

RIVERSIDE METHODIST HOSPITAL

CONTINUING MEDICAL EDUCATION
JOINT SPONSORSHIP POLICY

PURPOSE: The purpose for this policy is to comply with Essential #7 regarding joint sponsorship and to ensure that activities sponsored by Riverside Methodist Hospital are in compliance with all of the Essential Areas and Elements of CME. Riverside has agreed to provide CME to non-accredited entities in order to build relationships with outside organizations, continue a devotion of collaborative ventures with the community, support the integrated delivery system of which we are a part, and foster our Mission to provide education to physicians throughout Ohio.

NON-ACCREDITED SPONSORS: with whom Riverside will partner include medical societies, non-profit organizations, and provider-based organizations such as physician organizations, rural hospitals and physician practices.

PLEASE BE ADVISED: The CME Manager/CME Committee must be informed of your plan to have a CME activity at the idea stage before planning begins (i.e. before choosing speaker(s), prior to setting a date, etc.). Riverside must ensure that the non-accredited entity complies with the requirements of the Ohio State Medical Association, and therefore, the CME Committee is not able to approve an activity that has already been organized without its involvement in that planning process.

1. Consultation with the CME Manager prior to planning is required at which time a preliminary agreement (page 3) must be signed. The CME Manager and an individual with the non-accredited body/joint sponsor (to be documented on the planning form - Addendum A) are responsible for compliance with the Essential Areas and Elements (Addendum G).
2. For each Category 1 CME activity, there must be a documentation of need (why the activity/topic is being presented). This documentation can be minutes of a meeting, quality assurance data, correspondence, etc. The documentation should explain how it was determined that the educational activity was needed.
3. The following information must be submitted to the CME Manager for approval by the CME Committee prior to the activity:
 - a) planning form (Addendum A),
 - b) list of the planning committee members,
 - c) needs assessment documentation,
 - d) agenda/schedule of activity (if multiple hours/presentations),
 - e) faculty/speaker background information (CV) and a disclosure form from each,
 - f) objectives for each topic or for the overall program,
 - g) all promotional materials (prior to printing and distribution),
 - h) a preliminary budget, and
 - l) a copy of any handout materials or syllabus (this must include anything disclosed by the speaker "e")

This information (excluding handouts) must be received at least 60-90 days prior to the event if the event is a single/special event (i.e. symposium vs. monthly conference). Requests received after the 60-day time period will not be considered. It is highly recommended that promotional materials be mailed at least 60 days prior to the activity; therefore CME Committee approval 90 days prior is recommended.

The CME Committee must approve the activity prior to mailing any publications (brochures, ads, etc.) certifying that CME credit has been granted. Specific accreditation and disclosure statements must be printed on all publications; therefore, it is recommended that publications not be printed prior to CME approval. (See Promotion Policy, Addendum B)

4. There are specific Standards for Commercial Support, which Riverside has incorporated into its own guidelines (Addendum C). There must be a signed agreement between Riverside, the accredited sponsor, and any pharmaceutical company (Addendum D). This should be completed and signed by the CME Manager only. All CME speakers/faculty must be paid by Riverside or the non-accredited joint sponsor and cannot be paid by the pharmaceutical company.

5. The objectives and references must be given to the attendees in the form of a handout, and each attendee must complete an evaluation. The degree to which each individual objective was met must be evaluated. The CME Manager must approve all of the handouts. The CME Office must provide certificates. (It is requested that certificates are given at the conclusion of the activity in exchange for the completed evaluation form.)
6. Every faculty member must complete a full disclosure form (Addendum E), and the audience must be informed of any information revealed. This must be documented either verifying that announcements were made by the moderator or included in the syllabus.
7. Following the program, a list of actual attendees (versus registrants), a final budget, and a summary of the evaluations must be returned to the CME Manager. These items will be reviewed by the CME Committee and used in planning future activities.
8. We have implemented a financial policy for all CME activities jointly sponsored by Riverside which states that the non-accredited sponsor must agree to adhere to one of the following options (as indicated by circling on the preliminary agreement):
 - a) Riverside will be responsible for the financial aspects of this activity to include depositing income and paying expenses; the surplus or deficit will remain in/be assumed by the Hospital's CME Account. All registrations and educational grants will be submitted to the CME Office. In this case, any surplus will be deposited into the CME Foundation Fund and set aside for any future activities with that non-accredited sponsor. If another activity is not planned within three years of the previous activity, the surplus will be rolled into the general CME portion of the CME Foundation Fund. All administrative responsibilities (to include brochure development and printing, receiving and tracking registrations, creating attendance lists and name badges, etc.) will be the responsibility of Riverside's CME Office.

OR

- b) The non-accredited sponsor will be responsible for the financial aspects of this activity to include depositing income and paying expenses. Any surplus or deficit will need to be reported in the final budget and can be used at the discretion of the non-accredited sponsor. In this case a preliminary and final budget will be required. The final budget must include copies of all checks to document that all commercial support was given in the form of educational grants and speakers were paid by the non-accredited entity. All administrative responsibilities (to include brochure development and printing, receiving and tracking registrations, creating attendance lists and name badges, etc.) will be the responsibility of the non-accredited sponsor.
9. If items #1-#6 are not submitted prior to the program, the CME Committee cannot grant Category 1 CME credit to that activity. If the evaluations, attendance and final budget are not returned following the conference, Riverside cannot validate that CME credit was granted to the attendees. Riverside may choose to dissolve a relationship with a joint sponsor if any of the following situations arise:
 - ① The non-accredited sponsor fails to meet any of the Essentials, Standards and/or Financial Policy for CME;
 - ② It becomes apparent that promotion and/or marketing interests outweigh the overall educational goals;
 - ③ Situations or a relationship with the non-accredited sponsor produce a conflict of interest;
 - ④ The non-accredited sponsor demonstrates unlawful or unethical practices.

RIVERSIDE METHODIST HOSPITAL
CME JOINT SPONSORSHIP
PRELIMINARY AGREEMENT

(This preliminary agreement must be on file before planning begins.)

Continuing medical education (CME) is considered to be a jointly sponsored activity when a CME-accredited sponsor and a non-accredited sponsor work collaboratively to plan an educational activity. Riverside Methodist Hospital's CME Committee, as the accredited sponsor, must be informed by the non-accredited entity at the idea stage before planning begins (i.e. before choosing speaker(s), a date, etc.).

Riverside's CME Committee will jointly sponsor an activity if the following requirements are met:

1. The non-accredited sponsor agrees to abide by all CME Essential Areas and Elements in accordance with the policies and guidelines established by Riverside's CME Committee.
2. Any written documentation required by Riverside's CME Office to document compliance with the Essential Areas and Elements will be released upon request.
3. The content of the activity is within Riverside's CME Mission Statement.
4. Riverside Methodist Hospital is properly identified as the sponsor on all publicity materials. All materials must be reviewed and approved by the CME Manager/Committee prior to printing.
5. The activity is submitted for review to the CME Committee at least 60 days prior to the date of the activity. Credit will be designated on an hour for hour basis, including teaching and participation hours only.
6. A final record of participant attendance, final and preliminary budget, planning arrangements, needs assessment documentation, objectives, and evaluations will be part of the permanent file in the CME Office.
7. The non-accredited sponsor agrees to adhere to one of the following options (for a more thorough description, please read the Joint Sponsorship Policy #8, prior to indicating which option by **circling below**):
 - a) Riverside will be responsible for the financial aspects of this activity to include depositing income, paying expenses, as well as receiving and tracking registrations; and the surplus or deficit will remain in/be assumed by the Hospital's CME Account;
or
 - b) The non-accredited sponsor will be responsible for the financial aspects of this activity to include all of the above responsibilities. Any surplus or deficit will need to be reported in the final budget, accompanied by copies of all checks written and received. These copies must be submitted for the permanent file in the CME Office. The non-accredited sponsor must have adequate resources to carry out the CME activity (financial as well as personnel).
8. The non-accredited sponsor agrees to pay a fee of \$100 per credit hour. If the CME Office does not handle the financial aspects of the activity directly, a final budget is also required.

A joint sponsorship relationship will only be offered if the above conditions are agreed to by the non-accredited sponsor in advance of any planning of the activity. Please sign below if you have received the Joint Sponsorship Guidelines and addenda, and are willing to work within these parameters:

Non-Accredited Sponsor Representative / Date

Riverside CME Manager

Date

Non-Accredited Sponsor Company

RIVERSIDE METHODIST HOSPITAL'S
CONTINUING MEDICAL EDUCATION PLANNING FORM

THIS FORM MUST BE COMPLETED AND RECEIVED FOR APPROVAL BY THE CME COMMITTEE AND IS ABSOLUTELY NECESSARY IF CATEGORY 1 CREDIT IS TO BE PROVIDED. IF THIS IS FOR A SINGLE/SPECIAL EVENT (i.e. Symposium), IT MUST BE RECEIVED NO LATER THAN 60 DAYS PRIOR TO THE ACTIVITY.

1. NAME/ADDRESS/PHONE OF PERSON/GROUP SEEKING JOINT SPONSORSHIP (Please attach a list of the Planning Committee members.)	

2. NAME OF INDIVIDUAL(S) WITH THE NON-ACCREDITED ENTITY RESPONSIBLE FOR ASSURING COMPLIANCE WITH THE ESSENTIALS & STANDARDS	
Name:	Title:
Phone:	

3. ACTIVITY TOPIC/TITLE

4. ACTIVITY LOCATION

5. ACTIVITY DATE & TIME

6. DATE THIS PLANNING FORM WAS SUBMITTED/RECEIVED

7. CATEGORY REQUESTED
<input type="checkbox"/> CATEGORY 1 (See Category 1 Guidelines) <input type="checkbox"/> CATEGORY 2
NUMBER OF HOURS REQUESTED

8. HOW WAS THE NEED FOR THIS TOPIC DETERMINED? Check all that apply.
(Documentation/data required for each topic.)

- | | |
|---|--|
| <input type="checkbox"/> SURVEY OF INTERESTS/DESIRES | <input type="checkbox"/> NEED OF SPECIALTY GROUP |
| <input type="checkbox"/> SELF-ASSESSMENT | <input type="checkbox"/> HEALTH CARE STATISTICS |
| <input type="checkbox"/> PATIENT CARE AUDIT | <input type="checkbox"/> DISEASE FREQUENCY |
| <input type="checkbox"/> PROCESS IMPROVEMENT | <input type="checkbox"/> MEDICAL STAFF COMMITTEE REQUEST |
| <input type="checkbox"/> MORBIDITY/MORTALITY STATISTICS | <input type="checkbox"/> UPDATE NEEDED/NEW TECHNIQUE |
| <input type="checkbox"/> NEED PERCEIVED BY LEADERSHIP | |
| <input type="checkbox"/> OTHER: _____ | |

PLEASE EXPLAIN:

9. TARGET AUDIENCE (i.e. primary care physicians, surgeons)

10. TEACHING METHOD

- DIDACTIC LECTURE
- SMALL GROUP DISCUSSION
- WORKSHOP
- DEMONSTRATION/HANDS ON
- CASE STUDIES
- PANELS
- OTHER _____

11. FINANCIAL ARRANGEMENTS & COMMERCIAL SUPPORT (See guidelines)

Attach additional pages if more than one.

FINANCES OF THIS ACTIVITY: Handled by RMH CME Office
 Request to handle finances

COMMERCIAL SUPPORT: COMPANY NAME(S) -

NAME OF REPRESENTATIVE(S):

PHONE NUMBERS OF REPRESENTATIVE(S):

12. WOULD YOU LIKE TO APPLY FOR AMERICAN/OHIO ACADEMY OF FAMILY PHYSICIANS PRESCRIBED CREDITS? (OAFP, AAFP)

YES NO

13. FACULTY (**Attach CV or biographical information**) If more than one, include on agenda.

NAME:

ORGANIZATION:

14. CONSIDER THE NEEDS & INTERESTS OF THE TARGET AUDIENCE AND STATE THE OBJECTIVES FOR THIS ACTIVITY. AT LEAST 3 OBJECTIVES ARE NEEDED FOR THE OVERALL ACTIVITY OR 1-2 FOR EACH INDIVIDUAL TOPIC PRESENTED. (Attach additional pages if more space is needed.)

THE OBJECTIVES SHOULD BE WRITTEN TO CONCLUDE THE FOLLOWING SENTENCE:
"AFTER PARTICIPATING IN THIS ACTIVITY, THE PHYSICIAN SHOULD BE ABLE TO:"

A.

B.

C.

15. PLEASE LIST 3 REFERENCES WHICH ATTENDEES MAY USE TO INCREASE AWARENESS OF THIS TOPIC OR REFER TO FOLLOWING THIS ACTIVITY; **OR** THIS MAY BE INCLUDED WITH THE HANDOUTS/SYLLABUS INFORMATION TO BE SUBMITTED AT A LATER DATE

A. AUTHOR(S): _____
TITLE OF ARTICLE: _____
PUBLISHED IN: _____
(book/journal, year, volume and pages)

B. AUTHOR(S): _____
TITLE OF ARTICLE: _____
PUBLISHED IN: _____
(book/journal, year, volume and pages)

C. AUTHOR(S): _____
TITLE OF ARTICLE: _____
PUBLISHED IN: _____
(book/journal, year, volume and pages)

RIVERSIDE METHODIST HOSPITAL
CONTINUING MEDICAL EDUCATION (CME)

**POLICY FOR
PROMOTION OF CME CONFERENCES**

Effective June 1, 1999

PURPOSE: The purpose of this policy is to establish requirements for all promotional materials to be created and distributed as advertisement for any educational activity sponsored by or planned in conjunction with Riverside Methodist Hospital's CME Office.

Riverside Methodist Hospital's Continuing Medical Education (CME) Office is responsible for the development, design, promotion and implementation of all educational activities for which it provides CME sponsorship. Therefore, the following guidelines apply to the promotional materials for any CME activity sponsored by or planned in conjunction with Riverside's CME Office:

Direct Sponsorship- activities sponsored solely by Riverside

- 1) All fliers, brochures or other promotional pieces must contain the following items: a) the target audience; b) the objectives for the activity; c) Riverside's accreditation and designation statements; d) the speaker's name and credentials; and e) the topic, time and location of the activity.
- 2) All course/symposia brochures must contain the following items in addition to items "a"- "e" above: a) the OhioHealth logo and the phrase, "Sponsored by Riverside Methodist Hospital" on the front cover; b) disclosure statement; c) recognition of commercial support (pharmaceutical support, etc.) as available at time of print; and d) the planning committee members.
- 3) No logos in addition to OhioHealth and/or Riverside shall be permitted.
- 4) All promotional pieces must be approved by the CME Office prior to print and distribution.

Joint Sponsorship- activities planned with a non-accredited organization/institution

- 1) All activities sponsored by Riverside in cooperation with an unaccredited organization/institution (known as Joint sponsorship) must contain the following items in addition to items #1 and #2 above: a) the phrase, "Jointly Sponsored by [name of unaccredited organization/institution]"; and b) the joint sponsorship statement.
- 2) The unaccredited organization/institution's logo may be used if the activity is jointly sponsored but cannot diminish the Riverside/OhioHealth sponsorship, and must be preceded by the phrase, "Jointly Sponsored by..."
- 3) All promotional pieces must be approved by the CME Office prior to print and distribution.

Co-Sponsorship- activities planned with another accredited organization/institution

- 1) All fliers, brochures or other promotional pieces must contain the following items: a) the target audience; b) the objectives for the activity; c) Riverside's accreditation and designation statements; d) the speaker's name and credentials; e) the topic, time and location of the activity ; f) disclosure statement; g) recognition of commercial support (pharmaceutical support, etc.) as available at time of print; and h) the planning committee members.
- 2) All promotional pieces must recognize Riverside Methodist Hospital as one of the co-sponsors. If Riverside is the "responsible entity" of the co-sponsorship arrangement, our name and/or logo must be predominant.
- 3) All promotional pieces must be approved by the CME Office prior to print and distribution.

RIVERSIDE METHODIST HOSPITAL
CONTINUING MEDICAL EDUCATION

COMMERCIAL SUPPORT GUIDELINES

The Continuing Medical Education Committee at Riverside Methodist Hospital has passed the following commercial support guidelines effective January 1, 1993. These guidelines were derived from recommendations of the Accreditation Council for Continuing Medical Education (ACCME), the American Medical Association (AMA) and the Pharmaceutical Manufacturers Association (PMA).

1. The CME Committee, through the Director of Medical Education, and the needs assessment as determined by each individual department/section will dictate the specific subjects presented. The speaker to present on that particular topic will also be chosen by the CME Committee or the physician planner(s) of the activity. The physician planner(s) must be responsible for the organization of each activity.
2. The pharmaceutical company will then be asked to support the activity with an educational grant for the speaker's honorarium and travel expenses. All funds provided by the contributing company are to be disbursed only to Riverside. Any estimated payment must be received at least one week prior to the conference date, or the exact reimbursement must be received no later than 30 days following the conference. **(Please send all grant checks to the attention of the CME Office in the Medical Education Department.)** The speaker will be paid/reimbursed directly by Riverside.

The ACCME has specifically stated that in an attempt to assure objectivity of the speaker, the representative of the company supporting the CME activity should not pick up the speakers at the airport, transport them to the meeting site, take them out to dinner, etc. However, the representative may attend the activity.

3. The CME Committee, through the CME Office, must be responsible for the finances of the activity. In the case of an exception, a final budget will be requested for the activity file.
4. Any company providing an educational grant will be recognized (i.e. in the brochure, activity handouts, conference schedules, announcement, etc.) for their contributions. **The CME Manager prior to distribution must approve any invitations, fliers or other marketing tools.**
5. Any representative who wishes to meet with the CME Manager regarding any matter should first contact the CME Office by phone to schedule an appointment. Due to the hospital policies, representatives are not to be seen without a scheduled appointment and must check in at the Distribution Center prior to entering the Hospital. (A copy of the hospital policy regarding representatives may be obtained in the Pharmacy Administration office on the ground floor.)
6. A copy of the ACCME Standards for Commercial Support, a nationwide policy for all CME providers, accompanies this policy. This provides additional information regarding exhibit requirements, etc.

If you have any questions regarding the above guidelines or the attached Standards for Commercial Support to which all CME sponsors must adhere, please contact the CME Office at (614) 566-4675. Thank you for your cooperation.

LETTER OF AGREEMENT
(Form must be typed or printed legibly)

Regarding Terms, Conditions and Purposes of an Educational Grant

between Riverside Methodist Hospital and _____
(Institution) (Company)

Title of CME Activity _____

Location _____ **Date(s)** _____

Commercial Supporter _____
(Company name/Branch)

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____

Contact Person & Title _____

The above company wishes to provide support for the named CME (continuing medical education) activity by means of (indicate which option):

1) **Unrestricted educational grant for support of the CME activity in the amount of \$** _____

2) **Restricted grant to reimburse expenses for:**

A. **Speaker(s)** 1) _____ 2) _____

To include: All expenses _____ Travel Only _____ Honorarium Only _____

Honorarium Amount [to be determined by CME Manager] \$ _____

B. **Support for catering functions (specify):** _____

C. **Other (e.g., equipment loan, brochure distribution, etc.):** _____

CONDITIONS

1. **Statement of purpose:** activity is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** sponsor is ultimately responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the activity. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Sponsor will record role of company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.

3. **Disclosure of Financial Relationships:** sponsor will ensure meaningful disclosure to the audience, at the time of the activity, of (a) company funding and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Involvement in Content:** there will be no “scripting”, emphasis, or influences on content by the company or its agents.
5. **Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or Obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** sponsor will make every effort to ensure that data regarding the company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analysis, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** sponsor will ensure meaningful opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the use of Contributed Funds:**
 - a. funds should be in the form of an educational grant made payable to RMH CME Account*(accredited sponsor)
 - b. all other support associated with this CME activity (e.g. , distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of Riverside Methodist Hospital (accredited sponsor).
 - c. no other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Supporter agrees to abide by all requirements of the **OSMA STANDARDS** *for Commercial Support of Continuing Medical Education*. * = Tax ID# 31-4394942

The accredited Sponsor agrees to: 1) abide by the **OSMA STANDARDS** *for Commercial Support of Continuing Medical Education*; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

Agreed

Commercial Company Representative _____

Signature _____ **Date** _____

Course Director _____ **Department** _____

Signature _____ **Date** _____

CME Department Director of Designee Leslie Lynch, CME Manager _____

Signature _____ **Date** _____

Conflict of Interest Policy

We appreciate your willingness to speak at an upcoming CME activity. Preparing for a presentation requires much time and effort and your colleagues appreciate your willingness to share your expertise with them.

As you undoubtedly know from the national media, there has been much discussion concerning the relationships between CME providers, faculty and commercial companies providing support for CME. Both the AMA and the Accreditation Council for CME (ACCME) have adopted regulations for ethical actions in this area which we endorse and have adopted for all our educational activities.

We are required by these Standards to determine if you have any significant relationships with any commercial products that will be discussed in your presentation. Please be assured that having an affiliation with a company does not imply in any way that something is wrong or improper. Rather, as a CME-accredited institution, we are required to comply with the Standards for Commercial Support which state that attendees must be informed prior to the activity of any such financial interests or relationships. This will be done in the form of a handout at the conference. The audience may then form their own judgments about the presentation.

The Standards for Commercial Support also require that your presentation is free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several companies must be used.

In addition, should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this as well. Therefore, please complete, sign and return this form to the address below at least two weeks prior to your presentation.

Leslie Lynch, CME Manager
Medical Education Department
Riverside Methodist Hospital
3535 Olentangy River Road
Columbus, OH 43214

RIVERSIDE METHODIST HOSPITAL'S
POLICY ON FULL DISCLOSURE

It is the policy of Riverside Methodist Hospital that any speaker who makes a presentation at an activity designated for CME credit must disclose any financial interest or other relationship they have with the manufacturer(s) of any commercial product(s) that may be discussed in their presentation. In addition, if your presentation will include discussion of any unlabeled and/or investigative use of a commercial product, you are required to disclose this. (See the reverse side for more details.) In keeping with this policy you, the speaker, are required to sign part A and part B of the following disclosure statement.

Full Disclosure Statement

CME Activity: _____

A.1. I, the undersigned, declare that **I do not have** a financial interest or other relationship with any manufacturer(s) of any commercial product(s) related to this topic. I also agree not to promote my private practice.

Signature Date

or

A.2. I, the undersigned, declare that **I have** a financial interest or other relationship with one or more of the commercial product(s) discussed in my presentation. This financial interest or relationship is indicated below. I also agree not to promote my private practice.

Affiliation/Financial Interest Name of Corporate Organization(s)

Grant/Research Support _____

Consultant _____

Speaker's Bureau _____

Major Stock Shareholder _____

Other Financial or Material Support _____

Signature Date

and

B.1. **I do not plan** to discuss an unapproved/investigative use of a commercial product/device.

Signature Date

or

B.2. **I plan** to discuss an unapproved/investigative use of a commercial product/device:

Signature Date

PLEASE BE SPECIFIC:

Failure to disclose or false disclosure is not the responsibility of Riverside.

RIVERSIDE METHODIST HOSPITAL
OhioHealth

**CONTINUING MEDICAL EDUCATION
FINANCIAL POLICY**

1. Medical Council shall determine the amount of funds allocated to CME from the medical staff dues collected each year. A quarter of this amount shall be deposited into the CME Account of the Medical Education Department's Hospital budget in July, October, January and April of each year.
2. Any educational grants collected from commercial supporters for individual CME activities or a symposium shall be deposited into the CME Account of the Medical Education Department's Hospital budget.
3. Any surplus of educational grants from individual activities (excluding symposia grants) and any administrative fees for a given activity (see Administrative Fee Policy) that is not utilized at the end of the fiscal year will be transferred to the CME Office portion of the CME Foundation Fund.
4. Any surplus of the medical staff dues allocated for CME that is not utilized at the end of the fiscal year will be transferred to the CME Office portion of the CME Foundation Fund.
5. Each symposia that is sponsored by Riverside Methodist Hospital and utilizes the CME Office for financial transactions will be given a separate sub-fund within the CME Foundation Fund. Any/All profits will remain in that symposia's sub-fund for future events (minus the administrative fee; See page 2, #4).
6. Any funds remaining in a symposia sub-fund of the CME Foundation Fund with no activity for more than 3 years will be transferred to the CME Office portion of the CME Foundation Fund.
7. The funds in the CME Office portion of the CME Foundation Fund will be utilized in the case of a deficit in the Hospital budget as approved by the CME Committee.
8. As approved by the CME Committee, funds from the CME Office portion of the CME Foundation Fund may be used to plan for the future of Riverside's CME Program. Purchases may include but not be restricted to curriculum development, faculty honoraria, durable goods, etc.
9. Signatures of approval are required by the CME Manager and the Director of Medical Education.

Effective: 07/01/00

Revised: 06/23/99

Pamela J. Boyers, Ph.D.
Director, Medical Education

SYMPOSIA

A. REGISTRATION FEES

1. Conference revenues must cover all conference costs. Any projected final cost-coverage must be reconciled by the physician planner/course director and the CME Office before announcing the proposed symposium. Each symposium must submit a preliminary and final budget to the CME Committee for approval.
2. Approved OhioHealth residents and fellows will have registration fees waived. Materials will be provided at no cost. Rotating residents and fellows from affiliated institutions assigned to Grant/Riverside at the time of the event will have registration fees waived.
3. Conferences requiring extraordinary fees and costs (e.g., high technical or "hands on" training costs) may be available to residents/fellows only at the discretion of the physician planner/course director and the Director of Medical Education.

B. HONORARIA, EXPENSES AND RESIDUAL INCOME DISPOSITION

1. Course directors (and co-directors, if applicable) are eligible for honoraria/portions of residual income if there is a surplus of funds (income over expenses) from the conference. If requested, up to 10% of any residual income, after all expenses are paid, may be given to the course director (or split between the course director and co-director). The remaining 90% residual income will be paid to that specific symposium sub-fund of the CME Foundation Fund.
2. The honoraria for each presenter/faculty will be mutually agreed upon by the course director and the Director of Medical Education within approved budgetary limits of the conference and Riverside's honorarium policy, as established and approved by the CME Committee. The approved policy establishes limits for honoraria, which are not to be exceeded. Lower amounts are appropriate in many instances. Faculty and course directors may donate their efforts gratis to the conference. If a course director encounters a need to exceed the established honoraria guidelines, a written justification for variance may be forwarded to the Director of Medical Education for consideration and recommendation to the CME Committee. The CME Committee decision regarding such requests shall be final.
3. Conferences not collecting registration fees (i.e. grand rounds) are not to provide honoraria to Riverside faculty (e.g. Riverside physicians presenting at an RMH grand rounds will not be paid). Any support funds received for such efforts may be donated to the CME Office portion of the CME Foundation Fund.
4. An administrative fee of \$100 per credit hour will be charged to all symposia (except when it is co-sponsored with another CME provider). This fee will be subtracted from the residual income and transferred to the CME Office portion of the CME Foundation Fund at the end of the fiscal year. Non-profit agencies will be given a 25% discount.
5. Jointly Sponsored Activities – Non-accredited sponsors applying for CME credit will be asked to choose between two financial options: 1) RMH will be responsible for the financial aspects of the activity, and any surplus or deficit will remain in/be assumed by the Hospital CME Account; or 2) The non-accredited sponsor will be responsible for the financial aspects of the activity, and any surplus or deficit will need to be reported in the final budget submitted to the CME Committee. If RMH handles the financial aspects, all income via registration, commercial support, etc., must be submitted to the CME Office. If the non-accredited sponsor handles the financial aspects, copies of all checks written and received must be submitted along with the final budget to document that all commercial support was given in the form of educational grants and speakers were paid by the non-accredited entity.