

## Summary of ACCME Commercial Support Requirements Updated (2013)

If you receive or may receive an unrestricted educational grant(s) from commercial interest(s) for your Conference you must read the following requirements and acknowledge that you understand them by signing the statement at the end. Keep a copy for your records so you may refer to them as needed.

**\*\*\*Failure to adhere to the ACCME Requirements for Commercial Support will result in suspension or revocation of CME credit for your activity.**

Summary of the ACCME Requirements for unrestricted education grant(s) from commercial interests:

1. A commercial interest is defined by the ACCME as “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.
2. **Independence:** All aspects of the design and implementation of an educational activity, accredited for CME, must be made free of the control, or suggestion, of commercial interests. This includes:
  - a. Identification of the needs assessment
  - b. Identification of educational objectives
  - c. Selection of speaker and content
  - d. Selection of educational design
  - e. Evaluation of the activity
  - f. Selection of persons in position to control educational design and content

\*\* This means the commercial interest is allowed to provide monetary support and nothing else.

A commercial interest providing support in the form of an unrestricted educational grant may not act as an agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities

3. **Resolution of potential conflict of interest:** This requirement applies to all educational activities accredited for CME. All speakers and planners must provide a disclosure that includes support from commercial interests received within the 12 month period prior to the activity. In cases where a speaker or planner discloses a potential conflict of interest a planner or the program director, who has no financial

relationships to disclose, must manage the potential conflict of interest by completing a “speaker’s checklist”. (provided by the UB CME office)

- a. All speakers and planners must disclose, to the audience, whether or not they have a financial relationship(s) with a commercial interest(s) prior to the activity. The education provider must be able to document that the appropriate disclosures have been made.
4. **Appropriate use of commercial support:** The education provider must make all decisions regarding disposition and disbursement of funds received in an unrestricted educational grant from a commercial interest. There **MUST** be a letter of agreement in place, signed by a representative of the commercial interest, the education provider, and the accredited provider (UB CME ), that outlines the terms and conditions of the support. The letter of agreement must be signed in advance of the activity and a fully executed copy of the agreement must be submitted to the UB CME Office.

Support from commercial interests must be acknowledged prior to the beginning of the activity and must be referred to as “support” and never “sponsorship.” Acknowledgement must be documented.

Unrestricted educational grants for CME activities must be sent to the education provider or the accredited provider. A commercial interest may **NOT** pay expenses associated with a CME activity directly to a vendor or speaker under any circumstances. (This includes providing food or other enticements for a CME activity)

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.

I have read and understand the summary of ACCME Requirements for Commercial Support above. I understand that failure to adhere to the requirements above will lead to suspension or revocation of CME credit for:

\_\_\_\_\_  
Name of CME activity

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator signature

\_\_\_\_\_  
Date