NMA meeting planner.
- Space in the headquarters' hotels or convention center must be awarded by the NMA meeting planning office.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURES**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: EXPENDITURES – PAYMENT OF HONORARIA AND REIMBURSEMENTS

POLICY/PROCEDURE NUMBER: 500.124

PURPOSE

The purpose of this policy is to provide guidance for CME staff and planners regarding expenditures (honoraria and reimbursements) incurred by teachers, authors, learners, joint sponsors and other cooperative agencies/institutions.

SCOPE

This policy applies to all NMA CME activities and financial transactions by sections, regions, state and other units.

POLICY/PROCEDURE

1. Teachers, and authors shall be paid reasonable and customary honoraria rates and out-of-pocket expenses for travel related expenses, including coach fare ticketing and per diem meal allotment. SCS 3.7 (See Policy on Faculty Member Honoraria)
2. Meals and receptions are appropriate social events at a CME activity and are budgeted using local standard prices. SCS 3.11 (See Policy on Social Events)
3. The authorization for a joint sponsor or other educational partner to pay honoraria or out-of-pocket expenses shall be documented in a Memorandum of Understanding between the NMA and the joint sponsor and/or educational partner. SCS 3.8
4. All funds to be paid to the teachers, authors, cooperative agency/institution or joint sponsors shall be stipulated in the Commercial Support Letter of Agreement. SCS 3.9
5. Commercial support is not used to pay for travel, lodging, honoraria or personal expenses for non-teacher or non-author participants. SCS 3.12
6. Commercial support may be used to pay for travel, lodging, honoraria or personal expenses for employees and volunteers of the provider, joint sponsor, or educational partner. SCS 3.12
7. Commercial support may be used to pay for scholarships for medical students, residents, or fellows to attend CME activities. Commercial supporters may not determine the awarding of funds for scholarship. Only the academic institution to which the recipient belongs may decide who is awarded the scholarships.

8. All commercial support expenditures must be documented and, upon request, provided to the commercial supporter. SCS 3.13

Please refer to the NMA Financial Policy for Sections and Councils

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: MECC ACTIVITY

POLICY/PROCEDURE NUMBER: 500.125

PURPOSE

SCOPE

POLICY/PROCEDURE

I. Role of the Regions, States and Section Chairs:

- Present minutes of all planning meetings (July 2005, September 2005)
- Follow the NMA PLANNING STEPS
- Specify needs and source
 - Audience recommendation
 - Current local and national disease risks
 - Current literature issues
 - Evidence-based management relationship
- Develop objectives
- Choose topics and faculty
- Choose teaching design
- Evaluate the activity
- Provide (the MECC) with Region, State or Section Programs and Estimated budgets

II. Anticipated Role for (the MECC) with chairs for the Regions, States and Specialty Sections:

Each Section, Region and State chair will decide what assistance, if any, it will seek from (the MECC). The following is a list of what assistance will be offered:

- Obtain funds in support of faculty and support services
- Identify needs in support of funding requests
- Communicate with faculty
 - Invitations
 - Obtain biographies, lecture summaries, and PowerPoint presentations
 - Travel arrangements

- Assist in obtaining all ACCME required documents
 - Disclosure
 - Letters of agreement
 - Expense reports
 - Minutes, etc.

NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: APPROPRIATE USE OF COMMERCIAL SUPPORT

POLICY/PROCEDURE NUMBER: 500.126

PURPOSE

The purpose of this policy is to provide CME staff and planners with guidelines for use of commercial support in compliance with ACCME Standards of Commercial Support

SCOPE

This policy applies to all NMA CME activities

POLICY/PROCEDURE

1. The NMA makes all decisions regarding the disposition and disbursement of the commercial support. SCS 3.1
2. No NMA CME representative shall be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including activity content and format, from a commercial interest as conditions of contributing funds or services. SCS 3.2
3. All commercial support associated with a CME activity must be given with the full knowledge and approval of the NMA Director of CME. No additional funds or in-kind support will be provided to the planning committee members, teachers, or authors beyond those defined in the budget. SCS 3.3
4. All educational grant amounts will be based on an itemized and estimated budget prepared in advance and shared with the commercial supporter.
5. The total dollar amount will be reflected in the Letter of Agreement.
6. All commercial support expenditures must be documented and, upon request, provided to the commercial supporter. SCS 3.13
7. If expenses are exceeded, the NMA CME Planner will send a budget addendum and request for additional funds to the commercial supporter. Any additional funds will be documented in an addendum to the Letter of Agreement.

8. The NMA CME Planner may seek suggestions from the commercial interest regarding faculty members, content, and other aspects of the CME activity. However, the commercial interest cannot make the acceptance of advice or services concerning teachers, authors, or participants or other education matters, including content, a condition of support. SCS 3.2

9. The Letter of Agreement shall define the terms, purposes, and conditions of the grant and shall be signed by the commercial interest, the NMA Director of CME, and any other provider or educational partner involved in the planning and implementation of the CME activity. The originating source of the funds shall be considered the commercial interest for purposes of signing the agreement and acknowledgment. SCS 3.4, 3.5, 3.6

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: ROLE OF COMMERCIAL INTEREST REPRESENTATIVES

POLICY/PROCEDURE NUMBER: 500.127

PURPOSE

The purpose of this policy is to provide guidance for CME staff, chairmen and planners regarding the appropriate role of commercial interest representatives

SCOPE

This policy applies to all NMA CME activities

POLICY/PROCEDURE

5. A commercial interest or its representatives shall not provide CME activities to learners, including the distribution of enduring materials or arranging for electronic access to CME activities. SCS 4.5
6. Representatives of commercial interests must not act as the agents of the accredited provider in the planning or implementation of CME activities.
7. Representatives of commercial interests must agree to abide by the ACCME Essentials and Policies, the AMA Opinion on Gifts to Physicians, and any other regulations or standards that apply to the planning or implementation of CME activities. In addition, representatives must agree to comply with NMA policies as stated in Letters of Agreement and/or in documents communicated to those representatives. (See Commercial Interest Representative Agreement to Abide by Codes of Conduct)
8. Representatives of commercial interests may attend CME activities, but must conduct themselves in accordance with NMA policies. The NMA will monitor representative behavior.
9. Expected behavior includes, but is not limited to, the following.

Representatives of commercial interests:

- a. Cannot engage in detailing. (SCS 4.2)
- b. Cannot distribute product-promotional materials. (SCS 4.2)
- c. Cannot pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses. (SCS 3.8)
- d. Cannot provide any other payment to director of the activity, planning committee members, teachers, or authors, joint sponsor, or any others involved with the supported activity. (SCS 3.9)

- e. Must register with onsite activity planners.
- f. Cannot wear company/product name badge.
- g. Cannot participate in the activity by asking questions or inducing participants to ask questions.
- h. Cannot develop their activity invitations.
- i. Cannot invite guests to attend the CME activity.
- j. Cannot pay registration and expenses for attendees.
- k. Cannot transport faculty members to or from the activity.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: POLICY ON MANAGEMENT OF COMMERCIAL PROMOTION AND EXHIBITS

POLICY/PROCEDURE NUMBER: 500.128

PURPOSE

The purpose of this policy is to provide guidance for CME staff, chairmen and planners regarding the effective separation of education and promotion and the appropriate management of exhibits at CME activities.

SCOPE

This policy applies to all NMA CME activities

POLICY/PROCEDURE

1. All commercial supporters intending to exhibit or advertise in proximity to a CME activity will be provided with NMA's policies and procedures on this issue. [See Policy on Exhibits]
2. Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. SCS 4.2 [See Policy on Role of Commercial Interest Representatives]
3. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. [See Policy on Advertising] Staffed exhibits, promotional presentations, and printed or electronic advertisements must be kept separate from CME. SCS 4.2
4. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities. SCS 4.1 [See Policy on Exhibits]
5. Arrangements for commercial exhibits or advertisements cannot influence the planning or interfere with the presentation of CME activities, nor can they be a condition of the provision of commercial support for CME activities. SCS 4.1
6. Exhibits must be placed in a space separate from the educational activity space. SCS 4.2
7. A separate contract will be used for exhibit arrangements. That contract will contain the terms, conditions, and prohibitions regarding exhibits associated with the education activity
8. Exhibit income will be accounted for separately from commercial support income.

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: ADVERTISING

POLICY/PROCEDURE NUMBER: 500.129

PURPOSE

The purpose of this policy is to advise CME staff, chairmen and planners regarding the separation between education and promotion

SCOPE

This policy applies to all NMA CME activities

POLICY/PROCEDURE

Principles: Product-promotion materials or product-specific advertisements of any type are prohibited in or during CME activities. Promotional activities must be kept separate from CME.

1. *Live, face-to-face CME Activities:* Advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CME activity. SCS 4.2
2. Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name, or a product-group message. SCS 4.3
3. *Printed CME activities:* Advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. SCS 4.2
4. *Computer-based CME Activities:* Advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer “windows” or screens of the CME content. (See Policy on the Internet.) SCS 4.2
5. *Audio and video recorded CME activities:* Advertisements and promotional materials will not be included within the CME. There will be no “commercial breaks”. SCS 4.2

6. Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement. SCS 4.4

**NATIONAL MEDICAL ASSOCIATION
CORPORATE POLICY/PROCEDURE**

RESPONSIBLE OFFICE: CONTINUING MEDICAL EDUCATION

TITLE: SOCIAL EVENTS

POLICY/PROCEDURE NUMBER: 500.130

PURPOSE

The purpose of this policy is to provide guidance for CME staff and chairmen regarding the planning of social events in association with CME activities

SCOPE

This policy applies to all NMA CME activities.

POLICY/PROCEDURE

In accordance with regulations, standards, and opinions issued by the ACCME, the AMA, PhRMA, and AdvaMed, the following policies apply to Social Events that are part of CME activities:

1. Social events or meals at CME activities shall not compete with or take precedence over the educational events. SCS 3.11
2. Social events must satisfy three criteria: a) The value of the event to the physician should be modest; b) the event should facilitate discussion among attendees and faculty members; and c) the educational part of the conference should account for a majority of the total time accounted for by the educational activities and social events together. [SCS 3.11, AMA Opinions]
3. Modest meals and receptions, as judged by local standards, are appropriate social events for CME activities. [AMA Opinions, Industry Ethical Codes] (See Policy on Expenditures)
4. Meals, receptions, or other social events must not be the focus or the primary inducement to attend the CME activity, nor should information about them in activity invitations give the impression that they are more important than the content of the CME activity. SCS 3.11

Alternate Provisions – **NOTE: Requires determination by Director of CME**

5. Spouses or guests may attend CME social events on a space-available basis and must pay the estimated value of the social event out of their own funds.