Administrative

CME-01.01 CME Committee Purpose Mission
- CME Mission Statement

CME-01.02 TRHMC Support of the CME Program
- TRHMC Mission Statement

CME-01.03 Administrative Structure
- TRHMC Organizational Chart
- TRHMC Organizational Chart Academic Affairs
- TRHMC Organizational Chart Administrative Titles Only
- Organizational Chart CME Internal Structure

CME-01.04 Business and Management Policies

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-01.01

SUBJECT:	Policy CME Committee Purpose and Mission	Revised: Revised:	January, 2003 November 18, 2010

Element 1.1 *The provider must have a written statement of its CME mission, which included the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.*

Compliance: *Has a mission statement that includes all of the basic components.*
Exemplary Compliance: *Has a mission statement that includes all of the basic components with a strong emphasis on assessment of results.*

The CME Committee will provide an orderly means of reviewing physician education programs and granting appropriate CME credit to these programs. Its scope will encompass activities originated within the medical staff departments and divisions of TRHMC.

Quarterly Full CMEC meetings are scheduled to facilitate cohesiveness between all elements involved in the production of CME activities.

See CME Mission Statement.

The Reading Hospital and Medical Center

CONTINUING MEDICAL EDUCATION

MISSION STATEMENT

Consistent with The Reading Hospital & Medical Center's Mission Statement, the mission of the Continuing Medical Education Program is to provide a platform to fulfill the educational needs of the Medical Staff in an effort to improve physician practice and patient care.

PURPOSE . . .

- To identify and fulfill the educational needs of our physicians
- To increase physician competence and performance, thereby improving patient outcomes
- To design, implement, manage and evaluate quality continuing medical education programs

CONTENT AREAS . . .

- All medicine-related disciplines including (but not limited to): Anesthesiology, Emergency medicine, Family and Community Medicine, Internal Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology, Surgery, as well as Ethics, Quality Improvement, Risk Management, Patient Safety, Trauma, OSHA, Infectious Diseases, and any other area where there is an educational need

TARGET AUDIENCE . . .

- The principal audience is the medical staff of The Reading Hospital and Medical Center, its affiliates and its encompassing service areas and communities
- Other medical professionals (e.g., psychologists, therapists, nurses, and technical assistants) while not the primary targeted area, may benefit from attending

TYPE OF ACTIVITIES PROVIDED . . .

- Activities that will inform, update and educate the target audience utilizing independent presentations, departmental grand rounds, case conferences, specialty-focused seminars, symposiums, and departmental and/or multi-discipline-focused morbidity & mortality conferences.

EXPECTED OUTCOMES WILL . . .

- Include improvements in competence, performance, or patient outcomes
- Identify needs for future Continuing Medical Education Activities.
- Align with the Process Improvement goals of the hospital

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-01.02

SUBJECT:	Policy TRHMC Support of the CME Program	Revised: Revised:	January, 2003 November 18, 2010

Element 1.2 *The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.*

Compliance: *CME mentioned in the parent organization mission statement and supported with financial, facility and human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.*

Exemplary Compliance: *CME mentioned in the parent organization mission statement and supported with financial, facility, and human resources, plus promotion of the function; and a CME mission statement that is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.*

See TRHMC Mission Statement.

The Reading Hospital and Medical Center

MISSION STATEMENT

The Mission of The Reading Hospital and Medical Center is to provide compassionate, accessible, high quality, cost effective health care to the community; to promote health; to educate healthcare professionals; and to participate in appropriate clinical research.

Pillars of Excellence
Five Pillars

People: We will be the employer of choice in our region.
Service: We will provide compassionate care and service to everyone by exceeding their expectations.
Quality/Safety: We will be a recognized leader in clinical outcomes and patient safety.
Financial: We will make the most of finite resources, thus assuring our ability to fulfill our mission.
Growth/Access: We will grow our services to meet community needs.

culture OF EXCELLENCE

Attitude

- Make it positive.
- Give a helping hand.
- Show you care.
- Take pride in your work.
- Be accountable for your actions.

Courtesy

- Ask "how may I help?"
- Smile! Make eye contact.
- Give an extra minute.
- Use "thank you" often.
- Being nice matters.

Safety

- Be responsible for your actions.
- Be careful. Check your work.
- Ask for help. Give the help.
- Report safety concerns.
- Support an open-environment.

Communication

- Be a good listener.
- Share information with others.
- Find answers to questions.
- Follow through on requests and actions.
- Put a smile in your voice.

Compassion

- Place the patient first.
- Be aware. Show you care.
- Consider the emotional needs of others.
- Be responsive to concerns.
- Show respect. Treat others with dignity.

ATTITUDE • SAFETY • COURTESY • COMMUNICATION • COMPASSION

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-01.03

SUBJECT:	Policy Administrative Structure	Revised: Revised:	January, 2003 November 18, 2010

Element 3.1 *The provider must have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.*

Compliance: *Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.*

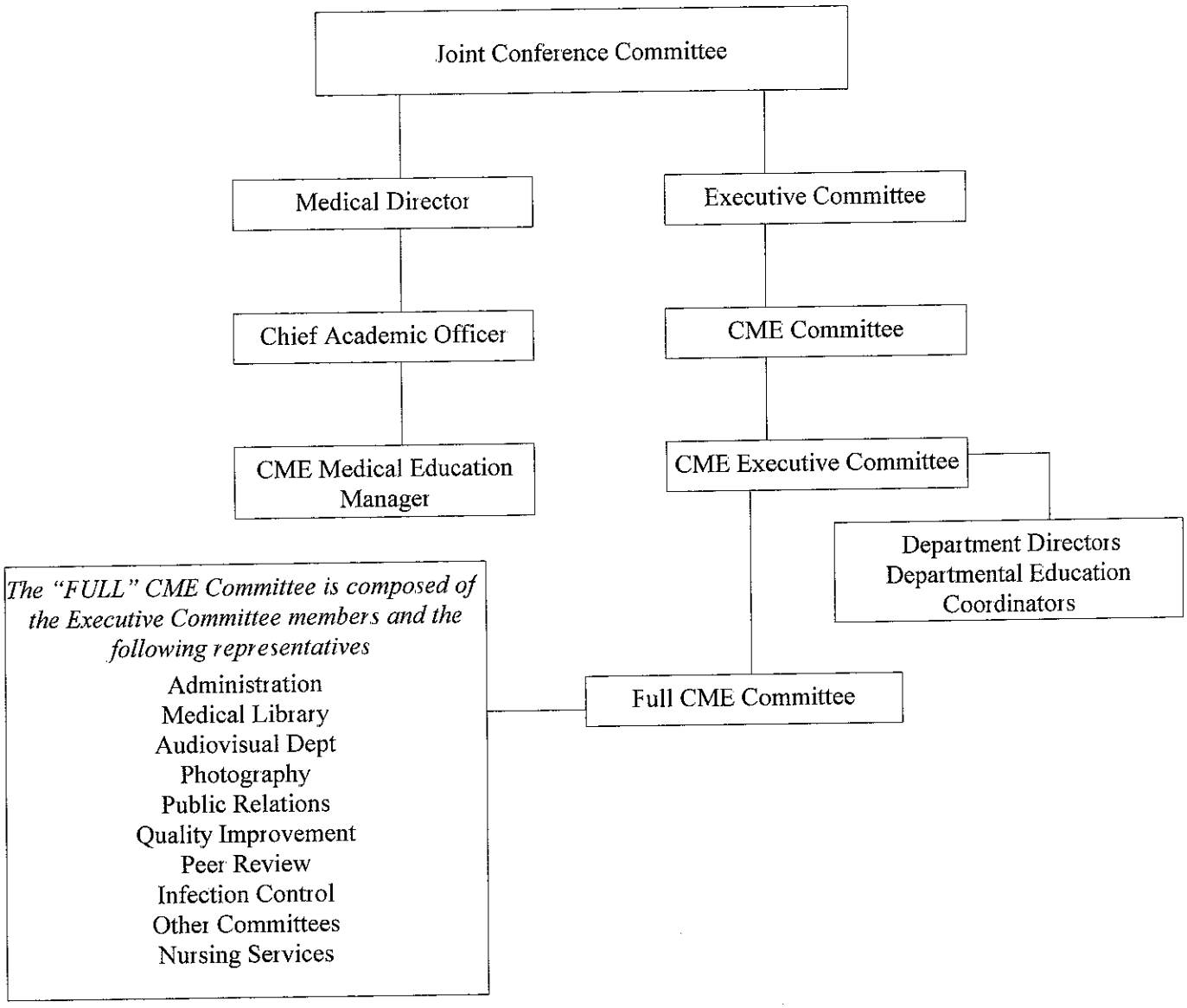
Exemplary Compliance: *Organizational framework for the CME unit exists, all the components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.*

The structure of the CME program consists of the following principles:

President
Medical Staff Director
Administrative Vice President CME Director
CME Coordinator
Department Physician Education Coordinators
Alternate Department Representatives
Department clerical support

The Reading Hospital and Medical Center
Continuing Medical Education Committee

ORGANIZATIONAL CHART

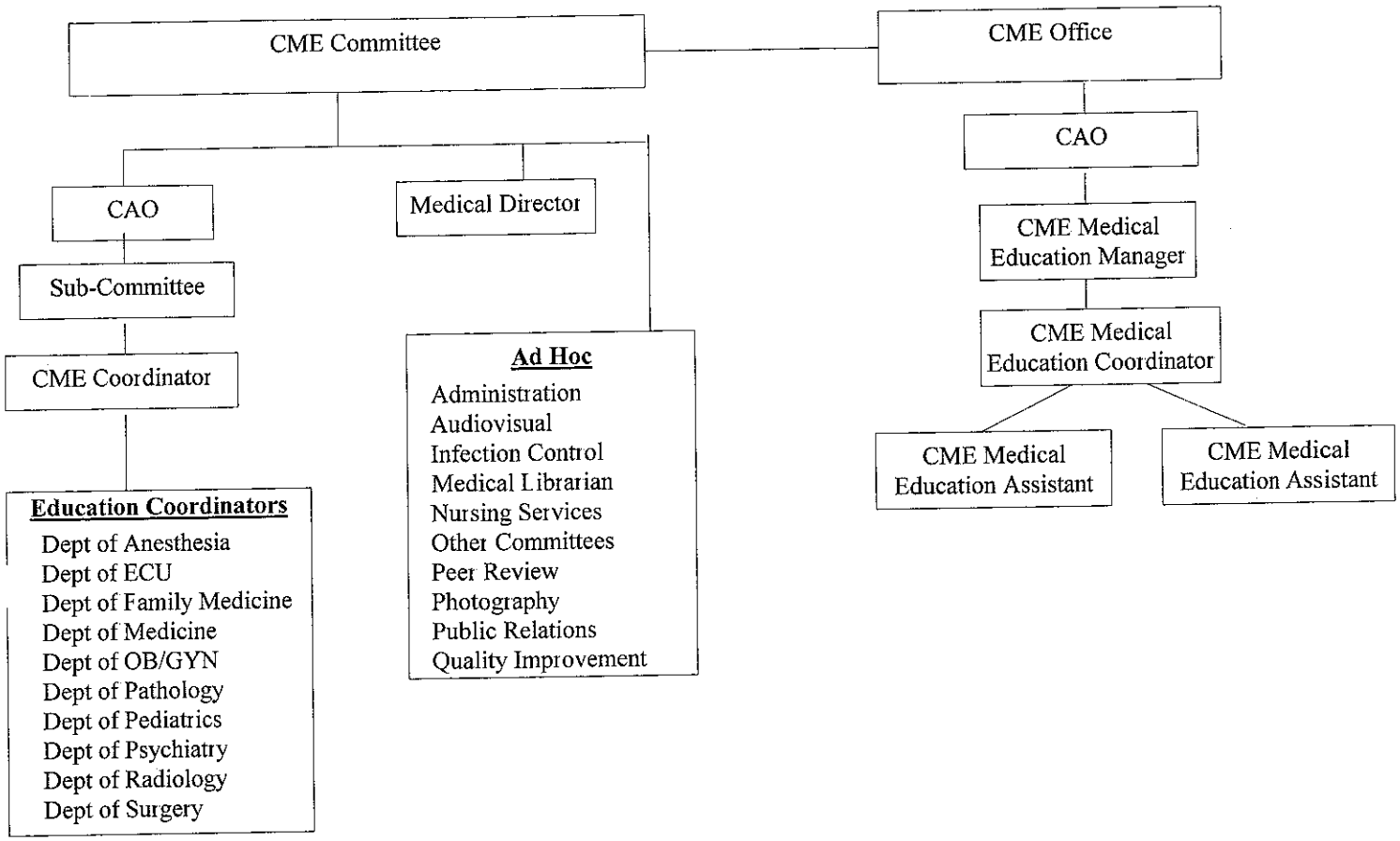


Membership of the CME Committee includes the Medical Director, Chief Academic Officer (CAO), CME Coordinator, a Departmental Director or designated Education Coordinator from each department engaging in CME activities, and *ad hoc* representatives from the Medical Librarian, Nursing Services, Quality Improvement, Peer Review, Audiovisual and Public Relations Departments, Infection Control, and Administration.

The Full CME Committee, consisting of all members, meets on a quarterly basis The Executive CME Committee, consisting of the CAO, CME Medical Education Manager and the Departmental Directors/Education Coordinators, meets monthly.

The Reading Hospital and Medical Center
Continuing Medical Education Committee

CHART SHOWING INTERNAL STRUCTURE OF THE CME UNIT



CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-01.04

SUBJECT:	Policy Business and Management Policies	Revised: Revised:	January, 2003 November 18, 2010

Element 3.2 *The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.*

Compliance: *Business and management policies and procedures are in place and are effectively used by CME administration to meet its obligations and commitments.*

Exemplary Compliance: *Business and management policies and procedures are in place and are effectively used by CME administration to meets its obligations and commitments in an innovative and creative manner.*

It is the policy of the CME Program to adhere to policy and procedure set by The Reading Hospital and Medical Center in all areas of business, management, financial, and legal issues.

CME Committee

CME-02.01	Composition and Membership
CME-02.02	Duties and Responsibilities
CME-02.03	Meeting Frequency
CME-02.04	Terms of Office
CME-02.05	Voting

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-02.01

SUBJECT:	Policy CME Committee: Composition and Membership	Revised: Revised: Revised:	January, 2003 June, 2006 November 18, 2010

The Executive CMEC will be composed of the following:

- CME Director
- CME Coordinator
- Medical Staff Director
- Administrative Vice President
- Directors or physician CME Coordinators from departments producing CME activities to include, but not limited to:
    - Anesthesia
    - Cardiology
    - Emergency Medicine
    - Family Medicine
    - Infectious Disease
    - Medicine
    - Obstetrics & Gynecology
    - Pathology
    - Pediatrics
    - Psychiatry
    - Radiology
    - Surgery
    - Trauma

The Full CMEC is composed of the Executive Committee members plus representatives from ancillary departments which directly affect the scope of the CME Program. Representation includes but is not limited to the following areas:

- Quality Improvement
- Media Services
- Communication Services
- Library Services
- Nursing Administration
- Patient Safety

Additional key support staff from the areas listed above, as well as appropriate CMEC-related guests, may be invited to attend the Full CMEC meetings as necessary.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-02.02

SUBJECT:	Policy CME Committee: Duties and Responsibilities	Revised: Revised:	January, 2003 November 18, 2010

The Executive CME Committee shall:

- Review and approve all Category 1 activities sponsored by TRHMC;
- Evaluate the overall CME Program on an annual basis and forward the results to TRHMC Executive Committee;
- Implement an annual departmental evaluation of the department's CME activities, summarize and share the results with the CMEC;
- Participate in the annual review of the Mission Statement;
- Participate in the annual review of the CME Policy and Procedure Manual;
- Assist in formulating TRHMC CME Goals and periodically review these goals;
- Assist in the planning process for future CME activities:
    - Review educational needs assessed in other key committees and departments on a quarterly or as necessary basis, suggest program needs to the CME Director, the CME Program Coordinator, and the Department Directors, and identify potential speakers;
- Review issues pertinent to adhering to policy and procedure in the design, implementation and ethics associated with producing continuing medical education.
- Filter relevant information pertaining to CME guidelines, changes, procedures, etc., to medical staff members of his/her department;
- Assist in the Pennsylvania Medical Society Accreditation Survey and participate in the survey review

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-02.03

SUBJECT:	Policy CME Committee: Meeting Frequency	Revised: Revised:	January, 2003 November 18, 2010

Dates and times for CMEC meetings can vary as necessary. Suggested itinerary is as follows:

The Executive CMEC will meet the first Wednesday of each month from January through May and from August through December.

No CMEC meetings will be held during June and July unless deemed necessary and appropriate by members of the Executive CMEC.

The Full CMEC will meet quarterly during the following months maintaining the same scheduled dates, times and location as the Executive CMEC. Suggested months are:

- February
- May
- August
- November

The CME Office will send notices of scheduled meetings and cancellations to all members of the CMEC.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-02.04

SUBJECT:	Policy CME Committee: Terms of Office	Revised: Revised:	September 2002 November 18, 2010

The CMEC members, in keeping with Medical Staff bylaws, rules and regulations, shall be appointed on a yearly basis.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-02.05

SUBJECT:	Policy CME Committee: Voting	Revised: Revised:	September 2002 November 18, 2010

In keeping with Medical Staff Bylaws, Rules and Regulations, only physician members of the CMEC may vote.

Approval of minutes, motions, and applications for CME credit must carry a majority vote.

Category & Credit

CME-03.01	Definition of Category 1 and Category 2 CME
CME-03.02	AMA PRA Category 1 Activities Providers do NOT Designate
CME-03.03	Calculation of Credit
CME-03.04	Glossary of CME Terms PMS CCME Glossary of Terms

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-03.01

SUBJECT:	Policy Definition of Category 1 and Category 2 CME	Revised: Revised:	January, 2003 November 18, 2010

Definition of Category 1CME

That activity which meets the broad definition cited above and is also:

- A planned, structured activity
- Outlined with approved learning objectives
- Satisfying a pre-determined need of the Medical Staff
- Adheres to all essentials established by the Pennsylvania Medical Society
- Approved for CME Category 1 credit prior to the program presentation (see Applying for CME Credit)

Definition of Category 2 CME

An activity which has not been formally designated by an accredited provider for Category 1 credit and:

- Improves the care provided to the patient, and/or is a worthwhile learning experience related to the physician's practice;
- Complies with AMA definition of CME
- Complies with AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-03.02

SUBJECT:	Policy AMA PRA Category 1 Activities Providers do NOT Designate	Revised: Revised:	January, 2003 November 18, 2010

The following activities are NOT designated Category 1 CME by the provider:

- Articles physicians publish, as first or second lead author, in journals indexed by the *Index Medicus;*
- Teaching at a live activity approved for AMA PRA Category 1 credit;
- Preparing a poster presentation, which is also included in the published abstracts, for a live activity approved for AMA PRA Category 1 credit;
- American Board of Medical Specialists (ABMS) member board certification and re-certification;
- Medically related advanced degrees, such as a masters in public health;
- Participation in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

To obtain credit for these activities, physicians must apply to the AMA Physicians Recognition Award department. Contact information is as follows:

Web: www.ama-assn.org/go/pra
Email: pra@ama-assn.org
Phone: 312.464.4672

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-03.03

SUBJECT:	Policy Calculation of Credit	Revised: Revised:	January, 2003 November 18, 2010

Credit it designated for an approved activity on an hour-per-hour basis, one hour equal to 1 credit.

Sixty minutes of physician participation in a certified learning activity generally equal one credit.

For live activities, the credits should match the period of formal interaction between faculty and the physician audience.

Each participant is instructed to claim only those credits that he/she actually spends in an activity, rounded up to the nearest quarter hour or credit.

1-1/4 hour activity = 1.25credits
1-1/2 hour activity = 1.5 credits
1-3/4 hour activity = 1.75 credits

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-03.04

SUBJECT:	Policy Glossary of CME Terms	Revised: Revised:	January, 2003 November 18, 2010

It is the policy of TRHMC CME Program to be consistent in its use of terms and definitions as established by the Accreditation Council for Continuing Medical Education (ACCME) and followed by the Pennsylvania Medical Society (PMS).

All members of the CMEC are required to be familiar with the proper usage and definitions of CME terminology. (Please see “Glossary of Terms Used With Continuing Medical Education and Accreditation”.)

ACCME'S GLOSSARY OF TERMS AND ABBREVIATIONS

Terms

Accreditation: The decision by the ACCME, or a recognized state medical society, that an organization has met the requirements for a CME provider as outlined by the ACCME. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by the ACCME, or a state medical society, to accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Review Committee (ARC): The Accreditation Review Committee, a working committee of the ACCME, collects, reviews, and analyzes data from multiple sources about compliance with ACCME Essential Areas, Elements and Policies; notes program improvements; and makes a recommendation to the ACCME Decision Committee for its final decision about accreditation of an applicant/provider.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly sponsored activity -- An activity planned and implemented by an ACCME or state medical society accredited provider of CME.

> *The (name of the accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.*

Jointly sponsored activity -- An activity planned and implemented by an ACCME or state medical society accredited provider working in collaboration with a non-accredited entity.

The accredited provider must ensure compliance with the ACCME Essential Areas and Policies.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.

CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

Accreditation Survey: Data collection by the ACCME that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of three ways: *on site*, which is in-person at the site of the accredited institution/organization, or its activity; *face to face*, which is in-person usually at the offices of the ACCME; or through a *televideo* conference. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the ACCME's accreditation requirements are applied.

Accreditation with Commendation: The decision by the ACCME that an organization has met all the Criteria for Compliance with the ACCME's accreditation requirements. The term of accreditation with commendation is six years.

Accredited CME: The ACCME uses the term **accredited CME** to encompass the educational programs and educational activities of providers accredited within its system. The ACCME holds (state and ACCME) accredited providers accountable for all activities presented under the 'mark' of the ACCME/SMS accreditation statement. Any requirements we promulgate are applicable to all continuing medical education activities presented by ACCME/SMS accredited providers. In turn, the ACCME stands accountable to the public, the physicians, the government, the ACCME member organizations and the organizations of medicine, in general, for the manner in which this **accredited CME** is conducted and presented. The ACCME cannot be held accountable for all CME for which learners receive 'credit' or all CME that is 'certified for credit' – but only for CME presented under the umbrella of an ACCME (or state medical society) accreditation statement.

Activity: An educational event/intervention for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

Activity Review: Data collection that allows the ACCME to observe an activity and document compliance with the requirements for accreditation.

American Board of Medical Specialties (ABMS): The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates two individuals for election to the Board of the ACCME.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates two individuals for election to the Board of the ACCME.

American Medical Association (AMA): The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates two individuals for election to the Board of the ACCME.

Annual Report: Data collection by the ACCME that requires an annual submission of data from each accredited provider and allows the ACCME to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Association for Hospital Medical Education (AHME): The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME nominates two individuals for election to the Board of the ACCME.

Association of American Medical Colleges (AAMC): The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates two individuals for election to the Board of the ACCME.

Commercial Bias: A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest: A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

Commercial Support: Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards for Commercial Support℠ (Element 3.3).

Committee for Review and Recognition (CRR): The Committee for Review and Recognition, a committee of the ACCME, collects, reviews and analyzes data about compliance with ACCME's Recognition Requirements for state, or territorial, medical societies to accredit providers whose target audience is limited to that state, or territory, or contiguous states, or territories. The CRR makes a recommendation to the ACCME Decision Committee for its final decision about Recognition. To be recognized by the ACCME, a state, or territorial, medical society must meet the requirements for Recognition as determined by the ACCME.

Compliance: The provider is meeting the standard of practice for the judged accreditation requirement.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both 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. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

Continuing Medical Education (CME): Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that 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.

Cosponsored Activity: A CME activity presented by two or more accredited providers. One accredited provider must take responsibility for the activity.

Council of Medical Specialty Societies (CMSS): A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates two individuals for election to the Board of the ACCME.

Credit: The "currency" assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA-PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The set of performance expectations, corresponding to the Essential Areas and Elements, required by the ACCME of an accredited provider.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

Documentation Review: Data collection that allows the ACCME to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey.

Enduring Materials: Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials which are used alone or in combination with written materials.

Essential Areas and Elements: ACCME's accreditation requirements are outlined in the Essential Areas and Elements. Compliance with the Essential Areas and Elements is determined by the extent to which a Provider meets the Criteria.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Federation of State Medical Boards of the U.S., Inc. (FSMB): A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates two individuals for election to the Board of the ACCME.

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Focused Accreditation Survey: A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

Joint Sponsorship: Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

Monitoring: Data collection which allows the ACCME to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider and/or in the pursuit of a complaint/inquiry about a specific CME activity.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Nonaccreditation: The accreditation decision by the ACCME that an organization has not demonstrated compliance with the standards for a CME provider as outlined by the ACCME.

Noncompliance: The provider is not meeting the standard of practice for the judged accreditation requirement.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Parent Organization: An outside entity, separate from the accredited provider that has control over the funds, staff, facilities, and/or CME activities of the accredited provider.

Participant: An attendee, primarily physicians, at a CME activity.

Planning Process(es): The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: The accreditation decision by the ACCME that an accredited provider has not met all the standards for a CME provider as outlined by the ACCME. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities.

Program of CME: The CME activities and functions of the provider taken as a whole.

Progress Report: A report prepared for the ACCME by the accredited provider communicating changes in the provider's program to demonstrate compliance with the Elements that were found in partial compliance, or non-compliance, during the most recent accreditation review.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: The accreditation decision by the ACCME that an initial applicant for accreditation has met the standards for a CME provider as outlined by the ACCME.

Recognition: The process used by the ACCME to approve state medical societies as accreditors of intrastate providers.

Regularly Scheduled Series (RSS): Daily, weekly, monthly or quarterly CME activity that is primarily planned by and presented to the accredited provider's professional staff.

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

Self Study Report: A report of data and observations collected by the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

Standards for Commercial Support℠: Standards to ensure independence in planning and implementing CME activities.

Supporter: See Commercial Interest

Abbreviations

ACCME	**Accreditation Council for Continuing Medical Education**
ARC	**Accreditation Review Committee**
AAFP	**American Academy of Family Physicians**
ABMS	**American Board of Medical Specialties**
ACOG	**American College of Obstetrics and Gynecology**
AHA	**American Hospital Association**
AMA	**American Medical Association**
AOA	**American Osteopathic Association**
AHME	**Association for Hospital Medical Education**
AAMC	**Association of American Medical Colleges**
CRR	**Committee for Review and Recognition**
CME	**Continuing Medical Education**
CMSS	**Council of Medical Specialty Societies**
FSMB	**Federation of State Medical Boards of the U.S., Inc.**

CME Application

CME-04.01	Time-line for Submitting Application for CME Credit
CME-04.02	Submitting Application for CME Credit
CME-04.03	Grievance Process for Denial of Approval of an Activity
CME-04.04	AOA Continuing Medical Education

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-04.01

SUBJECT:	Policy Time-line for Submitting Application for CME Credit	Revised: Revised:	January, 2003 November 18, 2010

It is the policy of the CMEC to require applications for CME credit approval to be received by the CME Office no later than 2 weeks before the CMEC meeting of the month before the date of the activity. (For example, the application for an activity on April 14 should be received by the CME Office 2 weeks before the March CMEC meeting.)

Special consideration will be given for late entries as necessary. Consistent late entries will be brought to the attention of the CME Director and the CMEC for disposition and resolution.

Providers must designate activities for AMA PRA Category 1 credit in advance; no activity can be so designated retroactively. This is in accordance with ACCME Guidelines.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-04.02

SUBJECT:	Procedure Submitting Application for CME Credit	Revised: Revised:	January, 2003 November 18, 2010

Within the appropriate time guidelines as described under policy No. CME-04.01, a department requesting approval by the CMEC for Category 1 credit must submit an application to the CMEC for approval.

- A completed application for CME Category 1 credit will be submitted to the CME Office (preferably electronically, i.e. via email*).
- The CME Coordinator will review the application to assure the inclusion of pertinent information such as needs assessment, speaker identification and credentials, and appropriately worded objectives.
- If the application meets the screening criteria noted above, the CME Coordinator will email the application to the CMEC for review and preliminary approval and comments.
- Comments, suggestions, etc., will be shared with the submitting department before the CMEC meeting, to allowing any necessary changes or the need to resubmit.
- At the next CMEC meeting, an application receiving preliminary approval will be acknowledged as approved; relevant comments by the committee will be noted.
- The approved application will be returned to the submitting department with the approval signature of the CME Director and the appropriate amount of CME credit designated.

*If the submitting department does not have access to email, the application for approval will be mailed to the CME Office for review by the CME Coordinator within the allowable time frame. The application will then be brought before the CMEC for approval at the next CMEC meeting.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-04.03

SUBJECT:	Policy and Procedure Grievance Process for Denial of Approval of an Activity	Revised: Revised:	January, 2003 November 18, 2010

Each CME requester must have a process for refuting a ruling by the CME Committee. The CME requester is encouraged to seek resolution of grievance relating to his activity. "Grievance" means any difference between the CME requester and the CME Committee with respect to his/her CME application for approval of an activity.

The procedure is as follows:

- The CME requester with a grievance is urged to first discuss it with his/her department education coordinator for an understanding of the CMEC ruling.
- If, after discussion at that level, the grievance is not resolved, the requester is urged to contact the CME Office to discuss the issue with the CME Coordinator.
- The CME Program Coordinator will take the issue to the CME Director and the CMEC for review.

Upon failure to establish appropriateness and approval of an activity, the activity may be presented under the Category II guidelines.

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-04.04

SUBJECT:	Policy AOA Continuing Medical Education	Revised: Revised:	September 2002 November 18, 2010

It is the policy of The Reading Hospital and Medical Center to include continuing medical education for *its entire* medical staff. In accordance with the requirements established by the Pennsylvania Osteopathic Medical Association, the CME Office of The Reading Hospital and Medical Center will establish a means for the Osteopathic Physician to obtain a portion of their required AOA A-1 credits. All AOA A-1 accredited activities must also be designated by TRHMC for CME Category 1 credit.

CME-05.01 Patient Safety Risk Management

Mandated CME

CONTINUING MEDICAL EDUCATION PROGRAM

No. CME-05.01

SUBJECT:	Policy Mandated CME Lecture Topics Patient Safety/Risk Reduction	Prepared: Revised: Revised:	January, 2003 June, 2004 November 18, 2010

The State Board of Medicine in January 2003 approved the list of CME programs that will satisfy patient safety / risk reduction program requirements of Act 13. The State Society was instrumental in assembling the list of topics. As of April 27, 2004, regulations call for 12 hours of patient safety/risk reduction CME per renewal period in either Category I or II.

It is the policy of TRHMC CME Program to produce CME activities to assist the physician in meeting this requirement.

Approved Patient Safety CME topics are:

- Mortality/morbidity conferences
- Improving communication among physicians and with other health care personnel
- Communication between physicians and patients
- Medical team building
- Human error factors
- Theory of error reduction
- Medical error identification/avoidance strategies
- Technology and information systems to improve practice
- Preventive medicine education
- Improving medical records systems
- Evidence-based care (includes programs such as teaching techniques of documented medical efficacy or avoiding commonly used interventions that are not beneficial as documented by outcome studies)
- Patient health monitoring methodologies
- Health care quality improvement
- Medication safety

Subcategories on domestic violence, physician safety, and emergency preparedness should be considered in the planning of the yearly calendar for each department.