

Policy on the Validity of the Content of Continuing Medical Education Activities

POLICY OVERVIEW

CME activities provided by Sunrise Health System (SHS) are for the purpose of increasing physician knowledge, skills, performance and/or patient outcomes, and to assist physicians with state relicensure, maintenance of specialty board recertification, and approval of hospital privileges. Therefore, the review and validation of the content of continuing medical education activities is critical to assuring the public and learners that SHS's (1) content is based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients, and (2) that all scientific research referred to, reported or used in CME in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

GENERAL DEFINITION OF ACCEPTABLE CONTENT OF CME

The Accreditation Council for Continuing Medical Education (ACCME) defines content that is acceptable for CME as follows:

"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."

VALIDATING THE CONTENT OF CME ACTIVITIES

As a matter of policy, SHS adopts the following policy:

- 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.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted scientific standards of experimental design, data collection and analysis.

- No activity certified by SHS may promote:
 - Recommendations, treatment or manners of practicing medicine that are not within the definition of CME
 - Are known to have risks or dangers that outweigh the benefits, or are
 - Known to be ineffective in the treatment of patients

INDEPENDENCE IN THE REVIEW OF CONTENT

Because SHS often utilizes content review as a mechanism to resolve conflict of interest for faculty, managers, planners or reviewers, the person performing a review should not be the same person reporting a COI, and should therefore be “independent” in the sense that they are also not conflicted with applicable financial relationships with manufacturers nor are they the author or presenter of the material being reviewed. The review process must utilize SHS’s Clinical Content Review and Validation Form and it should be inserted in the activity’s file to document this process. Documentation of either the implementation of change or reason for not making the change is to be provided in a memo to the file.

Independent sources of review include the following:

- A physician or other scientist with knowledge of the specialty area being reviewed. The reviewer should have a copy of this policy and a copy of the *Standards for Commercial Support* to fully grasp their responsibilities as the reviewer.
- A member of the Education and Library Committee that does not have conflicts of interest.
- Individually-contracted reviewers with the above qualifications

AREAS OF CONTENT REVIEW

Five areas of review should occur for each content module reviewed, as follows:

1. **Review for Fair Balance**—Is the content balanced among various options available for treatment and not biased toward a particular product or manufacturer? Pros and cons should be analyzed and reflected in the content, and the content should be based on a need based on physician competency, practice performance improvement, or increased quality in patient care rather than on a product.
2. **Patient Treatment Recommendations**—Are the patient treatment recommendations contained in the content evidence-based? Are the treatment recommendations appropriate for the target audience? Do the patient treatment recommendations contribute to overall improvement in patient care?

3. **Scientific Validity**—Do scientific studies cited in this activity conform to standards accepted by the scientific community?
4. **Learning Objectives**—Does the educational content support the learning objectives of the activity? Are the objectives stated in terms of performance-in-practice and are they actionable and measurable?
5. **Omission and Commission**—Do any slides or course materials need to be deleted? Are there any studies, data, or best evidence that is missing?

COMMUNICATION OF CONTENT VALIDITY POLICIES

The Office of CME Staff is responsible for providing clear directives to faculty on content validity policies and procedures. The principle method of communication is the SHS's Faculty Letter, which includes information on the definition of CME, evidence-based content, fair balance and scientific objectivity. Additionally, the Conflict of Interest Disclosure Form may also reinforce these requirements.