



CME Provider Update *July 2009*

Regularly Scheduled Series (RSS)

CMS Committee on Professional Education & Accreditation

Definition of Regularly Scheduled Series: A regularly scheduled series is an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's professional staff. Examples include Grand Rounds, Tumor Board, M&M conferences, and Journal Clubs. RSS can be directly sponsored or jointly sponsored activities.

Q: Do RSS have to adhere to the Updated Criteria?

A: Yes. Like all other activities, RSS and all sessions within an RSS must be in compliance with the Updated Criteria 2-10 on an **activity planning** level and all ACCME/CMS policies. RSS must also be evaluated for change, and this change data should be included in your evaluation summary and analysis report in the CME application (c 11, 12). Additionally, RSS should be included in the CME program improvement process, (c 13-15).

Q: Are we required to "monitor" our RSS for compliance with the criteria?

A: Yes. You need to monitor, assess and report on the extent to which your RSS meet the Updated Criteria. The CMS Application for Accreditation asks for a description of your monitoring system and other questions pertaining to the success of your RSS with meeting the Updated Criteria.

Q: How do we monitor our RSS for Compliance with the Updated Criteria?

A: You may develop your own monitoring process. While some providers assign CME staff to attend all RSS this is not required for monitoring purposes. Some CME providers meet with department staff who will have monitoring responsibilities. It is best to require your RSS to adhere to your CME policies and procedures **just like any other activity**. Review of a CME planning document that includes criteria-related questions as well as review and analysis of the outcomes data (change) by the CME committee is sufficient. This information will then enable you to answer self-study report questions pertaining to criteria 12-15. Most importantly, your CME administration or committee needs to ensure that all RSS are following CME criteria just like any other activity type.

Q: What is acceptable documentation for case conferences?

A: Planning documentation that fulfills criteria 2-10 should be present in the RSS activity file. Evaluation/change

data summarized should also be present. In special circumstances, if certain written file documentation is not available, CMS will also consider information taken from the self-study report, and the interview to determine compliance ratings.

Q: Do Peer Review meetings qualify for CME?

A: According to the AMA, a typical peer review meeting does not qualify for CME. Peer reviews are considered administrative work by an organization's staff. At times, a CME provider will plan a learning component as part of a peer review meeting, and it would be that learning component only that would qualify for CME, providing the Updated Criteria were followed.

Q: Who must disclose at a case conference RSS?

A: Anyone who is in a position to control the content of CME must disclose. Typically, at case conferences, the content of the activity is the presentation and discussion of one or more challenging cases. Most attendees at a case conference such as tumor board are participants in the discussion and therefore they are contributing to the content. It is best practice to obtain disclosure information from everyone who attends, identify and resolve any COI, and ensure that this information is disclosed to all in attendance.

Q: If our tumor board attendees arrive at a treatment recommendation for a patient case, can this be considered an outcome that will qualify for change in physician competence or performance?

A: Yes, if "difficult cases" has been identified as a gap in practice, then arriving at a practice recommendation (strategy) is no doubt a series goal or objective, one that is presumed acted on (performance). Practice recommendations for all cases should be summarized.

Provider Updates can be found on the CMS CME webpage at: www.cms.org/cme/Home.html