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Call for Feedback: Protecting the Integrity and Independence of Accredited Continuing Education

Executive Summary and Survey Responses

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Executive Summary

Call for Feedback: Protecting the Integrity and Independence of Accredited Continuing Education

On January 22, 2019, the Accreditation Council for Continuing Medical Education (ACCME®) opened a call for feedback to review the rules that protect the integrity and independence of accredited continuing education (CE) for healthcare professionals. Respondents were asked for recommendations about potential revisions to the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities℠ (the Standards) that will ensure their continued relevance and effectiveness in the rapidly evolving healthcare environment. Respondents submitted their comments through an online survey. Responses were accepted through March 8, 2019. There were 141 respondents to the online survey; in addition, we received several responses via letters and emails.

To promote the call for feedback, the ACCME prepared a news release, video, and an Information package, including an introduction, the Standards and related policies, and the survey questions. The announcement was distributed by email blast to ACCME subscribers and was communicated through the ACCME newsletter; social media channels; ACCME events for Recognized Accreditors, providers, and volunteers; and other organizations' events where ACCME staff presented. We sent individualized email invitations to national and international colleague accreditors in the health professions, certifying boards, government agencies, industry associations, and consumer and patient advocacy groups.

To gather more input, the ACCME conducted focused discussions with Recognized Accreditors, volunteer surveyors, the Accreditation Review Committee, and the Committee for Review and Recognition. We convened focus groups at the ACCME 2019 Meeting, and will hold discussions with the ACCME member organizations and our colleague accreditors in the health professions.

The ACCME and the Task Force on Protecting the Integrity of Accredited CE thank all of those who participated in the survey and in our discussions. We look forward to continuing to engage in dialogue with stakeholders at multiple forums. We expect to issue a revised version of the Standards for comment in early 2020.

Included in this PDF are tables and figures illustrating the demographics of respondents and the survey responses. We have bookmarked the PDF for your convenience.

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Call for Feedback Survey Demographics

Of the 141 responses, the majority (75%) are accredited CE providers; most of those (65%) are ACCME-accredited; the rest are state-accredited, accredited by another health profession accreditor, or jointly accredited. Responses were received from every provider type.

Table 1. Numbers and Percentages of Responses by Organization Description

Total Survey Responses by Organization Description	Number	Percent*
Accredited CE provider	106	75%
Recognized Accreditor (state/territory medical society)	9	6%
Other	6	4%
Clinician/healthcare professional	5	4%
Medical/healthcare association	5	4%
Nonaccredited CE provider	3	2%
CE accreditor	2	1%
Advocacy organization	1	1%
Certifying or licensing board	1	1%
Commercial interest (e.g., pharmaceutical, device, life-science company)	1	1%
Patient, caregiver, member of the public	1	1%
Substantially equivalent accreditor	1	1%
Total	141	100%

*Percentages do not add up to 100% due to rounding.

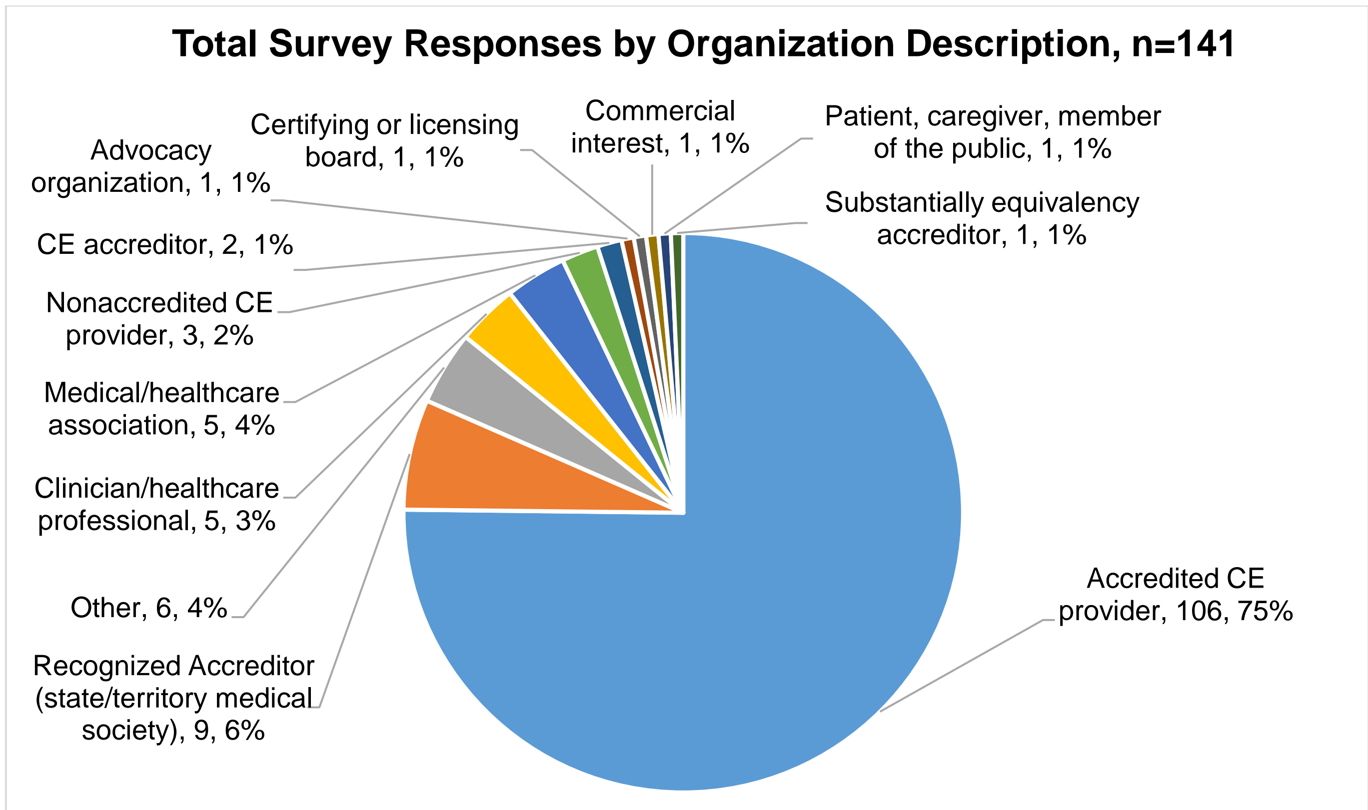

Figure 1. Numbers and Percentages of Responses by Organization Description

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Table 2. Numbers and Percentages of Responses by Accreditor

Total Survey Responses by Accreditor	Number	Percent
ACCME	69	65%
Recognized Accreditor (state/territory medical society)	18	17%
Other	10	9%
Joint Accreditation for Interprofessional Continuing Education	9	9%
Total	106	100%

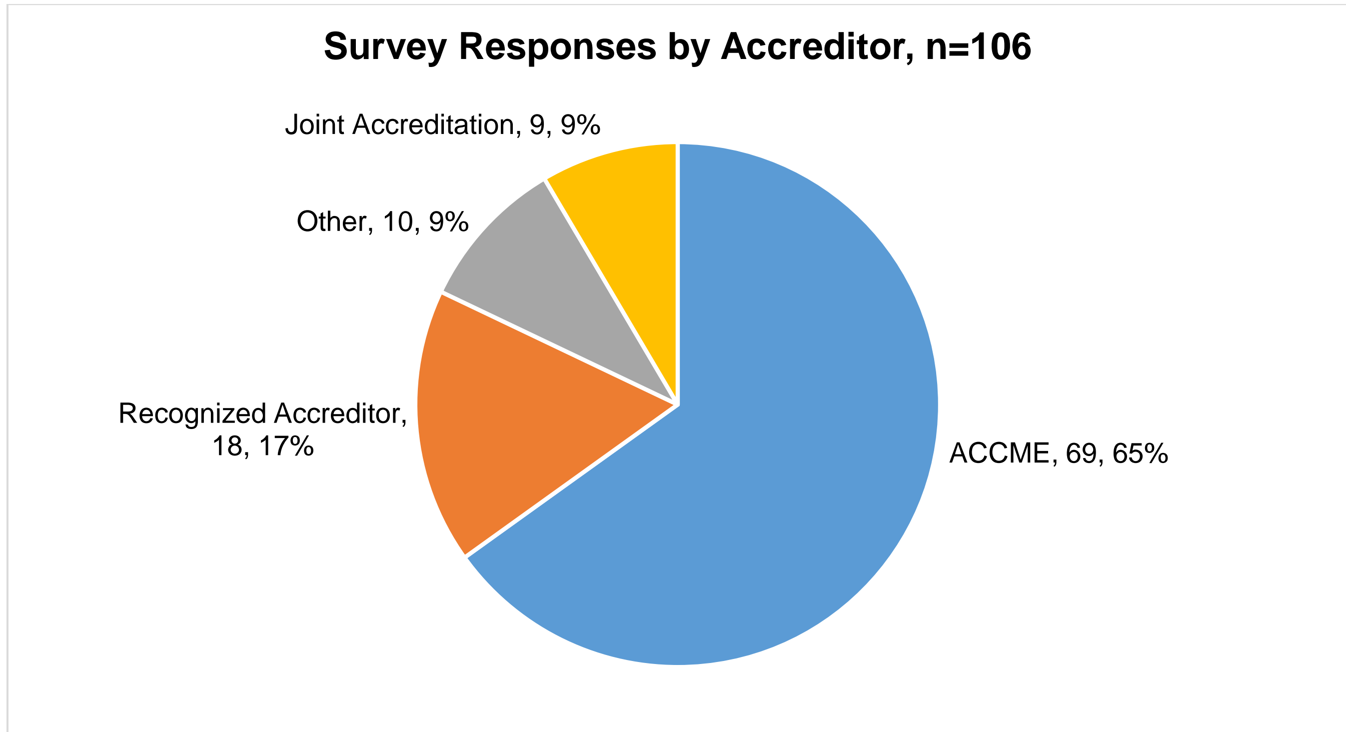

Figure 2. Numbers and Percentages of Responses by Accreditor

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Table 3. Numbers and Percentages of Responses by Accredited CE Provider Organization Type, with Total Provider Numbers and Percentages for Comparison

Total Survey Responses by Accredited CE Provider Organization Type	Number	Percent	Total Number of Accredited Providers*	Percent of Total Accredited Providers*
Hospital/healthcare delivery system	27	25%	977	55%
Nonprofit (physician membership organization)	24	23%	326	18%
School of medicine	21	20%	134	7%
Publishing/education company	11	10%	137	8%
Other	10	9%	59	3%
Nonprofit (other)	9	9%	102	6%
Government or military	2	2%	33	2%
Insurance company/managed-care company	2	2%	26	1%
Total	106	100%	1,794	100%

*Data from 2017 ACCME Data Report

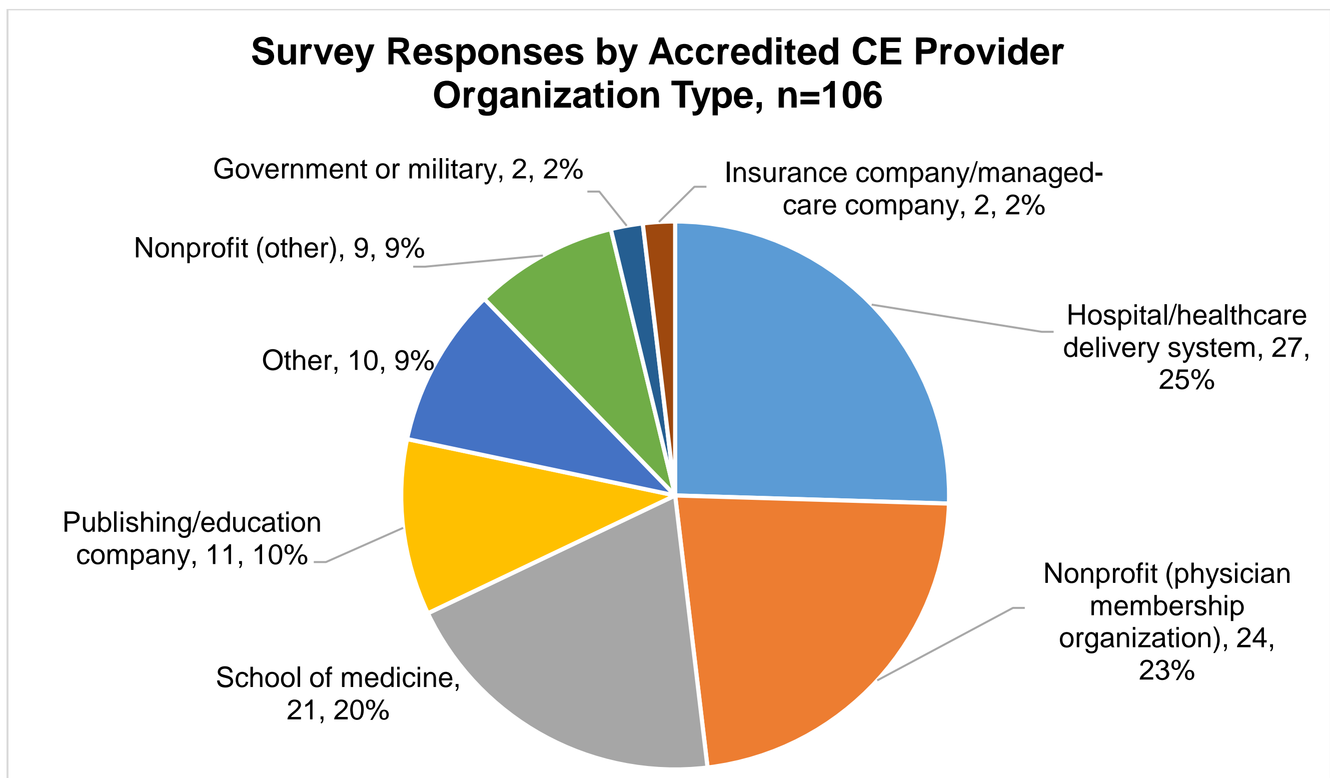

Figure 3. Numbers and Percentages of Responses by Accredited CE Provider Organization Type

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Call for Feedback Survey Responses

Protecting the Integrity and Independence of Accredited Continuing Education

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Standard 1 Challenges

What new or existing challenges have you seen related to the separation of accredited CE from commercial influence that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Existing challenges lie in the fact that most doctors in teaching hospitals have relationships with industry so, although we do our due diligence in complying with the ACCME's SCS, providing education that is devoid of commercially connected physicians is nearly impossible. Add to this the fact that our institution does not provide any funding for our educational activities (other than that coming from a few lecture funds that were created specifically to honor deceased faculty), so the CME department (and the medical education company with which we partner) is expected to raise $ for educational activities through industry grants, exhibit fees paid by industry and registration fees.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I have seen several recent posters at [organization redacted] where staff of large Commercial supporters were listed as co-authors. Granted these are generally studies of efficacy of educational methods, but it does seem to violate the separation inherent in Standard 1.1.part f. Evaluation. Usually the primary authors are from For-Profit accredited providers. I feel that the For-Profit accredited providers need to be held to a more stringent standard on separation of commercial support than they are at present, especially if their efforts are entering the literature, sometimes without disclosure of the commercial relationship.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Occasionally we have a new procedure that will be performed at our facility. The physicians would like to invite other physicians in the community to an educational program regarding the specifics of the new procedure. Often the new procedure requires vendor specific education, and the vendor has offered an expert in the techniques of the procedure to provide the medical education. Currently we are seeing this as a commercial interest conflict and do not offer CME. This frequently is questioned. We do not get members of the medical community outside of our practice to attend if there is no CME.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Positive changes. Seems like Pharma is stepping back from trying to influence our activities. We don't solicit funds until we have our agenda complete and/or would like support.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Recently, we have been faced with the challenge of the University encouraging faculty to start separate businesses related to their clinical expertise. These businesses often meet the definition of a commercial interest and these key, expert faculty are no longer deemed acceptable to participate as faculty of a CME activity per ACCME standards. This trend has raised some concern about the impact on our institution's ability to continue providing high quality CME with expert teaching faculty. These individuals are often the best internal experts to educate on these topics, yet they are excluded because their research has been successful enough to begin using the results of that research on patients.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	This criterion is probably the easiest to manage. It's often controlled when the planning committee is selected assuming members disclose correctly and there is no COI or COI are resolved.

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Standard 1
What new or existing challenges have you seen related to the separation of accredited CE from commercial influence that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	When there are researchers paid by commercial companies that are doing research to determine how a drug affects the disease and the progression of the disease, it would be nice to be able to share that with an audience. Their talk is noncommercial but due to their financial relationship they are unable to present.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	With the physician sunshine act, it would be nice to be able to link to that system directly. I feel like the Open Payment website is more accurate than some of the statements we get from physicians. There are occasions where disclosure statements conflict with what is on the Open Payment website.
Accredited CE provider	ACCME	insurance company/managed-care company	A corporate acquisition can instantly change a company's classification when the acquiring company meets the definition of a commercial interest. As a result, experts that would qualify to participate in all aspects of CME before an acquisition, can no longer do so. There is no consideration about the degree of separation between the operations of the parent and the subsidiary (or sibling company) or whether any post acquisitions changes in the subsidiary's products and services now classify it as a commercial interest, independently. This becomes a greater challenge given the increase in healthcare consolidation, especially across vertical markets. Beyond the activity level, what would be the impact on ACCME accreditation when a hospital or other healthcare provider is acquired by a company that meets the definition of a commercial interest.
Accredited CE provider	ACCME	insurance company/managed-care company	The challenge is with poster sessions. Poster sessions are usually held during the time of a meal or reception. It is very helpful to have commercial support for meals and receptions. It is difficult to get learners to attend the poster sessions when they must be separated.
Accredited CE provider	ACCME	Nonprofit (other)	Commercial Supporters publishing RFP's/Call for Grants identifying need/problems and educational methods to be used. Is it a violation of 1.1?
Accredited CE provider	ACCME	Nonprofit (other)	Global Education Group supports the perspective and wording of the current Standard 1. We take note of no particular challenges with Standard 1.
Accredited CE provider	ACCME	Nonprofit (other)	Interpretation and assurance of compliance with SCS 1 are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance by ACCME it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized during the self-study period to ensure the processes implemented by the provider are both consistent with other providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance vs noncompliance examples were made public (like the online compliance v. noncompliance resource page for ACCME criteria). Please add a notes section to each standard that links to related resources (e.g., For SCS 1, link to the restrictions pertaining to use of commercial interest employees in CME).

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Standard 1
What new or existing challenges have you seen related to the separation of accredited CE from commercial influence that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	My understanding is that the regulations are particularly restrictive when the individual discloses ownership or a W2 employment relationship with a commercial interest. I believe in some cases this conflict may be resolvable and would like to see as much leeway as possible given. Sometimes such individuals (e.g. persons involved in technology start-ups in rapidly evolving medical technology areas) have unique knowledge/experience that could add value to CME activities in an unbiased manner.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	I have had issues with employees of a commercial interest, specifically radiologic techs from a c-arm provider, who have been in control of content for a course. The techs are not sales people, they are clinicians who operate radiologic equipment and who are regularly running such equipment at our hands-on cadaver courses, and the course taught physicians how to optimize their views during spine intervention procedures. No sales activity was conducted during the education sessions of the course. It seems to me, that this should be allowed because the radiologic techs are the experts in running radiologic equipment and they are contracted by the labs we use and run the c-arms at our other courses. I don't see the difference in this situation.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	In general, AAFPRS believes the ACCME's application of the Standards of Commercial Support have removed too much control from the providers in the decision of how to keep promotion out of education. We believe that education providers know best how to ensure their activities meet the needs of their learners, provide high quality education, and ensure independence from commercial interests' influence. If our learners perceive we have strayed from this commitment, they will show us by their decreased use of our educational products and their feedback to us on our surveys.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME's definition of a commercial interest and prohibition on the use of employees in the development of content have recently impacted our organization, as several diagnostic laboratories/genetic testing laboratories have been purchased by commercial interests. However, the employees of these labs continue to explore the same research questions relating to rare genetic disorders as they did previously. Due to the ACCME's rules, our organization has been forced to remove several individuals from involvement in content merely because of these corporate acquisitions. ACMG advocates and promotes the research and development of diagnostic tests for rare diseases. Without these tests, patients will remain diagnosed and suffer. Eliminating this education from our accredited programming does not advance patient care – it minimizes the impact of our education on our physician attendees and potentially harms patients.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The American Association for Cancer Research supports both the spirit and wording of the current Standard 1. This Standard is the bedrock of independence. Commercial Interest employee guidelines- the guidelines are working well for a research organization like the AACR and their participation is important in making progress with a difficult practice gap such as cancer.

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Standard 1
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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The accreditation of Electronic Health Record (EHR) vendors as CME providers jeopardizes the independence of CME activities. Without including EHR vendors—and Health Information Technology (HIT) companies-- in the definition of “commercial interest” the ACCME is permitting biased education to reach health care professionals in the guise of certified CE. EHRs and HIT tools and systems are best classified as medical devices. They are developed by for-profit companies and used on patients. Each system poses benefits and risks to patients. Permitting EHR companies to be accredited allows these companies to present their systems in a biased light, without informing HCPs of possible deficits--potentially preventing HCPs from acting in the best interests of patients. The FDA considers Cerner Corp a device manufacturer and has even noted in the MAUDE Adverse Event database an instance of death. The ONC for HIT reports EHRs are used by 86% of office-based physicians and 4/5 clinics has adopted an ONC-certified product. There is likely no commercial device, pharmaceutical, or technology in HC used more commonly than the EHR by physicians—the extraordinary reach of EHRs extends to other HC professionals and now along to the public as portals provide access to reports and patient data. Our HC system is now well into the era of mature commercial EHR used in care 24/7. AMIA believes it is imperative to separate the technical training of EHRs by these commercial interests from CME.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The commercial interest (CI) definition is ambiguous or unclear as it relates to health technology companies (e.g., wearables, artificial intelligence) as well as digital platforms that host and/or deliver content (e.g., YouTube, Stitcher).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current standards are laudable, except for the fact that ACCME fails to consider the concept that employees or owners can and do contribute to scientific knowledge and can with proper review and oversight present high quality, unbiased scientific information
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS has seen an increase in the number of planners who wish to engage employees of a commercial interest in their accredited CME activities. We meet with the individual planners and advise that we abide by the ACCME Standards for Commercial Support and indicate that employees are prohibited from participating in accredited CME activities unless it follows the three circumstances currently approved by the ACCME.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There are new types of organizations in existence; it is becoming increasingly challenging to determine whether they meet the definition of a commercial interest or not.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We feel independence has been a good change for CME activities.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We have seen great session topics submitted for review but have rejected them based on the speaker's workplace. The lines seem to be crossing with Walgreens, CVS, and Amazon getting into the healthcare market. We have also seen hospitals who own a drug company called Civica RX, trying to bring down the cost of medications. Although the subject matter is not related to any drug, device or company products, it's becoming more difficult to vet the speakers.
Accredited CE provider	ACCME	Publishing/education company	As idea generation for new activities take place prior to determining likelihood for obtaining support to maintain independence standards, activities are at risk to sit unreleased denied due to lack of funding; time/expertise investment. Request for proposal are available from commercial interests that may alleviate this risk, however it is not clear whether engaging with those RFPs prior to establishing educational needs is compliant with standard 1.
Accredited CE provider	ACCME	Publishing/education company	Industry (the 'good guys') are trying to get providers to improve their performance by 'guiding' them on what kind of outcomes data they should be obtaining. They are not controlling the education, but it seems to be a way that they are ensuring that their funding is being used appropriately and as fully as possible.
Accredited CE provider	ACCME	School of medicine	(1) It used to be easy to determine if a company was from industry, i.e., pharma or device company. With new technology and companies involved in a myriad of things this is starting to be a challenge. Is Google, Apple, and Amazon industry? (2) Physicians that work at Academic Health Centers are encouraged, and should be, to work with industry and/or to develop their own solutions. We need to support this behavior but still minimize bias.
Accredited CE provider	ACCME	School of medicine	Advances in healthcare are bringing increases in technology, medical devices and new pharmaceutical bio- products more directly involved into the care environment. Also, the changes and merging of services such as CVS health complicate the environment. I fully anticipate that these types of changes are going to continue. It seems to me that the ACCME has two roles- 1) to clearly describe the responsibilities of the accredited providers in this changing environment and 2) to work collaboratively with other entities to ensure that clear definitions and frameworks are defined-- hopefully with limited exceptions-- maybe there is a different way to approach the description of a commercial interest that would help everyone address the separation of accredited CE from promotion.
Accredited CE provider	ACCME	School of medicine	Healthcare companies may have intense vested interest in commercial enterprises, for example investment in Civica Rx https://www.sltrib.com/news/2018/09/06/fighting-drugmakers-that/; also, research universities are co-owners of start-ups and they invest and profit from the licensing of discoveries. These relationships affect hospital/healthcare system formularies or devices that the healthcare institutions will use and require staff to use. Currently institutional investments such as investment in pharmaceutical manufacturing are invisible because CME disclosure is limited to personal financial relationships.

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Standard 1
What new or existing challenges have you seen related to the separation of accredited CE from commercial influence that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	I find that Academic health centers are encouraging faculty to engage in start-up companies within their field of work - which then become commercial interests. Our academic 'experts' then become co-founders/employees of commercial interests and are then prohibited from CME in that companies' lines of products/business. It is really hard for us, the CME office to an academic medical center, to explain to our distinguished expert faculty that they are no longer able to be involved in our programs due their un-resolvable conflicts.
Accredited CE provider	ACCME	School of medicine	I have been challenged with trying to determine whether certain entities are considered exempt from the definition of a commercial interest (Google, Warby Parker, 23andme, AncestryDNA) in a time where digital health products are on the rise.
Accredited CE provider	ACCME	School of medicine	Lack of definition of consultancy. Need to clarify if EMR, AI, and analytic companies are commercial interests. The 'Speakers Bureau' problem persists.
Accredited CE provider	ACCME	School of medicine	Managing relationships with employees of industry remains a hot topic. The three special use cases are valuable, but additional examples of compliance/non-compliance would also be useful in navigating these scenarios.
Accredited CE provider	ACCME	School of medicine	Standard 1 makes sense, is straightforward, and easy to apply. Sometimes I do think about this, though: commercial interests are largely developing new products, drugs, devices, options for treatment, etc. So, they've done extensive research, have the scientific knowledge, and have spent huge amounts of money teaching people about it, in theory. I get that they'll present as a sales pitch and that they spend billions on promotion. It does seem like, though, we're missing out as a system on what we could all be gaining from their experiences. There's the exception to content being presented by commercial interest employees when it's on the science in accredited CE. However, it feels like we're treating commercial interests as the enemy rather than the partner they are in the reality of the American healthcare system. I'm not sure how to fix that, but I think we're contributing to the inefficiencies of the healthcare system as whole, confusing providers, clouding where the money goes, and creating confusion for patients who just want to get the best care. I don't want my care, as a patient, to be for sale, but it kind-of is already, regardless. I want the best care possible, which sometimes might come from information the commercial interest has but can't get across to providers. Providers and patients aren't completely independent of commercial interest bias, so why do we keep trying to make accredited education force ourselves into these boxes?
Accredited CE provider	ACCME	School of medicine	There has been a growth of academic faculty who have expertise on a specific area (e.g. blood conservation during surgery) and may have started a small venture related to their line of work (a point-of-care coagulation testing equipment). They may be thought-after speakers who may be excluded from giving a presentation as they are now considered 'commercial interest' if their presentation is related to their line of work (e.g. expert talk on blood management during surgery). Publishers and education-related commercial interests should be added to the list of organizations not considered commercial interests.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Two main challenges: 1) Individuals are asked repeatedly to disclose potential COIs by CE groups, journals, institutions, etc. It's easy to overlook a conflict and unintentionally omit something. 2) Language asks the reporter to determine if a conflict is relevant to an activity. That's silly.
Accredited CE provider	ACCME	School of medicine	We have no new or existing challenges regarding Standard 1.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Maintaining a separation of commercial influence from accredited CE is getting more and more difficult due to the continued growth of healthcare companies, the continued commercialization of healthcare, and the continued shift of research to the private sector. As a result, in areas like oncology, ASCO has seen a decrease in the percentage of our faculty, planners, and other volunteers in accredited CE activities who have no relationships to disclose, and more and more members who are prohibited from speaking because of their employment relationships. For example, ASCO is seeing for-profit spin-off companies created by universities to commercialize the patents created by their academic faculty on staff, who are then asked to serve in employment roles as Chief Medical Officers.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	As a healthcare company that includes EHR solutions, we focus on providing education to healthcare communities across various topics. The existing challenge we face is to ensure CE educational activity centers only around the use of the EHR to meet regulatory guidelines and improve clinical workflows for existing end users with no promotional opportunities.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	The complexity of organizations makes the 'guilty by any sort of association' clause increasingly difficult to maintain. We are a consulting firm with many practices and to think that we can police any and all is quite difficult, even though these business units have nothing to do with (and will have NOTHING to do with) any sort of CE activities We have had to maintain separate entities which makes no business sense for the sake of CE.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	As an accredited provider, our in-house team of clinicians and network of clinical advisors determine the educational objectives, methods, faculty, and outcomes metrics based on a needs gap analysis that is part of our planning process. Clinical expert faculty may contribute to the creation of learning objectives to ensure content is tailored to the needs of the target audience (e.g. scope of practice, valid content). All of this occurs in advance of funding requests from a commercial supporter. Based on peer conversations and participation as ACCME surveyors, we feel that having robust policies and processes in place, as well as having trained/experienced front line staff, ensure an independent accreditation process that is separate from commercial influence at its foundation and throughout the educational design of the activity.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Our faculty are encouraged to take discoveries to market. The result is some of our best medical experts are now unable to present in accredited activities because they are owners of commercial interests. Is there a way to manage these relationships that allow providers to offer the highest quality programs?
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Relax restrictions on industry as CME faculty. They do more and more translational research, and we should not punish our learners for that sad development.
Accredited CE provider	Other	Nonprofit (physician membership organization)	Standard 1.1 - This standard is unclear to me as to where to draw the line for our Board of Regents and our overall Education Committee leading up to and including (1) Identification of CME Needs. As a clinical pharmacology professional association (non-profit), approximately 50% of our Board and committee members have commercial interests or are employees of commercial interest. While we only produce educational programming that is accredited CME/CPE, the BOR and Education Committee members are involved in determining the overall mission and goals of our various CE programs. I have them sign a disclosure at the beginning of each year, but the educational needs and program goals aren't established until later. At the later date, a Planning Committee is selected to develop the individual activity objectives and content.
Accredited CE provider	Other - ACPE	Other	At this time, we have no existing challenges because most of our CE Programs do not have commercial support.
Accredited CE provider	Other -ACPE	Publishing/education company	I find the drug companies ask for more info than ACCME/ACPE ask for in the evaluation and this gets confusing and murky. Would be good if there was a standard across the accrediting body and the commercial supporters on what info we should be asking in the evaluations.
Accredited CE provider	Other- ACPE	Other	1.1: commercial interest needs to be more thoroughly defined with a special emphasis on inclusion of all of the healthcare professionals. I advise, after consulting with the entire spectrum of healthcare providers which adopt these standards, the inclusion a list of 'exempt' clinical services/environments to act as guidance to the accredited organization. The current definition in Standard 2.1 would suggest that a community pharmacist practicing in a chain pharmacy is working for a commercial interest and would be excluded from inclusion in any capacity within the CE production and presentation process.
Accredited CE provider	Other-ACPE	Other	I feel the separation of commercial interest from CE activities assures participants received unbiased information from CE speakers. Without the separation, commercial entities will definitely try to influence the content of a speaker.

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Standard 1
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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	1. CME is imperiled by financial interests from commercial interests, which damage its credibility.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	I have seen commercial CME providers, such as [organization redacted], promoting CME activities that focus on a very specific, very rare disorder. I can't prove it, but it feels like a company that has developed a treatment or diagnostic test for this disorder is guiding the choice of CME need in order to get their product onto the market. These CME activities are focusing on very specific disorders, and are being marketed to a broad audience, which seems to indicate little research into who the correct audience is for this information.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Determining if an employee/owner of an ACCME-defined commercial interest can still present, if the content that they are presenting is not related to products or business lines of a commercial interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	It is challenging to resolve COI in a robust way: content is not always available for timely review prior to events, there is not the time or expertise to review. Health systems and other entities that are not considered commercial interests sometimes see CME as an opportunity for promotion of their own services. Disclosure of COI does not necessarily help remove implicit bias.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Many organizations are merging - CVS now giving direct care to patients, health plans buying up pharmacies or specialty pharmacies, etc. So, no one is truly 'independent.' People get confused and start stating they are employees of their 'for profit' organization. There is some confusion about what we are trying to accomplish with this. Some education is about Leadership development and brands are used to discuss branding, not necessarily advocating a specific company.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	N/A I do not use commercial support for my CME Program.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	NONE - Agree that the CME provider must ensure that the decisions were made free of the control of a commercial interest: CME Objectives, Content, and Selection of the Faculty.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Owners of a company served as a presenter - although it might have been a different topic that is not linked to the product the owner makes, it gives the impression that the CE provider endorses the product and that the owner is promoting his/her product in the education venue.

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Standard 1
What new or existing challenges have you seen related to the separation of accredited CE from commercial influence that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Our organization does not accept commercial support due to our small size and the complications that could result from acceptance of commercial support. We would consider accepting commercial support in the future if we could use an algorithm or a set of rules that 'rule out' presenters and planners. We have had two presenters in the past few years with connections with commercial organizations. To avoid bias, we either 1) required use of generic names for all pharmaceutical references and required inclusion of all pharmacotherapy modalities in a class of drugs to be mentioned; or 2) specifically requested content that would render the relationship with a commercial organization moot. We also 3) review presenter handouts and slides prior to all presentations. In the past, one or two presentations had to be reformatted to remove references to a commercial organization. 4) we post a disclosure at sign in and give participants in CME a printed account of any declared relationships. The printed material is a handout given at sign in. Navigating the thicket of commercial relationships and support is trying to a small organization, which explains why we completely avoid support, and rarely have presenters with any commercial relationships.
Accredited CE provider	Recognized Accreditor	Hospital/healthcare delivery system	The largest challenge is the development of industry 'education' branches that have been created to bypass what would typically be considered commercial support. How do CME accredited providers handle this and ensure it is not a conflict of interest?
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	There are no new or existing challenges with our CME Program regarding Standard 1.
Advocacy organization			The CME Coalition supports both the spirit and wording of the current Standard 1. This Standard is the bedrock of independence.
Certifying or licensing board			While not new, public awareness of the relationships that some physicians have with commercial interests continues to grow, and with it, concern about the potential for industry influence within healthcare. Interested parties can now find information about these relationships through several sources. These include ProPublica's Dollars for Docs web-based tool (https://projects.propublica.org/docdollars), through the federal government's Open Payments program (https://openpaymentsdata.cms.gov/), as well as through disclosures made for a variety of other purposes (e.g., scholarly publications, public lectures) and for CME. Without sufficient framing or explanation, these disclosures may serve to raise concerns about the independence of the profession.

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Organization Type	**Accreditor**	**Provider Type**	**Comments**
CE accreditor			As the existing Standards for Commercial Support focus primarily on independence from a commercial interest as define by ACCME, there is concern that bias and promotion that may occur in activities that do not involve a commercial interest is not addressed. ACCME currently lacks an overarching principle requirement that CE activities should provide for an in-depth presentation with fair and full disclosure and equitable balance. All requirements are currently tied to the presence or absence of a commercial interest, which does not consider other instances for bias (such as speaker familiarity with agents). The existing standards specifically focus on avoiding/preventing promotion/endorsement of products/services of a commercial interest. While implied, the standards do not currently articulate assurance that activities lack bias/promotion for any "proprietary" service/product. Consideration should be given towards ensuring that CE activities produce a space that is protected from any encroachment of bias/promotion regardless of whether there is a commercial interest or not. Additional guidance and exceptions as to where an employee of a commercial interest can be involved are needed.
Clinician/healthcare professional			Cost of CME to physicians has escalated just as physician incomes have started to decline.
Clinician/healthcare professional			It is getting increasingly difficult and onerous to comply with all the ACCME regulations. Industry often sponsors research and it is difficult to then fully extract them.
Clinician/healthcare professional			The challenges are the same: commercially funded CME support commercial goals. The interests of specific companies in specific topic areas are obvious. A CME activity that trumpets the prevalence, underdiagnosis, and severity of a specific condition will attract funding from companies that market—or plan to market— treatments for that condition. A CME activity that covers treatments for a disease will interest pharmaceutical companies that market the drugs for that disease.
Clinician/healthcare professional			The language states "the following decisions were made free of the control of a commercial interest." The definition and potential application of the term commercial interest is too constraining, and the language does allow for flexibility and judgment by the CME provider. For example, can a chain pharmacy be eligible for accreditation or to serve as a joint provider? It is not explicitly stated as an exception, and some past discussions with ACCME leadership indicated that not all consider pharmacists/pharmacies to be "providers of clinical service."
Clinician/healthcare professional			The language states "the following decisions were made free of the control of a commercial interest." The definition and potential application of the term commercial interest is too constraining, and the language does allow for flexibility and judgment by the CME provider. For example, can a chain pharmacy be eligible for accreditation or to serve as a joint provider? It is not explicitly stated as an exception, and some past discussions with ACCME leadership indicated that not all consider pharmacists/pharmacies to be "providers of clinical service."

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Organization Type	Accreditor	Provider Type	Comments
Medical/healthcare association			Providers of consumer technologies (i.e. wearable devices, connected devices) are beginning to produce data that are useful to patients and providers in the provision of medical care and are not easily accommodated into current categories. There are similar issues with companies providing genetic testing to consumers.
Medical/healthcare association			The Alliance for Continuing Education in the Health Professions (Alliance) has no comments for changes to this Standard.
Medical/healthcare association			We agree that the decisions about content should remain with the provider and not be influenced by commercial interests. However, the process is both time and resource consuming.
Nonaccredited CE provider			For example, can a chain pharmacy be eligible for accreditation or to serve as a joint provider? It is not explicitly stated as an exception to the commercial interest definition by ACCME (although pharmacies are according to ACPE). Some past discussions with ACCME leadership indicated that not all consider pharmacists/pharmacies to be "providers of clinical service" although we certainly believe they are. The standards and definitions must be relevant to ALL the disciplines that make up the Joint Accreditation Committee, yet they are physician-focused and do not include healthcare facilities and definitions that are common in other disciplines. We ran into challenges with the role of a licensed pharmacist dispensing state-legal (not FDA approved) medical cannabis products. Another example is the definition of commercial interest related to companies manufacturing medical cannabis products, which are licensed & sold only in one state. The definition of commercial interest requires considering how these products differ from FDA-approved pharmaceutical medications sold nationwide.
Nonaccredited CE provider			When seeking commercial grant support, providers must align the content to the interests of the potential supporter. That means that sometimes, to actually put on a certified educational activity, we providers/joint providers must sacrifice some of the gap/need in favor of getting funds to put any needed information out there.
Other - CME Consultant			The county I work with does not accept any commercial support. However, at one point in the last year, we discussed having someone do a presentation on long acting injectables. When we saw slides from the prospective speaker, some of us thought immediately that he should not speak (slides from several pharmaceutical companies) while others did not see this. After reviewing the guidelines, we decided to find someone else to present on this topic.
Other -Consultant			It is evident through the news and other sources that physicians are not always transparent on their disclosures.
Other -Joint Provider			Clarification regarding the definition of commercial interest could be helpful. The compliance library is an excellent tool where more specific examples of commercial entities could be given. While some examples are very clear, there are others that are unclear.

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Organization Type	Accreditor	Provider Type	Comments
Other- Certified Healthcare CPD Professional; consultant; medical writer			Multiple instances of plagiarism, fabrication, and commercial bias were reported in a recent survey of practitioners who write CME needs assessments. Examples: a. Making up faculty quotes, making up outcomes data, plagiarism (i.e., not citing sources or paraphrasing), not using primary sources b. Making/exaggerating gaps claims without solid info to back it up Too much background/introductory info c. Plagiarism d. Plagiarism e. Plagiarism; misinterpreting, misrepresenting and/or embellishing outcomes data to favor the need for education; providing insufficient or no evidence for statements about need for education f. Plagiarizing, bias, too long, too much disease background, no actual data to justify gap g. Spinning the NA to favor the potential grantor's products. h. Unreferenced statements in support of key messages. i. Using press releases from pharma as references; producing NAs that are pastiches of previous NAs; using “canned” language to describe strategies j. Sometimes, in the interests of securing a grant, the content is made so specifically friendly to the grantor's product (if they have one) that it strays from a true educational directive
Other-Substantial equivalency			Few CPD activities that are accredited by the CPD Providers on topics related to photography and marketing do not have any impact on the healthcare outcomes; although, they are sponsored, accredited and managed based on ethical standards for accredited CPD activities. We have a perception that such CPD activities do have a disadvantage of soft commercial bias and paves way for similar activities in future.
Patient, caregiver, member of the public			There are some ongoing challenges and some new ones... New: Public Private collaborations/ joint ventures and equity interest - I've observed an increase in the number of individuals collaborating on joint ventures and founding start-ups that fall into the category of commercial interests - this has prevented these individuals from participating in CME planning/implementation and in many cases the products/services are so early stage, I think the conflicts could be managed in a way to allow these individuals to participate in a limited role - we got burned trying to apply the three cases last time so have not attempting to make that work again. Existing: The definition of a commercial interest is still vague and causes a lot of confusion. The concept of relevance is also difficult for non-CME individuals to grasp. The new algorithm has helped but this is an ever-present planning challenge. There is a role for industry in education - perhaps it will never be accredited CME but it does bother me that employees of commercial interests are almost demonized by CME processes - I know a correction was in order b/c things were so out of hand in the 80s and 90s but I wish we could find a way to swing back into providing timely information to clinicians for the best possible outcomes for patients - sometimes it is an industry partner that can best do this. Also the separation that is required seems extraordinarily difficult ...

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Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			I have not identified any challenges nor have any suggestions on SCS 1
Recognized Accreditor (state/territory medical society)			I think the independence requirements are robust and sufficient.
Recognized Accreditor (state/territory medical society)			Integrated companion diagnostic tests and high-cost 'targeted' oncology drugs seem to have muddied the waters of the diagnostic lab exclusion from commercial interests. They also seem to be driving the cost of health care higher, for some (?) benefit. This might be an area to explore.
Recognized Accreditor (state/territory medical society)			Physicians, specialty groups and other providers are business interests that have services and products that are a conflict of interest.

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Standard 1 Recommendations

Standard 1 Describe ways in which the ACCME should modernize the requirements about the independence of accredited CE from commercial influence to reflect the changing healthcare environment.			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	(Repeated comment from above for continuity) Recently, we have been faced with the challenge of the University encouraging faculty to start separate businesses related to their clinical expertise. These businesses often meet the definition of a commercial interest and these key, expert faculty are no longer deemed acceptable to participate as faculty of a CME activity per ACCME standards. This trend has raised some concern about the impact on our institution's ability to continue providing high quality CME with expert teaching faculty. These individuals are often the best internal experts to educate on these topics, yet they are excluded because their research has been successful enough to begin using the results of that research on patients. Perhaps methods can be put into place for additional screening or documentation to ensure that commercial bias is not a part of the presentation (in planning and in evaluation review). Often, what a presenter would need to say to provide comprehensive education goes beyond the basic science limitations outlined by the ACCME. The need for independence in education is key, but perhaps the judicious implementation of additional screening mechanisms could allow for opportunity for individuals who fall into a category such as this (clinical, academic faculty) to provide quality, accredited education.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Dollar levels of commercial support (or dollar-ranges) should be disclosed to learners, or alternatively the percentage of total activity cost provided by a commercial supporter should be disclosed. CME learners can make a judgement on fair balance based on percentages, but the simple binary disclosure of support does not offer them the full picture of potential for bias.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I understand the reason for separating because we want scientific evidence and not a pitch for selling a particular product but the way the definition is for financial relationships makes it almost impossible at times to get the experts who are doing the research.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	If the content is valid and relevant......
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Perhaps just creating a formal statement directed at learners which would be included in all CME activities, saying something to the effect that: While we make every attempt to mitigate bias and commercial influence in accredited CME activities, it is possible that even physicians who declare no commercial relationships may unwittingly be biased in favor to certain therapeutic options. It is incumbent on you, the learner, to critically assess and report any perceived bias to the accredited provider so the provider may work to prevent such occurrences in future activities.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	When soliciting disclosures, I sometimes wonder as to how accurate they may be. I have run into situations where a physician will report a disclosure one day and not report it the next. This is only a bit hyperbolic. There are times where a physician will report nothing to disclose on paper and then list disclosures on slides or vice versa. Sometimes it feels like we are wearing detective hats when we should have an independent unbiased system in place. Maybe we could link up to the Open Payments site.
Accredited CE provider	ACCME	insurance company/managed-care company	The standards should allow for a subsidiary of a commercial interest to participate in appropriate aspects of CME planning or delivery when it can be shown that: 1) the subsidiary acts independent of any influence by the parent (and/or a sibling) company; 2) the content of the educational activity is unrelated to the products and services made by the parent (and/or a sibling) company; and 3) the product or service of the subsidiary do not independently qualify the subsidiary as a commercial interest.
Accredited CE provider	ACCME	insurance company/managed-care company	With all the new technologies, it is getting harder to determine what ones are commercial interest. It is of course easy when the technology is used directly on the patient but not so much when there is an indirect relationship such as the electronic medical record; things like in-office testing strips dipped in patient urine (even though labs where other testing is done are exempt); a research study poster on a new technology that allows patients to track their lab test from the office to the lab and the results back to the office, etc.
Accredited CE provider	ACCME	Nonprofit (other)	2.3 Resolving conflict when content/slide deck is not available before an activity, for example a hands-on simulation or bio-skills/surgical skills lab activity.
Accredited CE provider	ACCME	Nonprofit (other)	This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either “used on” and “consumed by” patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Allow the accredited providers more latitude in determining whether content or potential involvement does represent a true conflict of interest and/or whether the proposed content has value for learners.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consider updating the definition of commercial interest with input from the accredited providers.

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Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consider renaming “The Standards for Commercial Support: Standards to Ensure Independence in CME Activities?” to “The Standards to Ensure Independence in CME Activities.” (dropping “The Standards for Commercial Support” part of the title), as some accredited providers may think these standards only apply if commercial support is received, based on the title. The Standards are far more than just Commercial Support, so it would seem to make sense that the emphasis on the name of the Standards should be “The Standards to Ensure Independence in CME Activities.” Consider revising the ACCME definition of a commercial interest (keeping in mind that any changes to this definition would have an impact on the Standards and their application) to modernize given the current CME environment. However, we would caution further limiting the pool of the most qualified subject matter experts to deliver high quality CME. Consider the opportunity to include the ACCME Clinical Content Validation policy in The Standards. Consider focusing on more precise descriptions of the Standards themselves, as opposed to challenging providers with relying on FAQs (which can change without notice to accredited providers) to assist with accurate understanding and interpretation.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	In light of the healthcare environment changing to favor multidisciplinary teams of clinicians, the requirement that no employee of a commercial interest can be in control of content should be reexamined. I understand why Standard 1 is written the way it is but adding an exception to the Standard to allow clinicians who are employed by a commercial interest, but who are truly clinicians and not in a sales or marketing position, be allowed to be in control of content alongside our physician and staff planners. If this is disclosed to the learners, I think this should be allowed.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	It is becoming more common that academic medical centers develop spin-off companies to bring to market new products and treatments based on the research performed by their faculty members. In many cases these faculty members then take on positions such as Chief Executive Officer or Chief Medical Officer of these spin-offs in addition to maintaining their academic appointments. This creates a potentially unresolvable conflict if these researchers are considered employees of a commercial interest. In cases where this research addresses rare diseases, this can result in a significant “brain drain” that makes the key subject matter experts unable to provide continuing education in their areas of specialty. It would be helpful for this standard to address this situation more directly, with the hope that accredited CME can continue to be offered in these circumstances by the researchers with the most expertise on the relevant subject matter.

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Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	It would be helpful if the ACCME would publish the specific definition of an "employee" of a commercial interest and what documentation a provider would need to see to make that determination. The current language for this requirement sends mixed messages which causes variations in interpretation of the requirement. One statement indicates that the use of employees is prohibited, but Exception #1 (Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the CME activity is not related to the business lines or products of their employer) opens up a broader interpretation which creates difficulty for the provider in explaining why the individual is not allowed to be engaged in the activity. The MMS recommends adding clarifying language stating that the CME activity cannot be related to any business line or product of the employer, not just the one(s) related to the individual's work.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Provide greater clarity in how these companies apply to the definition of commercial interest.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME has a system in place that could better reflect the changing healthcare environment and would lead directly to modernizing the requirements about the independence of accredited CE from commercial influence. The ACCME requirement of disclosure would be more effective if it cast a wider net, from disclosure of relevant financial relationships with commercial interests to disclosure of relevant financial "and other" relationships with commercial interests "and other entities." We suggest this expanded disclosure requirement because there are other financial and non-financial sources of bias, including relationships with health IT companies that are currently not included in the definition of "commercial interest," personal relationships (with colleagues or with family members beyond the life partner or spouse), institutional loyalty, or confirmation bias from associating only with people with like beliefs. Broader disclosure of potential sources of bias would reflect the changing healthcare environment – as would a greater focus on the CME provider's resolution of potential conflicts of interest. Assuming potential COI regardless of planners' disclosure might be a better approach to take in today's healthcare environment, when new players in health technology appear frequently.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	This standard seems to mesh and/or work together with Standard 5 so maybe there is an opportunity for consolidation.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We believe that the ACCME should recognize that in the modern world, acquisitions do not necessarily lead to substantive changes in business operations or motivations for employees of commercial interests. We recommend the following change: “1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a 'commercial interest,' some exemptions and some clarifications.) See our comment in the question re: Definition for these additional clarifications.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We don't feel commercial interests should be a partner in CME activities, so we don't feel ACCME needs to modernize the requirements. This is based on the type of our organization.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Will the ACCME modify the list of eligible organizations who are free to control the content of CME? With Diagnostic Labs and Health Insurers partnering with manufacturers to reduce costs, even those who were previously ACCME approved providers are no longer eligible to be a joint provider.
Accredited CE provider	ACCME	Publishing/education company	Greater guidance on engaging viable commercial sponsors and open RFPs from publishers is needed, as well as further clarity on the definition of a commercial interest. In addition, more information about what language can be included as part of a commercial support LOA to ensure independence.
Accredited CE provider	ACCME	Publishing/education company	I wonder if there can be clarification about the purpose of an industry-generated RFP in relation to Standard 1.1a, that may identify gaps or educational need, and where it may be acceptable in this process.
Accredited CE provider	ACCME	School of medicine	(1) Make it easier. (2) Provide an option for providers to work with industry but demonstrate there is no bias. (3) Streamline the disclosure process. At medical schools, physicians disclose annual to the school, are reported to CME, and they still go through disclosures for CME. Perhaps there could be a process that leverages the first two.
Accredited CE provider	ACCME	School of medicine	ACCME should expand the disclosure to include institutions which can have important relationships that might cause a conflict of interest.
Accredited CE provider	ACCME	School of medicine	Centralized database for disclosure of potential conflicts of interest. This database could be updated by speakers, planners, etc. and linked in programming materials (like ORCID). Participants could access the 'profiles' of people who have a disclosed relationship to assess for potential conflict themselves. Planners would of course do this, too.
Accredited CE provider	ACCME	School of medicine	I would greatly appreciate an updated, specific, list of those types of companies exempt from the definition of a commercial interest, so that we have a better understanding of whom we are ensuring we are working independently of.
Accredited CE provider	ACCME	School of medicine	Release an updated definition of commercial interest. Ban use of individuals that speak for industry. Realize that consultancy is a grab bag and start to parse out what forms are manageable and what forms may not be.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Given the number of academic faculty who may have small commercial entrepreneurial ventures (often encouraged by their home institution) in their line of expertise, ACCME may want to consider applying the same policies to commercial interests than those with faculty with conflict of interests (with conflict resolution). In its current version, ACCME should be very explicit with SCS1 and stress that SCS 1apply to employees in any capacity (e.g. as small as 0.1 FTE) and be more detailed as is written for what consist relevant conflict of interest.
Accredited CE provider	ACCME	School of medicine	The changes in healthcare and the new Vision statement highlight the need for transparency and the value proposition of CE/CPD. The accountability of accredited providers needs to reflect our direct commitment to ensuring excellence and independence in CE programming-- a paperwork driven approach without engagement and context, may not reflect the commitment to quality CE that clinicians, teams and institutions need to foster patient safety and quality in the face of increasingly complex care environments. The focus of all accredit CE should be about improving care.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	There is tension in this area: Accredited CE should remain free from commercial influence, but on the other hand, complete restriction on the participation of employees may no longer be consistent with the goal of producing high quality and comprehensive education. ACCME's restrictions prevent ASCO from permitting some individuals with unique expertise to participate, sometimes to the detriment of our educational programs. ASCO continues to struggle with providing the best education for our learners when unique expertise cannot be included. In oncology, this is being seen in the area of next generation sequencing and companion diagnostics, for example. ASCO has found that this scenario is uncommon but must be accounted for in the current environment of private research, consolidation and commercialization. ACCME could develop resolution strategies that would allow for the inclusion of employees of commercial interests. These strategies could include requiring the perspectives of multiple companies, where possible, or the selection of a qualified, non-conflicted, discussant at a minimum. This strategy may not be appropriate for all roles; for example, activity planners would need to be recuse from multiple aspects of the planning process that would be relevant to the commercial interest.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Per my comment above - I think the pendulum has swung a bit too far to one side and should 'even up' a bit.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	The Standard 1 requirements for Independence do not require modernization to reflect the changing healthcare landscape. Rather the documentation for meeting this Standard should be updated to reflect the changing environment. For example, how did you identify the CME need and how did you select those involved in the planning and presentation? As digital technology expands, the ability to effectively document the process for meeting this standard can be accomplished efficiently.
Accredited CE provider	Joint Accreditation for IPCE	School of medicine	Trust independent non-profit providers to resolve conflicts from industry-employed faculty.
Accredited CE provider	Other - ACPE	Other	As professionals and administrators, we try to find the most knowledgeable persons to create/present CE programs and this must be balanced against commercial concerns: especially since this standard, as written, includes immediate family. Creators/Presenters need to be comfortable releasing COI information for review and administrators need to effectively work with any submitted COI info to present the most balanced program possible. If regulations are too obstructive, people will be inclined to 1) not be involved in CE when their contributions to our professions could be substantial, or 2) not be fully forthcoming with information which will perpetuate the current environment.
Accredited CE provider	Other -ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	As long as the educational content meets the definition of CME/CPE and is planned/demonstrated to be unbiased and non-promotional in nature (Standard 5.1), then it shouldn't matter if the members of the Planning Committee are or are not an employee of a commercial interest. Eliminate this prohibition and the guidance 'on rare occasion it is allowed under these circumstances'. I would recommend lumping them in with every other disclosure of a commercial interest relationship.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	1. No financial support of ACCME defined commercial interests. This should include so-called unrestricted educational grants which are just a way to accept pharmaceutical funding. Review by planners or experts is not sufficient. 2. There should be a transition to system where speakers may not accept pharma funding such as 'speakers bureau' (excluding possibly for research)
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Having the provider demonstrate how they determined the need for a CME activity can help remove the influence of a commercial interest. I would like to see how a provider, such as [organization redacted] justifies the need for CME on esoteric topics that target a huge audience.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	ACCME should give more control autonomy to third-party CME providers since they utilize the ACCME Guidelines & Regulations in routine processing of CME Education Programs. This will provide more leverage to community-based hospitals who depends on these third-party as vital resources for providing their institutions' education needs.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Consider disallowing any for-profit entities (hospitals, rehab centers, etc.) from the ability to control CME credit.

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Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Consider including the special use cases for employees of ACCME-defined commercial interests as part of the standards or supporting policies, instead of a FAQ on the website. Reference to these special cases as a foot note in the flowchart is easy to miss.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Consider Physicians who participate in a speaker bureau for a commercial interest. Many times, they are the expert in the field. Is there a way to allow them to plan content without it being a relevant financial relationship, conflict of interest?
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Develop specific language that is specifically related to the 'education' branches of industry that have been created.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I am also involved with CNE. At a CNE provider training, an algorithm was presented to guide CE providers to make good decisions about commercial relationships. Another bit of advice from the provider training was that anyone receiving a 'W-2' form from a commercial organization was ineligible from being a planner or presenter for content involving products or services or that organization. However, if the person was compensated via another method, e.g. '1099,' then the question of relevance, oversight, and standards to avoid bias could be considered. In my opinion, the relationship of the content to the commercial organization's products/services is the key issue. Strategies we use: 1. preview content [slides and handouts] 2. specifically request content that avoids the conflict 3. survey participants as to their perception of bias in the activity 4. written disclosure and posted disclosure at sign in 5. CME Coordinator attends program
Accredited CE provider	Recognized Accreditor	Hospital/healthcare delivery system	Our program is isolated from most of the commercial influence in the States because of our geographic location, so our program is not affected by commercial influence.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Recommend reviewing definition of Commercial interest and what we are trying to accomplish.

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Standard 1
Describe ways in which the ACCME should modernize the requirements about the independence of accredited CE from commercial influence to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Owners and employees of CI should NOT be presenters at CE activities in any form at all except to demonstrate how a device works when the provider already owns it. The insurgence of more and more drugs to TREAT and not cure, keeping people dependent of expensive medication to stay alive is unacceptable especially as it has been proven that drugs are coming out with not enough research and how one can word the study questions to reach their desired result. At national meetings like the Alliance, what reps of CI say and what their reps do at the hospital level is insanely different. A health system held 'Drug Displays' monthly, the reps. brought food and samples of products. Eventually it became prohibited... The reps would walk in the CME office and bring names of speakers they recommended or visit docs and ask them to recommend the talk and even providing CVs. The same ones listed in Dollars for Docs. The state accredited CME folks violated all kinds for Standards for Commercial Support including having CME in the evening and have the drug rep use their credit cards to pay for dinner. An endocrinologist went to one of these evening meetings targeted to family med docs and challenged the speaker who was promoting use the new drug to family med docs because 1 in 100 people would benefit. A decade later at an external CME, a cardiologist challenged the other speaker doing the same thing, promoting a new drug for AA with drug company sponsored study which ONLY benefited 1%.
Certifying or licensing board			The most important change that ACCME should make is to move from requiring disclosure only of “relevant” financial relationships to requiring universal disclosure of all financial and non-financial relationships with commercial and non-commercial healthcare-related interests. There are complex connections between commercial and non-commercial entities; these organizations often have shared interests in disease states and treatments. Universal disclosure also removes the need for an individual to make a judgment as to whether a financial relationship creates a conflict of interest. Many, if not most, of us have confidence that we will not be unduly influenced by others. This confidence is not supported by research over many years and in many settings that shows that decision-making is influenced by financial and non-financial relationships. While much of this influence does not rise to the level of a true conflict of interest, we believe that the best approach is universal disclosure of all financial and non-financial relationships. Universal disclosure is an essential first step in the recognition of unintended bias. It also promotes transparency and can serve as a model for learners.
Clinician/healthcare professional			CME providers need to be able to accept funds from commercial enterprises to moderate cost increases. This should not be interpreted as influencing content or evaluation if the speakers are independent
Clinician/healthcare professional			Give more flexibility to professional societies to regulate these issues. Giving an audience full disclosure as to sponsorship of the study and any payments made to speaker over the past year would be a much easier and effective way to achieve the desired goal.

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Standard 1 **Describe ways in which the ACCME should modernize the requirements about the independence of accredited CE from commercial influence to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Clinician/healthcare professional			Industry-free CME is critical to the rational use of therapeutics; disclosure of industry funding is not enough to fully mitigate industry influence.
Clinician/healthcare professional			These should be considered GUIDELINES for helping the CME provider determine if an organization can serve to guide content, not absolute exclusions.
Medical/healthcare association			ACCME should address emerging technology providers, including those that are primarily marketed directly to patients but that providers may recommend, in the definition of a commercial interest. ACCME should consider incorporating the definition of a commercial interest directly into the Standards.
Medical/healthcare association			Providing templates and specific examples of compliance or noncompliance with criteria and standards.
Medical/healthcare association			We have active physician members employed by academic institutions whose entire job role is drug development, clinical trial design and implementation. In many cases, their trials involve only one company/drug but are producing paradigm-changing results in PFS and OS in our disease states. It is important to have these physician members involved in education planning. While not specifically prohibited in current standards, their participation is in a gray area and needs to be clearly identified and allowed.
Nonaccredited CE provider			ACCME should consider revising wording of this (and similar) standards. It's possible for an entity to INFLUENCE elements of an activity without necessarily having CONTROL over it--and that, presumably, is what needs to be avoided.
Nonaccredited CE provider			The fact that the definition and potential application of the term commercial interest is not included within the standard but listed separately with some (not all) examples of exemptions, makes it apparent that the standards are guidelines for helping the CME provider determine if an organization can serve to guide content, and NOT meant to be absolute in terms of exclusions. The changing healthcare environment requires some flexibility be given to the provider to determine that CE is appropriately independent and separate from commercial influence, and that multidisciplinary considerations be recognized.
Other			There should be penalties involved for physicians who falsify information or fail to keep their relationships updated for the providers they work with.
Other - Certified Healthcare CPD Professional; consultant; medical writer			ACCME should take a closer look at the process of assessing educational need. These documents are often outsourced by CME companies to people who have little power to insist on a fair/balanced approach. Perhaps carry out spot checks of needs assessments written as part of an application for commercial support? Our research also indicates that some NAs contain gap statements that are not support with evidence. References lists are often criticized as being insufficient or inadequate. NAs sometimes contain survey data that is not representative to justify an unmet need, and evidence sometimes does not come from reliable, impartial, or objective sources. In fact, sometimes commercial interests (e.g. press releases, company executives) are cited as sources of information and appear as entries in the reference list, which seems at odds with the spirit (if not the letter) of Standard 1.

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Standard 1
Describe ways in which the ACCME should modernize the requirements about the independence of accredited CE from commercial influence to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Other - Joint Provider			ACCME should consider broadening the requirement to encompass more modern situations that are emerging - for example the developments in tech apps and tools related to health.
Other-Substantial equivalency			Few CPD activities that are accredited by the CPD Providers on topics related to photography and marketing actually do not have any impact on the healthcare outcomes; although, they are sponsored, accredited and managed based on ethical standards for accredited CPD activities. We have a perception that such CPD activities do have a disadvantage of soft commercial bias and paves way for similar activities in future. An additional guideline of how these issues could be resolved will be a cap on the icing.
Patient, caregiver, member of the public			Establish options for how providers can provide the best blend of education for the learners that includes situations in which there are non-CME eligible sessions on the same day and location as CME - standards for the messaging that could help the learner determine the degree to which they can trust the source and ways the provider can message that so it isn't vilifying the industry while at the same time calling out the reality of influence. The costs of live meetings now that separation is needed is a challenge and instead of providing grants to fund CME, industry is sponsoring events at a different location on a different day - I think this dilutes CME value.
Recognized Accreditor (state/territory medical society)			Accredited providers should be able to approach physicians and researchers working in the area of research and development, whether or not they work for a commercial interest, and take advantage of their expertise, working with them proactively to fill gaps in physicians' knowledge that may loom on the horizon. With the exponential growth of new technologies, threats can arise suddenly, and we should try to be a little in advance of the curve. Example: we have been wanting to use a physician CEO of a company dedicated to development of new antibiotics/antivirals with new mode of action to address antibiotic resistance.
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.

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Standard 1
Describe ways in which the ACCME should modernize the requirements about the independence of accredited CE from commercial influence to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Physicians, specialty groups and other providers are business interests that have services and products that are a conflict of interest. They should be included and not excluded. This standard should be revised and shortened.
Recognized Accreditor (state/territory medical society)			Revise 1.1 to: A CE provider must ensure that the following decisions are made free of the control of a commercial interest by (1) identifying and resolving conflicts of interest, and (2) not allowing employees of commercial interest to participate in an activity (with the exception of a special use case). A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients Revise 1.2 to: A commercial interest cannot take the role of an educational partner or non-accredited partner in a joint provider relationship. Note - Add the three special use cases and the eligible organizations currently listed in your policies to this section or in a footnote
Recognized Accreditor (state/territory medical society)			While the optics of logos, etc. may not be so seemly, I think these are some of the more trivial aspects of independence that become almost invisible (e.g., the company name on the neck lanyard for your meeting badge). Maybe the stringency around these smaller things could be relaxed?

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Standard 2 Challenges

What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	An ongoing challenge is that of getting all faculty to submit their content for review prior to an activity. Unfortunately, despite our best efforts to explain to our faculty the importance of transparency and the rules that govern accredited CME, some do not cooperate and there is no authority in our institution that holds their feet to the fire.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I have not encountered this. I do wonder if the commercial interest is disclosed to the attendees, why do we need special resolution procedures.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I would like to ask that the ACCME reconsider grants for research paid to the institution. This seems more like work for hire and not a vested interest in the new drug/device success. Should it be treated the same way?
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Just because you do not have a financial COI, or one based on relations, it does not except one from being conflicted. Bias is not necessarily linked to a relevant COI. How do you go about resolving those issues?
Accredited CE provider	ACCME	Hospital/healthcare delivery system	The definition of who is in control of content should be more clearly defined by the ACCME. There's confusion on if all roles equate with being in control of content to the same level (e.g. speaker vs moderator vs planner vs logistics support) and is not consistently understood by stakeholders in the CME enterprise so may warrant different mechanisms of resolution. Resolution needs to be better defined/determined based on the role one takes in the activity. For directors/planners it may warrant a defined process for resolution pertaining to anyone with a COI to direct CME. Examples of resolution strategies may be beneficial. COI is identified via self-reported mechanisms and tools to collect disclosure information vary widely across the provider spectrum. A centralized COI data collection template and process would add efficiency for CME providers.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	There is substantial resentment from speakers about repeated redundant disclosures needing to be collected and stored in hundreds of disparate institutional systems.
Accredited CE provider	ACCME	insurance company/managed-care company	Individuals who are in high-ranking government positions opt out of signing disclosures indicating they are not allowed to sign such documents and that they are vetted before their appointment or hire to ensure they have no conflicts of interest and they must maintain that status as long as they hold the position. In my experience this is a new challenge that began in January 2017.
Accredited CE provider	ACCME	Nonprofit (other)	My organization solicits requests for presenters/teachers. At times we pay for high profile presenters to teach at our educational events. When we have high profile presenters, it can be difficult to obtain their financial disclosure prior to the educational event and obtain the disclosure on site. This can be nerve racking and we start discussing if we pull CME credit.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	A general challenge with Standard 2 is its vague nature, particularly in its language of the standard and determining relevance. For example, a considerable amount of information is clarified in FAQs, rather than outlined in the official language. Additionally, there is ambiguity as to who is responsible for determining relevance as currently written. Lastly, the language is vague while the implementation expectations seem acutely focused, based on experience in accreditation interviews and ACCME workshops. The language does not explicitly outline that COI resolution must occur specific to the role(s) of an individual, which means that more than one resolution mechanism may be needed to 'resolve all conflicts of interest before learners receive education activity,' if you have a planner who also serves as a faculty member.
Accredited CE provider	ACCME	Nonprofit (other)	Same as above. Rapid evolution in certain technologies make this an increasingly important issue.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	While we now use a digital process for disclosures meaning it's more likely that if a speaker presents for us more than once in a year they do not have to complete an additional disclosure. There has to be a better way to collect all POTENTIAL conflicts of interest and them work out COI as needed basis by inviting entity/organization. I know this is an area of issue with accreditation - the process of compliance is difficult, it's not like CME entities aren't asking or trying to ensure. Additionally, faculty who have professional connects often reply to financial disclosure as 'no relevant financial disclosures related to this presentation.' Seems kind of like a loophole - Not sure if this is the intention of this process.
Accredited CE provider	ACCME	Nonprofit (other)	SCS 2 disproportionately targets employees of commercial interest (CI). Consider revising SCS2 to be applied proportionately across all financial relationship types, employee or not. This might be done by requiring anyone who has a financial relationship with a CI to abstain from controlling ASPECTS of planning and content with which they have a COI. In addition, it would be helpful if ACCME provided an approved Conflict Resolution Form template upon which providers could draw. Included with the template, and in addition to the current flowchart, consider providing a more robust guide describing several acceptable mechanisms for identifying and resolving COI. Finally, interpretation and assurance of compliance with SCS 2 are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized during the self-study period to ensure the processes taken by the provider are both consistent with other providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance v. noncompliance examples were made public (like the online compliance v. noncompliance resource page for ACCME criteria).

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	We utilize an online form as an efficient way to collect disclosures from individuals involved in the development of educational activities. However, it is a challenging process to collect and share relevant disclosures when individuals hold different roles (e.g., planner, presenter, reviewer) for multiple activities. The process places a burden on the individual volunteers who may need to complete separate forms for different activities and ensure they are tracking dates as well as relevance, as well as a significant time burden on staff to track and review disclosure forms. We have also been challenged in determining how to consistently share disclosures with learners. Disclosures that are listed for topic A, may not be relevant to topic B, which may lead to confusion from both planners and learners, who see different information on activities that may be just days apart. We acknowledge the importance of the disclosure process, hence the significant time staff spent collecting accurate and timely disclosures. However, we encourage ACCME to explore and share efficient strategies and best practices for collecting relevant financial relationships that are in compliance with ACCME standards with the goal of providing high-quality education to learners in order to ultimately improve patient care. It would be helpful for ACCME to develop job aids related to the collection and resolution of disclosures.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	A. In this complex era of evolution of the healthcare business sector, leaving the decision as to what to disclose up to the planner/author/faculty/reviewer may result in missed relevant financial relationships. For example, the FDA is still clarifying what smart phone apps require FDA clearance as medical devices, and one can expect this to remain a moving target. Or, the relationship may be with a food/supplement company that the discloser does not perceive to be a healthcare company, even though marketing claims refer to health and wellness benefits. These situations have the potential for relevant relationships to remain unknown to providers and learners, with no malicious intent on the part of the discloser. B. The American Association for Cancer Research finds the ACCME use of “significant” confusing in its policies. The ACCME uses word in the policy, but in the FAQ area of the website it says the ACCME has not set a dollar amount for relationships to be consider relevant and does not use the term significant to describe financial relationships.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	ACCME has been overly rigid in interpreting its own regulations relative to providers, particularly those who deal with devices and technology, and in fact the examples given relative to researchers working in pharma labs, contradicts their own position
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	I think the current COIR mechanisms for an ownership relationship are inadequate given the multitude of startup companies that clinicians are now involved in.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Identification and resolving conflicts of interest haven't been an issue for our planners. We have very few planners who have disclosures that need to be resolved.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	It has been a drain on our small organization's resources and takes an excessive amount of time to collect and resolve COIs. We feel ACCME should place a monetary on relevant (i.e., at this time $1.00 is equal to 1 million dollars. Our non-physician presenters feel challenged by this; therefore, we don't certify many of our scientific sessions at our Annual Meeting which are presented by our researchers who have to have support to perform their research.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Need to be clearer on what needs to be reported to learners, does a provider need to provide the reported relevant relationships when they have been resolved and no longer considered 'relevant.'
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Reports in the Fall of 2018 of Memorial Sloan Kettering's CMO's failure to disclose millions of dollars in payments from drug and health care companies for peer-reviewed medical publications ultimately led to his resignation. News of this lack of disclosure ricocheted in the CME universe as CME professionals asked one another how responsible is a CME provider for discovering the truth about disclosure when the obligation to provide accurate disclosure in the first place is on the individual? The CME provider creates the mechanism for disclosure, and the planner is required to disclose. How much time and resources must the CME provider dedicate to tracking down a planner's relevant financial relationships with commercial interests? Without basing this process in trust, CME providers will never truly know if a planner who can affect content is, for instance, a stock shareholder in a commercial interest. We propose a change to Standard 2.1 to "The provider must be able to show he has implemented a process whereby everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial and other relationships with any commercial interest or other entity."
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	SESPRS believes that the Standards are unclear regarding the ACCME expectations regarding owner/employees of commercial interests. The FAQs about this subject only reference "employees" but the accreditation self-study and the flow-chart all indicate "employee/owner." This should all be standardized and incorporated into the Standards. Additionally, the words "resolve" and "manage" are used in various places to indicate what is required of providers when they do identify a conflict of interest. This should be standardized.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME has used different terms relating to the resolution of conflicts of interest over the years, including "resolve," "mitigate," and "manage." We recommend standardizing the terminology to avoid confusion about what is expected of providers. We prefer 'manage'.

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Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The New England Journal of Medicine develops many educational activities that meet the definition of journal-based CME. Additionally, NEJM also develops educational activities based on NEJM peer-reviewed articles, that do not meet the requirements to be classified as journal-based CME because individual articles must be designated for 1 AMA PRA Category 1 Credit™ per article. Each activity has a process in place that manages the disclosure of authors, editors, and peer reviewers involved in the process of reviewing and publishing the article. The publication follows all the ICMJE standards and the authors and editors provide disclosure information through the ICMJE form for Disclosure of Potential Conflicts of Interest. If accredited, these activities could possibly meet the requirements for enduring materials; however, it places a burden on the contributing authors and editors to complete yet another disclosure form. The MMS recommends that the ACCME accepts the disclosure information provided by individuals on the ICMJE form for enduring materials or any other formats that are developed as supplemental education to journal-based CME.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There are variances in the look back periods (12 months for ACCME; 3 years for journals. Also, the person disclosing is determining what is relevant to disclose. The issue that arises if we ask people to disclose everything is that the processes in place for review and resolution increase significantly for the accredited provider.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There is no definition or delineation of what elements of financial relationships are to be disclosed in this standard. A suggestion of some of this information is detailed under Standard 6, item 6.1. A clearer description in Standard 2 of what details of relationships are to be disclosed would give providers clearer guidance on how to manage this part of their programming processes. We recommend that under "nature of the relationship" that specifics of products or disease states at the heart of each relationship be included as a required element, in order to accurately identify when a relationship creates a conflict.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There isn't a clear definition on who is considered 'in control of content' and therefore who needs to disclose (e.g., are people who execute development tasks on behalf of authors considered in control of content?).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	This Standard addresses the "resolution" of financial conflicts of interest, whereas implementation of this Standard requires "managing" these conflicts in accredited activities. Clearer phrasing of this Standard, such as changing it to "Disclosure and Management of COI," not "resolution," would be more helpful to accredited providers.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There is no definition or delineation of what elements of financial relationships are to be disclosed in this standard. A suggestion of some of this information is detailed under Standard 6, item 6.1. A clearer description in Standard 2 of what details of relationships are to be disclosed would give providers clearer guidance on how to manage this part of their programming processes. We recommend that under "nature of the relationship" that specifics of products or disease states at the heart of each relationship be included as a required element, in order to accurately identify when a relationship creates a conflict.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There isn't a clear definition on who is considered 'in control of content' and therefore who needs to disclose (e.g., are people who execute development tasks on behalf of authors considered in control of content?).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	This Standard addresses the "resolution" of financial conflicts of interest, whereas implementation of this Standard requires "managing" these conflicts in accredited activities. Clearer phrasing of this Standard, such as changing it to "Disclosure and Management of COI," not "resolution," would be more helpful to accredited providers.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We regularly hear from our members that disclosures, for CME and the myriad other reasons, are onerous and increasingly insistent across various settings. This has been a challenge for many years and while we know there've been a few attempts to simplify the process they haven't gone far enough to resolve this problem. From a big picture standpoint, it seems that a variety of stakeholders in the medical community need to come to terms with consistent definitions for what relevance, consistency, and transparency mean as it relates to disclosures of conflicts of interest. Having a single definition for COIs and relevance would provide consistency and limit risks for physicians as potential targets of the media. It would also increase transparency to learners if potential bias were reported more consistently. On a micro level, because disclosure guidelines are so different across medicine, we see many non-commercial interest disclosures for our CME activities. Regarding standard 2.1, when putting together our activity files for reaccreditation we're asked to remove any non-commercial interest disclosures from our documentation before submission. While we specifically ask our presenters for disclosures from commercial-interests only, we still receive just as many disclosures for non-commercial interests. Due to the large number of presenters at events like our Annual Meeting it is cumbersome to remove these disclosures.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We require the employer name, biographical data along with our conflict of interest disclosure so we can use an internet search to vet the planners and faculty. Sometimes it's difficult to see a relationship between companies. How can we protect ourselves?
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We see distinct challenges in understanding the boundaries over who really has influence over content between faculty, moderators, discussants, reviewers, planners, and committee oversight. We also have challenges in determining relevance. Physicians are self-reporting their relationships which leaves open the possibility of mis-reporting. And then determining the potential for conflict based on an activity topic and a list of relationship is challenging, burdensome, and often an exercise in cat herding and 3-step extrapolation.

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What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	While there is merit to ACCME's openness in letting providers decide how to resolve conflicts of interest, there is built in inconsistency in how providers resolve conflicts of interest. It only stipulates that there must be a mechanism in place to resolve COIs, and the flow chart provides examples, but leaves the door open for alternatives. The ACCME doesn't need to become more prescriptive in how conflicts are resolved, but for those presenters/educators who engage with multiple providers, how do providers account for their identification of and resolution offered, when another society has a mechanism that takes a different approach? Furthermore, as providers use the premier experts in the field, these experts are increasingly involved with commercial entities, lending their knowledge to new innovations, treatments, and research. We are identifying and resolving more conflicts, particularly in our larger meetings. There seems to be a disconnect between an irresolvable conflict of interest of an industry employee and the resolvable conflict of someone who participates in multiple speaker's bureaus, advisory councils, etc. and received considerable money, travel support, etc. The latter can raise serious questions surrounding perceived conflict of interest.
Accredited CE provider	ACCME	Publishing/education company	Faculty being slow to disclose their relationships or being inaccurate.
Accredited CE provider	ACCME	Publishing/education company	It is hard to determine what is a commercial interest outside of the obvious. Appreciate help ACCME gives.
Accredited CE provider	ACCME	Publishing/education company	It is unclear when COI resolution needs to occur during the development process other than prior to the launch of the educational activity, and what may be required as far as acceptable documentation of practices.
Accredited CE provider	ACCME	Publishing/education company	There is some confusion as to the role that "ownership" plays in deciding whether a conflict of interest (COI) is resolvable. While it is clear that ownership interest must be disclosed, there is confusion regarding the amount and/or type of ownership that can be resolved, vs what constitutes employment.
Accredited CE provider	ACCME	School of medicine	I have found that planners and presenters are struggling with knowing what to disclose and given recent events, erring on the side of caution and disclosing everything, thus including non-commercial interests in their disclosures. When we review each disclosure, we are finding ourselves having to then explain further (we already provide them with the definition) as to why a company is considered exempt. Perhaps I could provide them with a link to the list of exemptions, once this list is a bit more defined.
Accredited CE provider	ACCME	School of medicine	Not sure if this really helps or if providers are simply going through the motions. Slide reviews only show what is on a slide and don't include what is said in the presentation.
Accredited CE provider	ACCME	School of medicine	Physicians are consulting for companies that may be involved in telemedicine or other new, innovative practice areas who wouldn't necessarily be considered a commercial interest such as Warby Parker. How do we resolve conflicts of interest if we can't properly identify that certain companies are now commercial interests?

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What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	1. Identification of COI: Scientists involved with research, the resulting start-up companies and the researcher's employee status (or not) is all intermingled and may be nearly impossible to separate. For example, the discoverer may be actively engaged in fund-raising with venture capitalists after a product patent is filed. The start-up company may have a partnership agreement with the research institution and whether or not the discoverer gets a formal paycheck, s/he still has the motivation to promote the innovation and propel it along the entrepreneurial pathway to become a licensed product used on patients. 2. Disclosure process: Obtaining disclosure of personal financial relationships is the most painful and frustrating aspect of CME and consumes a lot of staff time. We did a focused study of 10 activities involving 217 individuals who disclosed to the CME office and found 44 (20%) had underreported their relationships (including many who said they had none) compared to what these presenters reported to the university. This underreporting brings into question the validity of self-reporting.
Accredited CE provider	ACCME	School of medicine	Challenges: determining who "is in control of content" & determining what a commercial interest is. We are a research institution with many faculty working on industry-funded research studies. We also encourage innovation in our faculty which includes ideation, research, and creation of new products or services that they may be developed into outside, for-profit ventures. This means we often are trying to decide if something is a commercial interest and resolve many research-oriented relationships. Innovative developments often mean that those experts have a lot to share about their innovations that could assist their colleagues and improve patient outcomes. We end up missing quite a bit of that translational research education because it falls in that grey area; but we also want to be on the cutting edge of this valid content. Patients are asking for the cutting-edge treatments, typically, so we're doing a disservice by not preparing providers with accredited education. We also get good arguments from faculty that research funding is too far removed from creating a potential bias in the education they may be delivering/planning. We could also talk about whether those disclosing even read the set of questions we propose, if it's lost all meaning to those who do, and if answering these questions helps people recognize they might have a bias.
Accredited CE provider	ACCME	School of medicine	Should clarify when disclosure forms are not needed at all.
Accredited CE provider	ACCME	School of medicine	The issue of responding to an RFP remains a concern. Is this allowing 'nuanced' influence?
Accredited CE provider	ACCME	School of medicine	We have started to see faculty members at academic medical centers disclose that they also own small ventures/start-up companies (which may be an ACCME-defined commercial interest). This also relates to SCS1.

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Standard 2 What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	School of medicine	the changes in prescribing authority for Advanced practice providers (NPs, PAs. etc.) create new challenges in conflict of interest disclosure and new opportunities for education about subtle influences of financial relationships on professional work. I also believe that the presence of absence of financial affiliations and relationships should be disclosed regardless of the content for a specific activity-- most speakers/presenters provide everything-- so it is really the accredited provider's responsibility to review and address potential influences-- while I realize that this responsibility is currently expected, maybe we could consider a new approach that makes the process more clear for small providers who don't actively engage in their own professional development.
Accredited CE provider	ACCME	School of medicine	We are encountering more technology, software, and AI companies on faculty disclosure forms and find it difficult to determine if they would be considered commercial interest. we take issue with the concept of 'relevance'. Individuals should not be determining 'relevance' of their own conflicts, yet it is difficult for others without expertise in the field to determine relevance. Faculty often disclose everything, regardless of relevance, which puts pressure on our CME office to figure out the relevance. We could just disclose everything to learners, yet then we have more responsibility to ensure resolution of the conflicts (which may not be relevant in the first place) - this is very time consuming and detracts from our ability to actually provide high-quality education. Many of our faculty members who plan activities have COI. We would appreciate better examples on how to resolve planner COI. These faculty are typically the experts in their field and chairpersons in their departments so taking them off as planners is not an option. Having a 'peer reviewer' is challenging...is a junior faculty really in a position to peer review their department chair?
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	ASCO has asked potential participants and faculty to disclose all their relationships with for-profit healthcare companies since 2013. One major reason for this switch were discrepancies found in disclosures for individuals with multiple roles in a CE activity due to the subjectivity of disclosing only those relationships that the individual deemed relevant. ASCO also made a shift from using the ACCME definition of a commercial interest to the more expansive CMSS Code definition of company when an employee of a diagnostic laboratory pushed back on ASCO's request for an alternate presenter based on the exclusion listed in the ACCME definition. He was able to present because his evaluation was correct. In ASCO's perspective, this created a situation where certain newer types of companies were able to present, while more traditional pharmaceutical companies were prohibited. Shifting to the CMSS Code definition of company instead allowed ASCO to consider these companies in a similar way. Related to the resolution of conflicts of interest, one challenging example is the disparate treatment of individuals who may have the same potential to influence education in a biased manner but are managed differently because of the category of the relationship. So, while ACCME rules require us to exclude employees of

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			commercial interests, it allows participation by individuals with other leadership roles such as being a company co-founder or having a commercialized patent.
Standard 2 **What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Our policies and procedures for this standard are strongly enforced and our Conflict of Interest form is extremely detailed, so this is not an area that we've experienced challenges in.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Standard 2.1 - I have a concern about authors of books/software. Although books and software are not used on patients, I am concerned there is a conflict with a speaker who is an author or owner of a software. If the speaker is providing a presentation on a subject related to the book they authored or software, they developed I believe there is potential conflict and the speaker could potentially promote their product during the presentation. In my conflict resolution, I instruct speakers that they are not allowed to discuss their book/software during their presentation. This process came to be based on feedback on evaluation where learners felt the speaker was promoting their book.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	We require any person in a position to control content (including, but not limited to, planning faculty/planners, activity chairs/faculty, moderators, reviewers, discussants, etc.) to disclose relationships with commercial interests by completion of a form at the onset of the planning process prior to contracting their involvement. We have not had anyone refuse to disclose in recent memory and most are consistent with the information shared, although we are aware that inconsistencies in disclosure have been reported in the journal publication sector. The presence of publicly-accessible databases extracted from Open Access requirements (e.g., ProPublica, CMS website) creates the opportunity for learners, patients, and lay people to access potential conflicts not previously identified by the accredited provider.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	2.1 None 2.2 With increasing involvement of patients/caregivers - we are challenged to collect COI from this population. 2.3
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	In reviewing activities as a surveyor, I recently found a provider who thought that a peer reviewer didn't have a relevant conflict because their financial relationships weren't with the company funding the education (through a grant). It is my understanding that a conflict could still exist in that situation.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other - ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Many of the best pharmacists and researchers work in the biopharmaceutical industry (drug-development, safety, etc.) and yet we can't tap their knowledge because they are employees of a commercial interest. Recommend eliminating this prohibition and treating them like all the other planning committee members who must disclose their relationship. As an individual, if they plan and present CME/CPE content that meets all other standards, then don't prohibit them from participating. See Standard 5.1. Also, the exceptions of when a commercial interest employee may be involved in planning doesn't cover all situations in which they would reasonably present accredited content. For example, if a clinical pharmacologist from Pfizer is making a presentation on 'Pharmacotherapy in Bariatric Surgical Patients: A Clinical & Research Challenge', this would be prohibited because it is addressing a disease state and Pfizer may product a drug used in post-bariatric surgical management. If the content of the presentation is scientific-based (as determined by one of the resolution methods) and found to be unbiased and non-promotional in nature, the let it be approved for CME/CPE.
Accredited CE provider	Other - ACPE	Other	We believe that this standard is self-explanatory. All individuals in position to control the content of the educational activity must reveal all relevant financial relationships with any commercial interest.
Accredited CE provider	Other - ACPE	Other	As before, we must strive to present the best possible information using those most knowledgeable on the topic. Defining financial relationship as “any amount” in the last 12 months (including immediate family) will eliminate a significant, qualified pool of qualified professionals. As written, this standard could be interpreted that anyone who holds mutual fund stock in healthcare companies must be excluded. In today’s world in which nearly all healthcare professionals hold stock of some type in some way, including healthcare companies, this definition will place a barrier to the vast majority of individuals in all aspects of CE provision. In addition, this standard puts the provider in the position to demonstrate that all COI’s have been disclosed without providing the practical ways that providers are to investigate. There is no current clearinghouse for this information available to providers and the planned future changes to the available programs do not include all healthcare professionals.
Accredited CE provider	Other - ACPE	Other	What is implemented now works.
Accredited CE provider	Other - ACPE	Publishing/education company	Wish we had a standard form from ACCME/ACPE to better guide. I don't see detailed clarification on resolving conflicts anywhere. We did make up our own form, but would be good to have one from the accrediting body to best guide us
Accredited CE provider	Other- ACPE	Other	Being a pharmacy provider and partnering with different CME, if a speaker does not claim a conflict of interest their slides are not reviewed for commercialism. Even though a speaker does not disclose a conflict of interest, they often have commercialism in their slides such as brand names with no generics or pictures of products.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other-CDR	Nonprofit (other)	Currently providers ask learners to disclose relevant COIs. However, they are not experts in identifying what is and is not a relevant COI. This leaves open the possibility that disclosure to learners will be incomplete.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	1. Planners should be required to check sunshine act database for all speakers. 2. Pharma support for all studies cited and authors should be disclosed.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	My experience here has been mostly positive. Program planners and presenters understand why this is important and tend to over disclose rather than conceal any potential conflicts of interest. When I review the disclosure statements in some online and print CME, the authors'/presenters' affiliations are listed as a disclosure statement, but there is nothing that assures me that these affiliations have been examined and there is no real conflict of interest. I don't think listing an author's research grants or expert panel honoraria completely resolves any conflict of interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	According to the ACCME flowchart for the Identification and Resolution of Personal Conflicts of Interest, if the content is not related to products or business lines of an ACCME-defined commercial interest no further action is needed because there are no relevant financial relationships to identify. Standard 2.2 is conflicting with the COI Flowchart, providers shouldn’t have to collect disclosures from everyone in control, if the activity content is not related to products/business lines of an ACCME-defined commercial interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I do not have any real concerns.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	It is difficult to review full content to check for bias. One option would be to disallow CME credit for activities with commercial support. Individual speakers may have COI that can be resolved as best as possible. If not possible, then no CME credit for that part of the content.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Many physicians may own stock in different companies and feel uncomfortable about having to disclose it. This is different from being on the speaker's bureau or receiving research grants. Stock ownership seems private and as corporations get larger this will make this definition more difficult to defend and discuss.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	The main existing challenge is that many providers forget that the relationships we are referring to are with pharma/device companies rather than other healthcare organizations.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	This standard is identical to one instituted by the ANA Commission on Accreditation, applying to CNE providers. Clearly, anyone refusing to comply with disclosure should not be involved in selecting, planning, or presenting content. I don't imagine many CME providers would have a problem with this. It is clear and unambiguous.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	We did not have any challenges with conflicts of interest with our presenters this past year because our medical staff is small, and most of our visiting physicians who gave lectures in 2018 did not have any conflicts to disclose. Our committee is made up of only 9 members of our medical staff, and we sign a disclosure form at the beginning of every year. Each member is also encouraged to disclose any business dealings that may be a conflict with our CME program.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	When the faculty member declares no conflicts; then we receive an advance copy of their presentation and they have a disclosure slide. It is mystifying that so many claim to give qualified CE talks and still do not understand this component. I wish you'd create a 'disclosures for dummies' cartoon or tool (obviously, don't use 'dummies').
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	We've really only seen issues with those that did not adequately disclose have the information come to light after the activity. Thankfully, none of them were actually conflicts.
Advocacy organization	Advocacy organization	Advocacy organization	A. In this complex era of evolution of the healthcare business sector, leaving the decision as to what to disclose up to the planner/author/faculty/reviewer may result in missed relevant financial relationships. For example, the FDA is still clarifying what smart phone apps require FDA clearance as medical devices, and one can expect this to remain a moving target. While FDA involvement is not an ACCME criterion for deeming that something is a “healthcare product or service used on or by patients” requiring disclosure and resolution, a faculty member with a relationship with such a product/company may not perceive the app to be a healthcare product/service and not disclose the relationship. Or, the relationship may be with a food/supplement company that the discloser does not perceive to be a healthcare company, even though marketing claims refer to health and wellness benefits. These situations have the potential for relevant relationships to remain unknown to providers and learners, with no malicious intent on the part of the discloser. B. There is some confusion as to the role that “ownership” plays in deciding whether a conflict of interest (COI) is resolvable. While it is clear that ownership interest must be disclosed, the confusion arises from the flowchart developed in 2017 (see box B on the chart), which appears to state the ownership in any amount equates with employment by a commercial interest. Thus, one share of common stock would equal employment.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
CE accreditor			ACPE believes that additional guidance and support related to resolution of conflicts is needed as many providers continue to struggle with compliance issues with the Standard. Specific areas of need involve more suggestions for management of conflict resolution and enhanced guidance regarding what is meant by "controlling" content.
CE accreditor			As an accreditor that has adopted the ACCME SCS, we find that our providers still often do not understand what a conflict of interest is or how it can be resolved.
Certifying or licensing board			A major challenge to identifying and resolving conflicts of interest rests in the initial step: disclosure of relationships. If an individual is asked to disclose only relevant relationships, particularly when these are defined as those that create a conflict of interest, the picture of what might influence an individual's views is incomplete. Individuals may not be able to make unbiased judgments about their own relationships. Most of us are confident that we will not be influenced by our financial relationships, but there is a substantial body of evidence that disputes this. Furthermore, non-financial relationships can also influence decision-making. The interests of commercial and non-commercial/non-profit entities clearly can overlap. We therefore recommend universal disclosure of all financial and non-financial relationships with healthcare-related organizations.
Clinician/healthcare professional			2.3: It is uncertain what ACCME means be "mechanism to identify and resolve all conflicts", particularly the term resolve. Further, this standard seems too constraining and does not leave sufficient flexibility for judgment by the provider.
Clinician/healthcare professional			Disclosure of industry funding of activities is not enough. Industry sponsorship is only one form of conflict of interest in a CME activity; the conflicts of individual faculty can just as easily influence the content and recommendations of an activity and should be disclosed.
Clinician/healthcare professional			In many cases, all of the authoritative voices on a topic have grant money from a commercial interest, especially as government funding has dropped off
Clinician/healthcare professional			The definition that states 'in any amount' is overly restrictive. People who hold publicly traded stock in pharmaceutical companies that represented less than .1% of the total stock cannot possibly do anything that would benefit themselves personally as they might be involved in the planning or delivery of CME. On the other hand, those who are owners or major stock holders should be excluded from planning or delivery. In addition, it seems reasonable to continue to exclude company employees from roles. Lastly, in my opinion, it is far more likely that consultants and people on speakers' bureaus have much more to gain personally from their involvement and I am uncertain that these types of conflicts can be resolved.
Medical/healthcare association			Faculty and planners often do not fully understand the definition of a commercial interest resulting in inadvertent under disclosure or disclosure of relationships that do not involve commercial interests. ACCME has focused on personal conflicts but ignores organizational conflicts such as dependence on funding from commercial interests that may motivate providers to develop biased funding in order to maintain funding.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Medical/healthcare association			The Alliance has no comments for change.
Medical/healthcare association			The volume and speed of new therapies and treatments has increased over the years. It is thus challenging to find the appropriate speaker to present the most up-to-date information at CME activities because oftentimes, the most qualified speaker is unable to teach because of financial relationships or because they serve as employees of commercial interests. The requirements should acknowledge that the best person to teach is often the person who researched or developed a new therapy or procedure.
Nonaccredited CE provider			2.3: It is uncertain what ACCME means be "mechanism to identify and resolve all conflicts", particularly the term resolve. We believe the provider should have sufficient latitude to be able to determine if a conflict of interest exists and what steps can/should be taken to mitigate the conflict if possible and in the best interest of the learners. Mitigation may include just disclosure of the conflict to the learner, or it may warrant some other means of assuring that the content is not influenced, up to and including exclusion from the program.
Nonaccredited CE provider			It should be required that faculty identify all relationships regardless of how it relates to the material, and let the provider identify which relationships need to be disclosed to the learner for that particular activity. Some relationships get lost when the faculty self-identify.
Other - Consultant			it is becoming very difficult to determine the line at which some companies can become defined as commercial interests, and what constitutes a product used on patients. With increased use of alternative and holistic methods of treatment, it is difficult to determine if some products are considered 'medical' or not.
Other - Joint Provider			There is not clear education directed at physicians who are speakers that clarify what exactly a commercial interest means. Templates that clearly give examples of what ACCME means by relevant disclosures would be helpful. As a joint provider with decades of providing CME courses, we have had the privilege of working with excellent direct providers. However, in this process, it is clear that each has its own polices and interpretations of ACCME policies. This is confusing for not only joint providers, but also speakers and exhibitors.
Other -Health Foundation			Disclosure is usually followed with a cavalier 'resolution' statement. Why limit to the last 12 months.

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Other -Consultant			An overarching challenge with Standard 2 is its lack of specificity in areas, given its significant role in ensuring independence from commercial influence. Specific examples: - 2.1: A couple of noted challenges: a. Much information is clarified in related FAQs vs. being outlined in the official language of the standard. b. As written, ambiguity exists as to whose responsibility it is to determine relevance. Providers may choose to collect all financial relationships from an individual and make the determination as to which reported financial relationships are relevant to the content of the activity, or providers may ask the individual disclosing to limit their disclosure to only those financial relationships which are relevant to the content of the activity. In either case, the provider must ultimately confirm relevance. This level of clarity, however, is not outlined in Standard 2 as it currently reads. - 2.3: Language is vague while the expectations regarding implementation seem acutely focused, based on experience in accreditation interviews and ACCME workshops. The language of Standard 2.3 doesn't explicitly outline that resolution of COIs must occur specific to an individual's role(s) which means that more than one resolution mechanism may be necessary, to "resolve all conflicts of interest prior to the education activity being delivered to learners", if you have a planner who also serves as a faculty member.
Other-Substantial equivalency			Case scenario: A speaker (first) has already signed a Conflict of Interest documentation for an organization for a particular topic that will be presented at a certain event and in the meantime another speaker (second) from a different organization presents the same topic and content of the first speaker even before he (first speaker) delivers the course at his/her assigned event; the organizing coordinator is same for both events. The first speaker appeals to the regulatory authority to resolve the issue.
Patient, caregiver, member of the public			The same comments as in #1 - the process of collecting and resolving under SCS2 for planners where those conditions apply

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Standard 2
What new or existing challenges have you seen related to the identification and resolution of conflicts of interest in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Common area of noncompliance. Might need to be more comprehensive — include some info that is currently part of ACCME policy, consider adding Standards and reorganizing current Standards. Some providers think that resolution only should occur if commercial support is provided; and providers don't always include the information required when gathering relevant financial relationships, therefore, I would recommend the following changes (see next section), remove 2.3 ("prior" can be included in 2.1), and keep 2.2:
Recognized Accreditor (state/territory medical society)			I think the social environment of hiding wealth in one's spouse's name may be from an older era? It's also not uncommon for one member of a physician/medical couple to be in industry, so it seems like there are a lot of disclosures to review.
Recognized Accreditor (state/territory medical society)			I've seen a lot of confusion about the verbiage 'all in control of content.'
Recognized Accreditor (state/territory medical society)			SCS 1; SCS 2; and SCS 3 are very explicit and important to follow so he participants will be ensured they are receiving genuine scientific content and not anybody's particular interest. No improvement I can suggest nor see.
Recognized Accreditor (state/territory medical society)			The Standard requires disclosure of those financial relationships that are a conflict of interest. The CME world seems to believe that all commercial relationships must be disclosed. This is time consuming for both faculty and providers who must then sort through to try and determine if the grants, etc. constitute a relevant financial relationship, i.e., one that is a conflict of interest.

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Standard 2 Recommendations

Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	A national database housing conflict of interest information would be helpful from the provider and speaker/planner perspectives. I believe the AAMC is (or has) developed this.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I think a simple statement indicating that the opinions and information relayed in any presentation are that solely of the presenter and that attendees should be encouraged to do their research. Opinions can sometimes get in the way of evidence-based medicine.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I would like to see the ACCME (and maybe other accredited education organizations) to develop a national database for disclosure where speakers list all potential conflicts. This is a cumbersome process internally and it would be great if speakers registered with this national database and we could review potential conflict of interest before moving forward with a speaker and addressing COI. That it doesn't matter who they're speaking for they have disclosed.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	It would be extremely valuable to nationalize/centralize disclosures into a common source, much like was done with the Sunshine Act reporting system. I realize that AAMC Convey product is an attempt at this, but unless it is going to port to LMS systems currently in use via an API or access tool, it is merely a competing product when it should be a complementary product. Also, Stock trading systems ask users to identify if they are part of the financial industry. It should be possible to ask medical professionals the same thing and centralize health industry stock ownership records in real-time into a disclosure hub.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	It would be helpful if the ACCME created a standardized disclosure document so there is consistency among all providers. Physicians receive one type of disclosure form from one institution and another from a different institution and it is frustrating to them to have to accommodate different formats when completing disclosure forms. This would make the job of the CME provider easier, too. If the ACCME wants us to carry out specific functions, it would be greatly appreciated if they provided step by step instructions on how to fulfill certain requirements because having to take time to interpret and formulate strategies for compliance is particularly daunting for those of us in small CME offices, with few resources and a paucity of time to meet everyone's demands.
Accredited CE provider	ACCME	insurance company/managed-care company	Clarify if this explanation is acceptable as a disclosure.
Accredited CE provider	ACCME	insurance company/managed-care company	The algorithm is very helpful.
Accredited CE provider	ACCME	Nonprofit (other)	ACCME could amend Standard 2.1 and 2.2 stating that teachers whose education is non-promotional in nature but have a conflict of interest unrelated to the topic of the educational program must be disclosed but are not disqualified from controlling educational content.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	ACCME should consider options to allow employees/owners of ACCME-defined commercial interests to present accredited CE related to the commercial interest's business lines or products provided that the content promotes improvements or quality in healthcare and not a specific proprietary business interest, e.g., if their conflict of interest can be resolved through mechanisms such as review of content to ensure the content constitutes quality education. Assuming that employees of commercial interests are not able to promote quality healthcare and improvements in patient outcomes is not in the best interest of learners. Their inclusion as presenters of accredited education expands the pool of subject matter experts available to present on the latest research and science relevant to the field. Additionally, the current restrictions put undue limitations on providing learners with the latest updates/ developments, as many innovations in healthcare are led by commercial interests. We believe that it is a disservice to learners to limit this education especially when appropriate mechanisms are in place to ensure the validity and quality of CE, including limiting recommendations to evidence-based sources and independent review and validation of content to verify the scientific basis and integrity of the content presented.
Accredited CE provider	ACCME	Nonprofit (other)	Formally refer to the Policy on Financial Relationships or include the expectations of the ACCME as to what needs to be communicated to learners when collecting disclosure as part of the standard language (e.g. spouse / partner's financial relationships, financial relationships in any amount, etc.). Also, as determining relevance is the responsibility of the CME provider, update the language of this requirement so that it is necessary to report all financial relationships from an individual. Additionally, clarity could be improved by pointing out that a resolution mechanism must be implemented for each role that an individual is specific to influencing a CME activity's content (e.g. planner vs. content developer) and that the mechanism must be appropriate to the role.
Accredited CE provider	ACCME	Nonprofit (other)	This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either "used on" and "consumed by" patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs). For resources that already exist, it would be helpful to add a notes section to this standard that links to the resources (e.g., the flowchart for identifying and resolving COI, rules about commercial interest employees, rules for resolving COI of planners v. others, Sample Letter to Identify Relevant Financial Relationships, and related FAQ).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The American Association for Cancer Research requests guidance to help to decide if a conflict is relevant. Recently, many of the faculty are being "comprehensive" in their disclosures. This is confusing to the learners and can be difficult to do COI.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	ACCME should update Standard 2.3 to indicate “manage” instead of “resolve.” ACCME should standardize language regarding expectations about the use of employees and owners in accredited education and should always refer to “employee/owner” instead of sometimes only stating “employee.” ACCME should add to Standard 2, “Employees/owners of ACCME-defined commercial interests can have no role in the planning or implementation of CME activities related to their products/services, except in 3 special-use cases.(insert link here)” ACCME should emphasize the necessity that, in the 3 special-use cases, the provider must ensure the employee/owner does not influence independence and that appropriate documentation is maintained. ACCME should also include the definition of employee and owner in the Standards to eliminate confusion.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	allow the accredited providers more latitude in determining whether content or potential involvement does represent a true conflict of interest and/or whether the proposed content has value for learners.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consider clarifying and/or making the policy more consistent, to address the ways health care professionals are engaging with commercial interests.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consider revising the language (for clarity) which addresses “resolving” financial conflicts of interest to be inclusive of the implementation of this standard which requires “managing” these conflicts within the context of individual accredited activities.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consistency in the look back periods would be helpful. Consideration for how to balance the benefits/burdens of updated standards. There is always risk of pendulum swings in a volatile environment.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Efforts should be made to consider creating further parameter alignment with other governing organizations, such as the ICMJE, to avoid confusion and unnecessary burden on individuals who are asked to disclose their financial interests. With a progression of this kind of alignment, coordinated global education on financial interests and conflicts could be more effectively delivered to all parties, resulting in more effective management and compliance.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Has the ACCME considered a national registry of approved faculty members?
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Provide a more specific definition of ‘persons in control of content’. To ensure COI is adhered to broadly and appropriately, provide a universally approved disclosure form that all CME providers can leverage.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Provide more defined and discrete/concrete mechanisms for the process of disclosure and review.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Should there be more restrictions on who is resolving the conflict? Should there be more policies on how to determine relevance? ACCME's list of companies who do not count as commercial interests is helpful. They should continue to monitor and add to the list as time progresses. It would be more restrictive, but perhaps they should have guidelines about what percentage of a planning committee can have COIs. There are rules about what percentage of courses committee members can give, it seems more important to know the entire committee isn't commercially biased.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Standard 2 should stand as written.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should place as much emphasis on the ownership relationship as they have done for the salary from a defined commercial interest.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should require disclosure of financial AND OTHER relationships with commercial interests AND OTHER ENTITIES. Placing a greater emphasis on resolution of COI processes such as peer review or the independent content review would then address not only relevant financial relationships with commercial interests, but all the other relationships with commercial and non-commercial interests we have described.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The core elements of this standard are valid and reasonable; however, the term “resolution” may not be the most accurate description of the actions taken by the CME provider. “Management” of conflicts of interest would be a more accurate term, since a provider’s actions are focused on ensuring that any relevant relationships do not have an adverse effect on educational activities and not the terms of the individual’s relationship itself.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS recommends that the ACCME accepts the disclosure information provided by individuals on the ICMJE form for enduring materials or any other formats that are developed as supplemental education to journal-based CME. The ACCME considers “content of CME about the products/services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. The MMS requests that the ACCME provide specific examples for this statement. The MMS recommends that the ACCME provide further definition of what constitutes a relevant financial relationship. The MMS recommends that the ACCME state if a new product is not released to the market, no matter where it is in the product cycle, but the individual has received financial remuneration, the relationship needs to be identified and resolved and disclosed to learners. The MMS suggests that the ACCME state in the SCS that if an individual is working with a commercial interest and receives no compensation or financial remuneration, that is not considered a relevant relationship and does not need to be reported.

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Standard 2 **Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We recommend changing the language in Standard 2.3 to state, "The provider must have implemented a mechanism to identify and manage all conflicts of interest prior to the education activity being delivered to learners."
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We request that the ACCME participate in efforts to create a universal disclosure definition that could be adopted by societies, journals, and academic institutions across science and medicine. Further, we would like to see the ACCME take an active role in supporting the development and use of a central repository for disclosures that facilitates the consistent and transparent reporting of disclosures for CME and other activities. We routinely hear from members, and have for many years, that the disclosure requirements and processes for physicians is inconsistent and onerous, and any movement to streamline across the medical/scientific community would be very positive. In the meantime, until this universal disclosure system is established, regarding standard 2.1, allow providers to submit activity file disclosure documentation that includes both commercial and non-commercial interests.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	With decreasing governmental funds for research, many researchers have to use other sources of funding. We would like ACCME to address this reality.
Accredited CE provider	ACCME	Publishing/education company	[no change to suggest] I think to maintain the existing guidance is important, so that faculty and other individuals can see how seriously this is taken, and why the provider is enforcing this standard.
Accredited CE provider	ACCME	Publishing/education company	Continue to add questions from providers in FAQs.
Accredited CE provider	ACCME	Publishing/education company	It would be helpful to better understand how to document COI resolution and examples of best practices.
Accredited CE provider	ACCME	Publishing/education company	Regarding "ownership," establish some reasonable limits on when ownership would interfere with the ability to participate in control of content, vs situations where this can be resolves.
Accredited CE provider	ACCME	Publishing/education company	The current standard permits providers of all types to maintain compliance through a variety of mechanisms. We do not recommend any changes at this time.
Accredited CE provider	ACCME	School of medicine	1. ACCME should rework the discovery research exemption because there are many nuances and ambiguities in the role of the discoverer who is involved with product development that are not currently being addressed very well. 2. Disclosure of personal financial relationships is an ACCME requirement, and two organizations (ACEhp and AAMC) have tried to create a national repository of disclosure information, and both abandoned the project. Because of PARS, the ACCME has shown itself as capable managing a lot of data, so perhaps ACCME could apply its knowledge and skills learned from PARS to create a national disclosure database. That could reduce some of the pain and frustration.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Guidance for the situation mentioned above.
Accredited CE provider	ACCME	School of medicine	I am hopeful that we can clarify what is INCLUDED in COI and what is not-- there is much confusion despite the instructions from accredited providers. Since we talk about non-promotional-- then many learners think that books and other perspectives/resources that are discussed are considered 'COI.' I believe that this confusion may come from some of the complicated language-- is there a way to streamline the processes. In all instances, the accredited provider needs to be authoritative in the management of this area.
Accredited CE provider	ACCME	School of medicine	I would greatly appreciate an updated, specific, list of those types of companies exempt from the definition of a commercial interest.
Accredited CE provider	ACCME	School of medicine	Issue clarification.
Accredited CE provider	ACCME	School of medicine	Perhaps create a centralized disclosure database or push providers to post online.
Accredited CE provider	ACCME	School of medicine	The definition of a commercial interest as provided by the ACCME should be reviewed and possibly updated to include entities involved in new and innovative healthcare practices.
Accredited CE provider	ACCME	School of medicine	There needs to be a better pathway to assess if relationships bias the education. Some examples are clear, but others aren't. Does having a research grant from a commercial interest (or several different commercial interests) really cause you to bias your thinking in such a way that your educational content is slanted? Do you really think about that funding source, typically paid to the institution, or are you more cognizant of your research goals and outcomes? We do MASSIVE amounts of work in collecting this information and I'm not sure if we're getting to any biases. It's an arbitrary set of questions and process, not based in reality, without any evidence to back up that we're affecting anything, much less in the direction we want to be affecting change. Further, healthcare is evolving and by putting a documentation hurdle in the way of those with relationships to commercial interest, our learners are not learning in a "real world" way. They must function every day in a world with extensive advertising to their patients, but we're not teaching them how to interact with those patients about those topics. We're not teaching them how to respond or understand or filter commercial interest messaging in a useful, realistic way. Could commercial interest influence in healthcare be a hidden curriculum we're not directly addressing? Why not create a system that allows for the reality of what patients are seeing/asking and what providers are facing?

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	In modernizing these requirements, several strategies can be considered: • General Disclosure: ASCO strongly advocates that ACCME adopt a general disclosure model to improve transparency and reduce subjectivity in disclosure. • Harmonized disclosure categories and forms: Additionally, ASCO advocates that ACCME participate in the ongoing effort towards harmonization of disclosure forms. Individuals face challenges to disclose consistently and correctly when different organizations have different categories, different definitions for categories, and the like. ASCO would expect a more accurate disclosure to arise from a uniform approach. • More nuanced consideration of influence: As noted, employment is not the only relationship through which a commercial interest could have a significant influence. A more nuanced approach could be considered, where resolution strategies were available for CE providers to use across all relationships with commercial interests. There would likely also need to be more transparency with the learners regarding the specific strategies taken to manage the identified conflicts of interest. ASCO acknowledges a greater burden on the CE provider to partner with subject matter experts to evaluate all relationships to identify those that are relevant; however, ASCO feels that this is part of certifying that the activity is independent of commercial influence. It also allows providers to be more objective versus individuals disclosing themselves.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Standard 2.1 could use some revision. Standard 2.2 and 2.3 are very clear and effective as stated. Identification is the key component as we cannot attempt to resolve a non-disclosed financial relationship. In Standard 2.1, we recommend CME providers be required to include in their COI disclosure forms common areas of financial relationship. For instance, ask specifically about grants/research support, consulting fees, speakers' bureau, shareholder, salary, and royalty/patent holder financial disclosures. When an individual must respond to the above questions, it helps to eliminate the "oh I forgot" reaction and generates more complete responses. ACCME's 'Flowchart for Identification and Resolution of Conflicts of Interest 'works well in resolving conflicts of interest or in determining that CE credit cannot be awarded.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	1. As a provider we periodically scan public databases for possible conflicts that have not been reported to us by faculty and planners. While we don't want providers to have to intensively police what has been a successful "honor system," the possibility that speakers may forget to update their disclosures must be considered in this area of increased transparency. 2. It might be helpful for ACCME to more explicitly state that even if an activity does not have commercial support, faculty are still required to disclose. This continues to be an area of confusion in discussions with faculty and peers.

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Standard 2 **Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	2.1 Review the significance of 12 months. Is 12 necessary, would 6/4 be sufficient? 2.2 Should patient/caregiver COI be collected. Address COI if the person is a minor. 2.3 More clarity around resolving conflicts of planning committee members that allows for the participation of experts in the field.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	I think that the word 'relevant' needs to be more fully defined. We've been trained by you to know that relevant is supposed to mean in relationship to the topic/education, but it isn't defined there. Perhaps new wording: 'The ACCME defines ''relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months, related to the educational topic, that create a conflict of interest.'
Accredited CE provider	Other - ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Again, eliminate the special standards for employees of commercial interests and treat them like all others with a disclosure.
Accredited CE provider	Other - ACPE	Other	The world of today is not the world of 1950 where we can simply point to a person working for a manufacturer and say they need to be disqualified. No single environment is squeaky clean in today's world. Each program is unique, and administrators need the latitude to evaluate each program and the people involved individually and apply appropriate safeguards to prevent bias. 2.3: Clarity of definition and purpose is lacking in this standard. Providers are "to identify and resolve all conflicts": What is being defined as resolved? It is our belief that, rather than 'resolve', it would be more appropriate to 'mitigate and disclose' a conflict through any number of methods: including using others without that same conflict to review the information for accuracy and/or to clearly announce the conflict and its possible effect on the program to the learners. The goal of the standards, in their entirety, needs to be transparency. Not all conflicts are able to be 'resolved' and we need to look to transparency and disclosure to regain professional and public trust with the process. We create more difficulties when the conflicts are not disclosed at all than when they are disclosed, and we can demonstrate that they were.
Accredited CE provider	Other - ACPE	Other	They should disclose all financial or other conflicts of interest in the last 18-24 months.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other - ACPE	Publishing/education company	I think if you are speaking about on particular therapy and you have an expert in that area that may have done a talk for a commercial supporter with money attached in the last 12 months, I do think they should be vetted but definitely an automatic COI. The way it's written now it seems like that is what the standard is saying. We have an internal resolution form for situations like this and address as needed and only dismiss a speaker if there is a try COI. Not all drug companies and participants understand what bias is and is causes issue sometimes.
Accredited CE provider	Other - ACPE	Other	A better definition a commercial entity would be helpful. Working for a pharma company is clearly a conflict that should be disclosed, but how about being on a medical advisory panel for a home care company? How about being a consultant to clients that provide clinical services?
Accredited CE provider	Other - CDR	Nonprofit (other)	Recommend changing wording to reflect that anyone in a position to control content should disclose ALL relationships with CIs. Then it would be left up to the provider to decide what relationships are and are not relevant.
Accredited CE provider	Other- ACPE	Other	What is implemented now works.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	CME providers can give a clear statement to learners that, even though the presenter/planner/etc. has affiliations with commercial interests, these have been investigated and there is no conflict of interest for the presenter on this particular topic.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Consider reviewing the definition of commercial interests and expanding.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I think just sticking with the entity's program policy regarding conflict of interest is enough.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I think that the standard as written speaks for itself.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Include in Standard 2 that disclosures may not need to be collected, if the content is not related to products or business lines of an ACCME-defined commercial interest. Consider including the COI Flowchart be included in the standards as the visual is easy to follow.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Advocacy organization			A.CME Coalition supports a change in wording regarding disclosure of financial relationships to include ALL relationships, in any amount, within the past 12 months, with any entity that produces, markets, sells, resells or distributes healthcare products used on or by patients, not just relevant relationships. The accredited provider would then need to determine what relationships are relevant to the content being controlled. Only those relationships deemed relevant to the content by the accredited provider, and thus creating a COI, would require resolution and disclosure. B) Either delete the “ownership” mention in box B of the flowchart or establish some reasonable limits on when ownership would interfere with the ability to participate in control of content. I.e., being a sole proprietor or partner in the ownership of a business would be a substantial COI that would require recusal. At what point would stock ownership be such a barrier? The SEC sets 5% ownership as the criterion for” beneficial ownership” that must be publicly reported. While we agree that any amount of ownership, other than shares held in mutual funds, creates a COI that must be resolved and disclosed to learners, the 5% level appears to be a reasonable criterion for the point at which independence may be compromised and recusal is needed. The ACCME does not currently ask for the amount of any relationship, and we support continuing that, except for adding a question on degree of ownership.
Certifying or licensing board			We advise ACCME to move to a system of universal disclosure of all financial and non-financial relationships with healthcare-related organizations, and to provide sufficient detail about these relationships to learners so that they can understand the benefits, potential risks, and any likelihood of influence on the content of the CME activity. We recognize that there are important differences between potential sources of influence, potential competing interests, and actual/perceived conflicts of interests. It is the last category that must be eliminated, but all should be disclosed and shared with learners. Our practice to is report relationships based on categories of activities, including research, support for educational activities, intellectual property, work as an author/editor, and investments. Rather than simply reporting a company name and type of payment, we recommend also disclosing the purpose of the work and the products involved. These detailed disclosures assist in identifying when management plans, such as an external review by an appropriate expert, are needed. This process allows individuals with relationships that could present competing interests to remain active in the development and delivery of CME while protecting the independence of the educational products.
Clinician/healthcare professional			All conflicts of faculty with any company that makes products related to healthcare are relevant and should be subject to disclosure.
Clinician/healthcare professional			Review of materials that will be presented seems to be the most appropriate manner to resolve speaker conflicts. Recusal or placement of non-conflicted individuals on planning committees is reasonable for resolution of this role.

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Standard 2
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Organization Type	Accreditor	Provider Type	Comments
Clinician/healthcare professional			Transparency of grant support, including amount, and uses should be sufficient. And this should be in writing, separate from lectures. Wasting valuable time repeating 'I have no conflict of interest - I still have no conflict of interest - I wish I had some conflicts of interest' at the start of each lecture is extremely annoying to learners and pointless.
Clinician/healthcare professional			We believe the provider should have sufficient latitude to be able to determine if a conflict of interest exists and what steps can/should be taken to mitigate the conflict if possible and in the best interest of the learners. Mitigation may include just disclosure of the conflict to the learner, or it may warrant some other means of assuring that the content is not influenced, up to and including exclusion from the program.
Medical/healthcare association			Copied from above: We have active physician members employed by academic institutions whose entire job role is drug development, clinical trial design and implementation. In many cases, their trials involve only one company/drug but are producing paradigm-changing results in PFS and OS in our disease states. It is important to have these physician members involved in education planning. While not specifically prohibited in current standards, their participation is in a gray area and needs to be clearly identified and allowed.
Medical/healthcare association			Faculty and planners under-disclose or over-disclose based on misunderstanding of what constitutes a commercial interest. If relationships continue to exist, conflicts of interest are not entirely “resolved” by efforts to manage the risk of bias. Use of the term “resolved” in this context is misleading to learners and other stakeholders. ACCME should consider thresholds for industry funding to assess organizational conflicts of interest.
Medical/healthcare association			Provide more specific and concrete explanations about acceptable mechanisms to collect conflicts of interest through a standard disclosure form. Provide additional guidance/standards on what constitutes a conflict and the acceptable steps to resolve it. Rather than prohibit employees of commercial interests from presenting about the products or services of their employer, define mechanisms to manage the process and allow them to present new data even if related to a product line or service of their employer.
Nonaccredited CE provider			Again, the key should be to avoid conflicts of interest due to INFLUENCE OVER an activity, not necessarily CONTROL of it. (This point always struck me, as I am a CME editor and have a good deal of influence on how content is presented even if I wasn't the person who originally authored/created it).
Nonaccredited CE provider			All financial conflicts of interest of any kind are to be reported. There should be no absolute exclusion based on salaried employment vs. contractual employment, as both can be a conflict of interest. The current artificial separation to the types of employment is outdated. 2.3: Providers are “to identify and resolve all conflicts”. Include within the standard more clarity on how conflicts can be resolved, including disclosure, peer review, and other means.
Nonaccredited CE provider			Tighten the rules to indicate all relationships disclosed to provider and indicate provider must decide which relationships to disclose to learners.

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Other - Consultant			Create standardized documents, tools and processes for all providers to use. There is much too much 'grey' around what is the appropriate language to use, what needs to be included on documentation and tools, and what constitutes appropriate formats for disclosure for all roles involved in CE
Other - Consultant			Recommendations for the ACCME to consider: - 2.1: Specific to the challenges noted: a. Formally reference the Policy on Financial Relationships or include the ACCME's expectations regarding what must be communicated to learners, when collecting disclosure, as part of the language of the standard (e.g. financial relationships of spouse/partner, financial relationships in any amount, etc.). b. As determination of relevance is ultimately the responsibility of the CME provider, update the language of this requirement, so that all financial relationships from an individual must be reported. The CME provider can then make the determination as to which reported financial relationships are relevant to the content of the activity. - 2.3: Clarity could be improved by outlining that a resolution mechanism must be implemented for each role that an individual holds specific to influencing the content of a CME activity (e.g. planner vs. content developer) and that the mechanism must be appropriate to the role. Additionally, articulating when resolution must occur specific to each role if "prior to the education activity being delivered to learners" is not deemed sufficient for all roles (e.g. planner), would be useful.
Other - Health Foundation			Describe or give examples of ' mechanism to... resolve all conflicts of interest.' We clinicians don't realize when we are being influenced!
Other - Joint Provider			Provide clearer guidelines with specific examples of personal conflicts and how each can be resolved. Short videos would be an excellent approach to educating both direct and joint providers.
Patient, caregiver, member of the public			More clearly define examples of commercial interests especially in the case of start-ups that do not have products or services. Also consider how to classify EHR, imaging, HIT, gene, etc. vendors.
Recognized Accreditor (state/territory medical society)			As already mentioned, I have no suggestions for modernizing the requirements, nor any need to do so.
Recognized Accreditor (state/territory medical society)			It may be redundant, but it would be useful to spell out what 'all in control of content' means with examples. Also, 2.3 implies that a mechanism to ID and resolve COI is necessary, but it could be helpful to add a separate point that drives home the fact that it is indeed necessary to a) have a mechanism and b) all levels of the CME activity must be addressed (including a separate resolution process for those planning).

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			It seems like physicians are better understanding conflicts of interest and there is more reporting in general. What is so magical about 12 months? (tax year?) That might be something to consider.
Recognized Accreditor (state/territory medical society)			ST 2: IDENTIFICATION OF RELEVANT FINANCIAL RELATIONSHIPS 2.1 The provider must be able to show that everyone (planners, presenters, authors, reviewers, patients) who is in a position to control (create, review, change, approve) the content of an activity discloses prior to the activity all relevant financial relationships with commercial interest to the provider. Relevant financial relationships are financial relationships: in any amount including their spouse or partner, occurring within the past 12 months relating to the content of the activity Note - Include the definition of financial relationships and personal financial relationships here and not have listed as a separate policy ST 3: RESOLUTION OF CONFLICTS OF INTEREST 3.1 If relevant financial relationships exist with a commercial interest(s), the provider must implement a mechanism to resolve all conflicts of interest prior to the activity being delivered to learners. Circumstances create a conflict of interest when an individual has an opportunity to affect CE content about products or services of a commercial interest with which he/she has a financial relationship. ST 4: DISCLOSURE OF/ABSENCE OF RELEVANT FINANCIAL RELATIONSHIPS 4.1 Prior to the beginning of the activity, learners must be informed of the following: For an individual(s) with no relevant financial relationship(s), that no relevant financial relationship(s) exist. For an individual(s) with relationships - list the 3 items

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Standard 2
Describe ways in which the ACCME should modernize the requirements about identification and resolution of personal conflicts of interest to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Speakers should be asked to sign a pledge annually that includes agreeing to disclose to the audience at the beginning of the program any potential COIs; stating a commitment to give a talk that is fair and balanced when it comes to treatments and therapies whether pharmaceutical or alternative; grounded in evidence from reputable sources; and dedicated to helping physicians provide better care for patients - kind of like a Hippocratic Oath.
Recognized Accreditor (state/territory medical society)			The standard should be reworded to indicate that disclosure should be made of those financial relationships that pose a conflict of interest instead of the confusing wording of 'relevant financial relationships' and defining that as those that are a COI, i.e. can control/influence content.

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Standard 3 Challenges

What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Because each grantor has a different budget template, it is frustratingly difficult to submit and reconcile grant requests.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Funding for education in an integrated health system is limited. The grant process is lengthy and exhibit/advertising support is helpful, but planners do not understand the separation of education and advertising. This leads to requesting 'sponsored meals' or 'non-CME education' or other creative solutions. Clearer, specific guidelines on allowable exhibits would be helpful.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I need more direction. It is not clear whether they can pay for a lunch or breakfast on the day of the event, even if that time is not within the CME time. Current information is strictly speaking to what you can pay for regarding the speakers not the general attendees.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Total dollars of commercial support are staggering, but are not reported transparently, so that public, patients and learners are aware of the scale of commercial support being consumed by certain parts of the CME provider-scape.
Accredited CE provider	ACCME	insurance company/managed-care company	This concerns accreditation decisions related to this Standard, not the Standard itself. A provider who is found non-compliant should not have to offer an activity with commercial support or wait until their next accreditation term to clear the noncompliance. A decision to conduct commercial supported activities and a track record showing adherence to the decision should be sufficient, especially when the track record covers hundreds of activities.
Accredited CE provider	ACCME	Nonprofit (other)	Global Education Group notes challenges with Standard 3, specifically LOAs and language clarity. When it comes to LOAs, the ACCME requires “The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s).” LOAs generated by funders often do not include a related educational partner(s) consistently, although they are listed in the grant proposal. This is not always an update funder are willing to make after the grant has been approved. This does not seem to be strictly enforced by the ACCME, based on multiple examples of the reaccreditation situation in which we were involved. Additional language related to those in a position to control content of a CME activity should be included. The ACCME will sometimes cite 'planners, teachers and authors' when providing examples of individuals in controlling content, and other times just “teachers or authors,” which is unclear. Additional language clarity in Standard 3 will help prevent confusion.
Accredited CE provider	ACCME	Nonprofit (other)	The definition of commercial support is vague and difficult to understand. From the definition, it sounds like any money provided by a commercial interest used for education.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	Interpretation and assurance of compliance with SCS 3 are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance by ACCME it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized to ensure the standard is met and an official sign off or approval during the self-study period to ensure the processes taken by the provider are both consistent with other providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance v. noncompliance examples were made public (like the online compliance v. noncompliance resource page for ACCME criteria).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS notes that there have been a wide variety in the way that providers accept and apply the rules regarding commercial support. To simplify and clarify this issue, we recommend the addition of an element to Standard 3 which clearly notes what is and what is not commercial support. This will, in practice, allow providers to accept advertising dollars and commercial support in a compliant fashion.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	For 3.11 how do you determine precedence? Don't really understand that conceptually.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Our organization does not accept commercial support. In the healthcare quality and patient safety arena, we do not see as many joint providers with grants or commercial support. Our policy is not to accept commercial support directly or with a joint provider.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Regarding standard 3.13, nearly all commercial grants are of the general-support variety and the funds are not earmarked for specific projects. To provide a dollar-in, dollar-out report for a grant of this type is tedious and against the purpose of the grant (and our Letters of Agreement in some instances). Providing a more general ledger of money received and all projects it could have supported would better reflect the financing of our meetings.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Students, residents and fellows in training do not have the resources to attend many CME activities (see below) because of the significant cost of medical education.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There is much less available support due to Sunshine Act and State regs, as well as changing nature of funding from other sources.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We do not receive commercial support. We reiterate here our firm belief that electronic health record vendors be included in the definition of "commercial interest." EHR vendors should be subject to the same standards regarding the provision of commercial support that apply to drug and medical device companies. These vendors should institute educational grant departments, following the policies and processes implemented by drug and device companies following the Senate Finance Committee report of 2007.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Written agreements are more challenging with many of the agreements now on line.
Accredited CE provider	ACCME	Publishing/education company	How should commercial support designed to fund non-accredited aspects of a conference program (i.e., an unaccredited satellite symposium, editorial board meeting) be acknowledged/counted? Should they be included in PARS, and disclosed to learners in the same manner as other commercial support received for the accredited activity? Similarly, is it acceptable to blend commercial and non-commercial supporter acknowledgements.
Accredited CE provider	ACCME	Publishing/education company	Physical signatures are becoming obsolete in many online grant systems, making the wording of 3.6 dated.
Accredited CE provider	ACCME	Publishing/education company	Standard 3.11 - If you have a large multi-day, multi-track meeting in a large venue, and the meal times are staggered, will this be in violation of standard 3.11? If not, the language needs to be more specific. Many providers have these types of large, multi-day, multi-track meetings, and more specific language around this standard would be helpful.
Accredited CE provider	ACCME	School of medicine	Challenge: restricted vs. non-restricted commercial support. Should we even accept restricted commercial support and if so, how do we differentiate between the two to the learners? Challenge: How do we handle exhibitors who are renaming exhibit fees into commercial support and trying to dictate how those funds should be spent? In addition, they are asking for us to sign their Letter of Agreement consenting to this support when it is just exhibit fees.
Accredited CE provider	ACCME	School of medicine	LOAs and other agreements are consistently being signed online-- while some have signature capabilities, others do not require signatures-- we need to have mutual agreements but am not sure what the best approach to this is. I would ask that 3.9 language be changed. the wording is awkward and does address the concept of incentives to program directors, speakers, etc. as part of the educational planning and accreditation processes.
Accredited CE provider	ACCME	School of medicine	Nothing to add.
Accredited CE provider	ACCME	School of medicine	Overall, we think the environment has shifted to the point where commercial supporters are very cautious about ensuring compliance with the various rules governing their conduct (ACCME Standards for Commercial Support, Sunshine Act requirements, Code on Interactions with Health Care Professionals, etc.). Generally, the issues we have related to commercial support are more delays in receiving prompt responses regarding grant funding/edits to LOAs rather than commercial supporters attempting to skirt rules, etc. For the most part, at least in our experiences with industry, they are aware of the rules and acting within the boundaries.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	The ACCME Accreditation requirements need to include language that says commercial interests cannot directly pay for lunches or meals, if that is the ACCME's desire. My boss recently emailed the ACCME about this topic, and the ACCME representative said commercial interests are not allowed to directly-pay for lunches or meals at a CME activity and cited Standard for Commercial Support 3 as the policy behind it, but the Accreditation Criteria do not really say this is my opinion. The representative also said that the ACCME considers meals, receptions, events, etc. that are intended for the learners to be part of the CME activity, and I'm not sure if the ACCME would entirely agree with that or not, but it is inconsistent to call a meal, reception, or event part of a CME activity while you do not also call exhibiting part of the CME activity. Receptions, events, or meals are not any more a part of a CME activity than exhibiting, so the 3 really need to be treated the same. (The ACCME considers exhibiting to be a separate activity)
Accredited CE provider	ACCME	School of medicine	The digital world has made it easier to sign these documents in a timely manner. But, I have seen a few instances where the dates of the signature are not printed on the LOA, since they're signed digitally, which is an issue, as you want us to provide evidence that these were signed prior to the date of the course.
Accredited CE provider	ACCME	School of medicine	The distinction between commercial support and commercial support is not always clear
Accredited CE provider	ACCME	School of medicine	The issue of responding to an RFP remains a concern. Is this allowing 'nuanced' influence? The same issue is of concern here under Standard 3 including content from a commercial interest as condition of contributing funds or services.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	ASCO has not seen challenges in this area that are directly related to the Standards themselves, that require addressing by the ACCME. Instead, the challenges seem to center on two shifts: the chilling effect of the Open Payments legislation on commercial support (both availability and reconciliation requirements), and the additional efforts in education of commercial support staff as medical education grants either become consolidated with marketing offices, or because newer companies have more limited experience with accredited CE requirements.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Provider documentation of commercial support is a vital part of the CE process, yet the Standard's wording allows for a broad range of provider interpretations. Because stakeholders come from differing professional backgrounds, the processes in which commercial support is managed tend to be quite varied.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	In recent years the likelihood that a commercial supporter will have internal legal/compliance departments to oversee grantmaking processes has dramatically increased. For many years we used our own Letter of Agreement to outline appropriate boundaries for the commercial supporter in their interactions with us (as a provider) and the involved faculty, content, etc. We feel that the internal firewalls most supporters have created to separate promotion from independent education have raised the bar to a much higher standard across the CME community. Gone are the days of intrusive or inappropriate suggestions by sales-oriented pharma employees. In fact, there is often an overcorrected chasm of communication that may only be bridged by web portals with little to no human interaction. Our observation is that most employees of grants offices are clinicians themselves (or educational PhDs), with a high fundamental understanding of and commitment to quality education. In many cases, they also have a robust background in instructional design and outcomes assessment such that they desire Level 4-6 outcomes reports on live activities to ensure impact and to help educate internal stakeholders on the value of CME.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Not specific to CME, but CI contracts are getting more complicated and taking longer to secure signature in our institution.
Accredited CE provider	Other - ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	As a non-profit clinical pharmacology professional association, many Faculty at our Annual Meeting have their registration fees and travel support provided by their company including commercial interest employees. Standard 3.8 makes it sound like this is prohibited.
Accredited CE provider	Other -ACPE	Other	Elimination of commercial support resulted in bias-free presentations; should continue with the way things are now.
Accredited CE provider	Other- ACPE	Other	Looking at Standard 3.10 could use more detailed information for a better understanding.
Accredited CE provider	Other- ACPE	Other	What commercial support? That field has essentially dried up.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	For profit entities have an inherent conflict of interest with the independent delivery of education.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Most of the issues I've seen have not been with my current organization since we don't handle any commercial support for any of our activities. However, some of the challenges I've run into previously were activities primarily planned with exhibitor funding and organizations wanting meals or activity events to be 'sponsored' by different companies. I felt it brought too much attention to the exhibitor rather than the education. In addition, it has been difficult getting a commercial interest to sign the agreement with a previous conservative company who didn't want the exhibitor to bring 'swag' to give out like pens which puts the planner in a difficult position when the activity depends on funding.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	No new or existing challenges, but may need to elaborate more on: STANDARD 3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of–pocket expenses in compliance with the provider's written policies and procedures.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Our organization no longer allows any department to accept commercial support from vendors.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Our program hasn't had to deal with this due to our geographic isolation.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	S 3.5; S3.6 and S 3.7 - I see instances that the Written Agreement signed by both sources belongs to the Commercial interests. It should be from the CME provider who should be in control of its CME program. I believe this was the initial premise. Commercial interests have been pushy about having the provider use their written agreements. The provider should be in control of what is written in that agreement and may sign the CI agreement, but the WA of the provider MUST be the acceptable agreement.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	We do not accept commercial support. If we did, I think that Standard 3 as written provides adequate guidance for CME providers.

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Standard 3 What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Advocacy organization			The CME Coalition membership is diverse, including representatives from all sides of the CE enterprise. As such, we appreciate the requirements of various stakeholders to demonstrate the impact and effectiveness of CE activities - e.g. measurement of at least competence/acquisition of skills/strategies as the ACCME/Joint Accreditation minimum vs. a commercial supporter wanting to fund only activities that have assessment of outcomes of a different minimum level, which may be set higher than change in competence. This can create differences in expectations or understanding of the nature of independence in evaluation and outcomes. Providers have the option to not seek funding from a particular grantor if the design of an activity does not allow for measurement to at least the grantor's desired level. The challenge arises when providers perceive that any limitations by the grantor oversteps the bounds of independence, while grantors do not perceive that they are prescribing methodology, but only desired level of assessment, along with expectations of as to requirements for reporting participation and satisfaction results.
Certifying or licensing board			Some CE activities are sponsored, directly or indirectly, by multiple commercial entities. It can be challenging for speakers to even know where funding comes from. This pooling of funds through a CME provider should be made clear to learners (and to speakers, who can then disclose that they received support from the correct entities). This is an additional reason why we favor universal disclosure rather than asking only for relevant financial relationships; defining relevance and the potential for influence is a moving target.
Clinician/healthcare professional			Complaints about commercial support of accredited CE are not adequately addressed by ACCME. We know of several instances in which well documented complaints about commercial influence were provided to ACCME and they were not taken seriously. The fact that ACCME has not de-accredited any CME provider due to commercial influence means that ACCME is not only not doing its job but fostering commercial education.
Clinician/healthcare professional			Let's get real here. The wording is lofty, however in practice it is clear that companies do not exhibit unless they feel that there is value - this includes 'unrestricted' educational grants and exhibits. That said, it is clear to planners that if they wish to have support for their meeting, they must create an agenda that is attractive to pharma/device makers etc. So, is the planning really 'independent' - I am not certain that there is a manner to resolve this subtle conflict. In addition, I have been to many meetings where there is a non-CME breakfast in the meeting room that is sponsor by a pharma company. At the conclusion, the organizers turn a sign and designate the meeting as CME, then when lunchtime comes around, the attendees leave the room for a buffet line and then re-enter the same room for another non-CME portion of the meeting. Furthermore, the organizers will utilize the speakers brought by the company for the non-CME event to then speak in the CME portion of the program.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Commercial interest (e.g., pharmaceutical, device, life-science company)			STANDARD 3.12 - This standard seems to limit the ability to use commercial funding for healthcare professional in-training (i.e. residents) for travel awards to accredited educational programs. Scientific conferences and workshops are important training and networking opportunities for young clinicians. Due to the academic financial burden occurred by these young clinicians, travel scholarships/awards are often the only means for them to be able to attend scientific conferences and workshops.
Medical/healthcare association			In live meetings, the accredited provider members of the Alliance are challenged to understand how best to comply with the ACCME's emphasis on the separation of promotion from independent CE. The Alliance agrees with the requirement that the two cannot occur simultaneously, however, there is clarification that is still required. For those organizations among our members that accept commercial support, the Alliance believes that accredited providers should be required to appropriately use and manage commercial support. However, the Alliance feels it is an undue burden on its members to have them responsible for something over which they have no control. Specifically, the Alliance believes that although its members can easily comply with guaranteeing how the money they receive is used, it is impossible for its members to guarantee, "No other payments are given…." The ACCME is requiring its accredited providers to prove a negative. The Alliance asks the ACCME to evaluate the current wording of this Standard.
Medical/healthcare association			We recently encountered an issue where the manufacturer of a personal medical device used by clinicians that was currently in short supply made an offer to potential attendees of a workshop at our annual conference to "jump the line" to acquire the device in advance of the workshop.
Other			Is funding from a non-profit foundation established by a commercial interest a conflict of interest?
Other - Consultant			- 3.4: As it pertains to LOAs, the ACCME requires "The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s)." Frequently, LOAs generated by funders do not consistently include an associated educational partner(s), though they are listed in the grant proposal. And, this is not always an update funders are willing to make after the grant has been approved. This doesn't seem to be strictly enforced by the ACCME, based on multiple examples of this situation occurring with reaccreditations we have been involved in. - In General: Additional language clarity and consistency is requested for Standard 3. Throughout Standard 3 (and the SCS as a whole), the ACCME should consider improved consistency in language as it relates to those in a position to control content of a CME activity (i.e. those with 'bona fide' roles). When providing examples of individuals in control of content, the ACCME will sometimes cite "planners, teachers and authors". Other times just "teachers or authors" is referenced. And, in other locations, "planning committee members, teachers or authors, joint provider, or any others involved" is outlined.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Patient, caregiver, member of the public			I think these could be simplified greatly: 1) Make sure those in control of content know they cannot take money from others besides you/provider in relation to this activity 2) Make sure supporters know the rules (provider controls all money flows and there is no promotion, etc.) and that they cannot provide compensation outside of that outlined in the agreement Also, the Sunshine Act is always tricky - it would be helpful to have some language that would protect learners and providers from ensnarement.
Recognized Accreditor (state/territory medical society)			Although I have studied the SCS many times to answer the survey, I feel there is not much to be improved.
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Not enough emphasis is given to creating an environment in which learners can learn. Anything within reason that enhances learning should be an allowed expenditure as long as a coherent explanation is given.
Recognized Accreditor (state/territory medical society)			One interesting example I saw relatively recently was an ultrasound event where the company contracted/provided live models/mock patients. This is an extremely (in)valuable experience and seems appropriate to the needs of the activity.

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Standard 3
What new or existing challenges have you seen related to the appropriate management of commercial support of accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Since all providers are required to have a policy for honoraria and reimbursement, whether or not they receive commercial support, I think this should be a separate Standard listed before the current Standard 3 as: STANDARD 3: HONORARIA AND EXPENSE REIMBURSEMENT If the provider pays honoraria or reimburses for expenses to planners, teachers or authors, the provider must have written policies and procedures governing the expenditures. For the current Standard 3, I would rename, reorganize, reword some of the rules under Standard 3, include the definition of commercial support, and move 6.3 and 6.4 to this section. See suggested layout/changes below. Since commercial support can be provided to the CME program as a whole, revise Standard topic - see below
Recognized Accreditor (state/territory medical society)			Standard 3 requires all providers to have written policy and procedures pertaining to honoraria and out-of-pocket expenses even if they do not accept commercial support. It is vague as to what is meant by social events and meals.
Recognized Accreditor (state/territory medical society)			This may be due to lack of experience, but I've had a lot of confusion about what 'counts' as commercial support. For example, I learned that a CI paying for a meal directly would count as commercial support and therefore requires a signed letter of agreement. It was unclear that food would be considered 'in-kind support.'

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Standard 3 Recommendations

Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	ACCME should look at whether guidelines should be different for online content in some way (don't know if they should but may be a good thought exercise). Are there becoming some common 'other' activity types that make the commercial support use challenging? If so, is clarification necessary.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	ACCME should require that any commercial supporter who provides any CME support in a given year must report ALL CME support provided in dollar levels and recipient accredited providers, both cash and in-kind values, so that members of the public, patients, and learners, can assess the levels at which accredited providers are supported, and by whom.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	If the ACCME could influence industry to create a uniform template for grant budgets, this would save hours of time for the provider when submitting and reconciling grant awards.
Accredited CE provider	ACCME	insurance company/managed-care company	Provide a standard agreement for use with commercial supporters.
Accredited CE provider	ACCME	insurance company/managed-care company	When making decisions about noncompliance with this standard, consideration should be given to the severity of the infractions and to the volume of activities found in compliance, as well as whether the infraction was acknowledged by the provider in their application along with the corrective action taken. A decision to ban commercial support as a corrective action, and a track record to show the ban, remains should be sufficient to remove the noncompliance within the current accreditation term.
Accredited CE provider	ACCME	Nonprofit (other)	ACCME should review the definition of commercial support to make it clear on who and what is considered a commercial supporter. For organizations who do not have a clear accounting for where the money for commercial support goes, if it is not a direct correlation, does that mean that the money is not considered commercial support? There is a lot of gray in this standard.
Accredited CE provider	ACCME	Nonprofit (other)	This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either “used on” and “consumed by” patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs). It would be helpful if compliance v. noncompliance examples of the standards were made public, like the online compliance v. noncompliance resource page for ACCME criteria. It would also be helpful to add a notes section to this standard that links to related resources already in existence (e.g., FAQ: Can a provider include terms about both commercial support and promotional fees in the same written agreement?).

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Standard 3 **Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (other)	Recommendations: LOAs: Could the requirement that educational partner(s) be listed in the LOA be removed as a requirement? Consider adding that the LOA should specify "amount or nature of in-kind support." Also, adding that the LOA must be signed "before launch of the activity" would be useful. General language: Consider rewording to make details more comprehensive and less specific. For example, "A provider cannot be required by a commercial interest to accept advice or services concerning any elements of the planning, implementation or reconciliation of an accredited CME activity, from a commercial interest as conditions of contributing funds or services."
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	3.12, we would like to suggest ACCME allow commercial support to allow for travel, lodging and personal expenses for students, fellows, residents indirectly through commercial support and grants to the provider.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS recommends the addition of one section to Standard 3 to clarify what must be classified as commercial support and what may be classified as advertising. We recommend the following addition: "3.14 Providers must classify as commercial support financial or in-kind contributions from commercial interests which are used to pay for the educational aspects of an accredited activity (e.g. audio-visual costs, accreditation fees, faculty honoraria, etc.) Providers may classify as advertising financial or in-kind contributions from commercial interests which are used for non-educational aspects of an activity that happen to occur in conjunction with the activity (e.g. food & beverage, exhibits, meeting bags, website maintenance fees, etc.)"
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Consider condensing and re-wording to streamline the language and intend. Develop an ACCME-standard LOA template that everyone can use as a starting point.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Employed physicians are a much larger group, options to permit travel reimbursement from entities would be welcome.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Reconsider the requirement for the terms of support being in a written agreement with signatures.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Regarding standard 3.13, it would be helpful if the ACCME could clarify language regarding how detailed financial reports of commercial funding need to be. Regarding general support from commercial interests, does an accounting of all expenditures for the specific program satisfy the requirement or does the reporting need to be more specific?

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Standard 3
Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should modernize requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment by expanding the definition of commercial interest to include EHR vendors and other health technology companies that have the potential to risk patient or population health.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Within large events offering medical education, there can be many sources of commercial support for non-CME and CME activities taking place within the event. It is unclear to what extent the submitted documentation should reflect support received of non-CME elements of a large event.
Accredited CE provider	ACCME	Publishing/education company	Broader PARS reporting information for recognizing all types of support is needed.
Accredited CE provider	ACCME	Publishing/education company	We suggest changing “must sign” to something that would also encompass electronic acceptance of an agreement. Terminology like “must acknowledge and assent to” could be used instead of “must sign.”
Accredited CE provider	ACCME	School of medicine	I would rework the written agreement language that addresses electronic signatures and other approaches to ensure that the language is consistent with the current practices. I would also request that 3.9 be reworded. Under Accountability-- is 3.13 the only accountability-- I would consider putting accountability first and include 3.1, 3.2, 3.3, and 3.13 together
Accredited CE provider	ACCME	School of medicine	Standard for Commercial Support 3 needs to include language that says commercial interests cannot directly pay for lunches or meals, if that is the ACCME's desire.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Although Standard 3 provides standardization for commercial support management, one method for promoting a more standardized interpretation would be to provide examples for certain sub-standards such as 3.9 or 3.12.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	Now that structured grants system web portals have been operationalized among almost all supporters and most companies employ educated, professional grants employees with a common interest for quality CME/CE, we would suggest clarifying the recommendations such that appropriate, professional communications may transpire between providers and grantors. This pendulum has swung so far to the “hands-off” extreme, the providers (many of us with limited staff/resources) are often in the dark and spend precious time interacting with blinded websites when a quick phone call or email might provide better communications and efficiency.
Accredited CE provider	Other - ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Recommend modifying Standard 3.8 to allow payment of usual and customary registration fees and travel expenses for Faculty and Planners to travel to and present at the educational activity.

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Standard 3
Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	“Modernize” presents a challenge. The people doing CME now may not know this and if I recall correctly, the original SCS was written by the FDA around 1988 or so, when the FDA wanted to regulate CME because drug and device companies were abusing CM by flying doctors and families to Aspen for a weekend to ski, everything expenses paid and they attended 1 hour of CME on Saturday morning with breakfast. The ACCME Stepped in and took over the challenge and saved CME from government control, trusting the education community's integrity. I have a problem making suggestions to modernize because I see a lot of modern that is of lesser value and less integrity just because we don’t know history and just want to change. Lots of products are no longer made to last a life-time, the market is declining. These standards for commercial support have stood the test of times for 30 year. Make it more stringent is great but opening loop holes for people to find ways to violate the standards should not be what it is meant by 'modernized' and if modernize will open paths for the drugs and device companies to influence CME that is not a good idea.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	For-profit entities should not plan and control content.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	In activities as it relates to third-party/joint provider, where CME Credit is provided by the third-party and partner is a 'Host.' Third-Party/Designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Perhaps providing an example of what an appropriate agreement looks like that can be shown to leadership as an example of what is acceptable.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	We have been approached by an organization that states it's an accredited CME provider, and that they would like to send a presenter to our area [at no cost to us]. That seems like an unlikely business model to me, and I am wary of committing to this. Perhaps a mention of solicited CME programs, i.e. an organization approaches a healthcare organization offering a program, could be included in a standard. What is our due diligence in this situation?

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Standard 3
Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Advocacy organization			It would be helpful if ACCME would clarify what is meant by the provider controlling the evaluation of the activity (as stated in Standard 1). Can commercial supporters require, as a condition of funding, that grant requests for activities must include a commitment to assess participant outcomes to a minimum level, without specifying the methodology of how competence, performance, patient outcomes, or public health is to be measured, as a condition of funding? The ACCME should issue a 'clear' FAQ or guiding principle that if/when a supporter says -- as a matter of their policy -- they only support activities with certain outcomes, that does NOT constitute control/influence. It is in the interest of all parties to develop educational activities that have the desired impact on learning and change. The CME Coalition supports efforts to allow competitive and comparative analysis of the effectiveness of education by grantors, providers and accreditors.
CE accreditor			STANDARD 3.10 could be modernized to allow providers to reimburse expenses and/or pay honoraria to teachers/authors if they choose to participate in the remainder of an educational event as a learner. We have found that it is very common for a teacher to stay and participate as a learner and it is difficult to separate the expenses for their one-hour presentation vs. staying for a 2-day activity.
Certifying or licensing board			ACCME should require listing of all companies that contribute to pooled funding for CE programs and presentations. Again, we strongly encourage universal disclosure of all financial and non-financial relationships with healthcare-related companies, both for-profit and non-profit.
Clinician/healthcare professional			I think that the ACCME should assess ALL programs that a provider delivers including the non-CME activities and assess whether there is widespread usage of identical speakers in both portions of the program.
Clinician/healthcare professional			It is now clear that industry-funded CME contains marketing messages intended to promote certain therapeutic choices profitable to sponsors. ACCME should not accredit CME funded by industry.
Commercial interest (e.g., pharmaceutical, device, life-science company)			The suggested change is Standard 3.12 include language that exempts healthcare professionals in-training (fellows and residents). STANDARD 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider, or educational partner. The provider may use commercial support to pay for travel awards for healthcare professionals in-training (residents and fellows) to CME congresses, conferences, or workshops.

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Standard 3 Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Medical/healthcare association			Current rules and interpretations seem to have been developed in the context of medical equipment as a capital expense to a facility rather than an individual investment by a clinician. As technology advances and price decreases, the trend towards individual clinician's as purchasers of medical equipment will likely continue. These companies tend to have a more consumer focus rather than the facility focus of traditional medical device manufacturers. Revisions to existing rules and interpretations may be warranted in this emerging context.
Medical/healthcare association			The Alliance asks the ACCME to consider clarifying how to provide notice to the learners, in live meetings, that content is changing to promotional information. The ACCME could consider a time gap requirement (a specified amount of time so that learners uninterested in promotional material may leave). There is also confusion on how providers could establish separate spaces/rooms in the same facility in which accredited courses and non-accredited CE courses occur simultaneously. While CE should never compete with promotional information, there are situations (multi-day/multi-track meetings) where one track may be entirely accredited CE, but another track may have non-accredited CE content (not necessarily promotional, but not CE). Standard 3.11 requires social events/meals not compete with education; however, there are medical societies where evening CE events may occur simultaneously with a social event. The Alliance believes current wording for Standard 3.11 does not consider these subtleties. Specific to Standard 3.9, the Alliance believes accredited providers can have policies/processes requiring that no additional payments are made as currently stipulated in the Standard.
Other - Consultant			Recommendations for the ACCME to consider: - 3.4: Could the requirement that educational partner(s) be listed in the LOA be removed as a requirement? - In General: Language feedback in the following areas: a. 3.2: Consider re-wording to make more all-encompassing, and less specific, sparse details. For example, "A provider cannot be required by a commercial interest to accept advice or services concerning any elements of the planning, implementation or reconciliation of an accredited CME activity, from a commercial interest as conditions of contributing funds or services." b. 3.5: Consider adding that the LOA should specify "amount or nature of in-kind support." c. 3.6: Consider adding that the LOA must be signed "before launch of the activity." d. 3.10: Consider re-writing this section to make more succinct: "If an individual(s) facilitates or conducts a presentation or session but participates in the remainder of an educational event as a learner, their expenses can be reimbursed, and honoraria can be paid for their role in facilitating or conducting the presentation/session, only."

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Standard 3 **Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Other - Health Foundation			Examples of accepted and rejected uses.
Patient, caregiver, member of the public			Simplify/collapse standards and address Sunshine Act in a written agreement template. Remove the requirement for expense and income tracking - what value does this provide to CME? All funds are in the same pool - none are earmarked for specific use, so it seems artificial to have accounting come up with ways to separate by line item when checks are written from one account (or have separate checking accounts). Once the money is all mixed up together does it really matter where each dollar came from if we take all precautions to prevent any influence that biases CME? Also, with travel budgets cut - not being about to use funds to support learner costs is limiting - again if we are really safeguarding education does it matter how we get the learners into the auditorium and what money we use to feed them (if they don't know where it came from beyond us)?
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Consider loosening some of the requirements about employees of commercial interests in the setting of in-kind support?
Recognized Accreditor (state/territory medical society)			Providers have many responsibilities which in medical societies are to be performed by physicians, for free. On the same token as why, speakers must be paid an honorarium for their service, I was thinking these physicians should have some monetary compensation. They are in charge of watching for compliance with all the criteria, rules and requisite of ACCME and this is time and effort consuming. They must leave family, patients and social events to work on CME activities. Is it to be done free? Each provider must watch for complete compliance with all SCS's, someone must be in charge, and not for free.

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Standard 3
Describe ways in which the ACCME should modernize the requirements about appropriate management of commercial support of accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			STANDARD 3: COMMERCIAL SUPPORT FOR AN ACTIVITY OR PROGRAM Commercial support is financial contributions used to pay all or part of the costs of an activity, or in-kind [durable equipment, facilities/space, disposable supplies (non-biological), animal parts or tissue, human parts or tissue, etc.] contributions given by a commercial interest. Expenditures 3.8 The provider, joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures on Honoraria and Expense Reimbursement. 3.9 Payments by commercial interests shall not be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity. Letter of Agreement 3.4 The terms, conditions, and purposes of the commercial support must be documented in an agreement between the commercial supporter that includes the provider and its educational partner(s) and/or joint providers. The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider. Accountability STANDARD #: DISCLOSURE OF COMMERCIAL SUPPORT Move current standards 6.3 and 6.4 here and incorporate “prior” into 6.3
Recognized Accreditor (state/territory medical society)			Standard should be changed to require honoraria and out-of-pocket expenses only for those that accept commercial support. The meals and social should specify monetary amounts so that CME is not perceived as a means of writing off a vacation or getting a free meal. Providers should pay and be willing to pay for CME.
Recognized Accreditor (state/territory medical society)			This probably belongs in the definition of commercial support rather than in the standard, but perhaps clarifying when money crosses the line from 'commercial promotion' to 'commercial support' would be helpful.

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Standard 4 Challenges

What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I have heard from other providers that they are concerned about having exhibitors in a room next to the area where the education is happening and in the room with the food - somehow this is violation of this standard. Is this true? We often get asked whether the industry representatives can view the educational content (as physicians are not typically at their booths asking questions during this time). Sometimes we do, sometimes we don't, but when we do we ask them to remove their name tags and they're not allowed to engage with the physicians - Does ACCME have a specific recommendation on this process - if they don't can they make one. It's a lot easier to say no, if there is a policy.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Regarding SCS 4.2 for live activities, we have been challenged with a space issue regarding the limitations on using a physical space for CME that has had what would be considered a promotional presentation either immediately before or after the CME presentation. This challenge comes up for programs that have a CME component/track as a part of a larger activity that is not designed to be CME or for a different or mixed audience.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Several Commercial Supporters have a unified process for applying for commercial support and at the same time ask for exhibiting privileges as part of the grant consideration. This is a prima facie violation of Standard 4.1
Accredited CE provider	ACCME	Hospital/healthcare delivery system	We agree with the standard of separation of promotion. For live courses space limitations sometimes do not allow for a separate space for promotional activities. Consideration could be made for setting time parameters for when the live CME activity begins/ends and can be re-used for promotional opportunities.
Accredited CE provider	ACCME	Nonprofit (other)	4.2 Face-to-face activities - When product theaters can't take place in the same venues with limited space. 4.5 Need clarification on sales reps distributing CME activity promotional materials.
Accredited CE provider	ACCME	Nonprofit (other)	Global Education Group (Global) notes several challenges with Standard 4; some language and the separation of commercial promotion from independent continuing education. Specifically, the sentence "The juxtaposition of editorial and advertising material on the same products or subjects must be avoided" is confusing, particularly when the bulleted items found below this statement explain each type of format (print, computer-based, etc.) Additional language clarity is requested. Global supports upholding the recent revisions of the ACCME position on separation of commercial promotion from independent continuing education, but some further clarification is needed. For example, what can be in the "conference bag" attendees receive at the registration area of an activity or conference? Can promotional material with logos be included in the bag, or on the exterior? Further details are requested.
Accredited CE provider	ACCME	Nonprofit (other)	Visualization is very helpful for education and limiting educational content based on 'commercial interests' hinders the learners' ability to identify solutions that can help to improve healthcare.

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	Interpretation and assurance of compliance with Standard 4 are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance by ACCME it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized to ensure the standard is met and an official sign off or approval during the self-study period to ensure the processes taken by the provider are both consistent with other providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance v. noncompliance examples were made public (like the online compliance v. noncompliance resource page for ACCME criteria). Explain the difference between space and place in the following statement: "Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity." Additionally, add a notes section to these standards that links to related resources already in existence (e.g., SCS FAQ).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Many are using apps with live meetings; many receive commercial support and advertising to offset the costs of the apps.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Separation of CME from promotional activities is easily obtained as most events have an exhibit room. Keeping the educational space clear of promotions has not been difficult.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Standard 4.2 states "Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities." With EHR vendors providing CME related to their own products, the ACCME is permitting this class of commercial interests to create education that is the equivalent of product promotion. Learners at EHR-provided activities focus on the of use a single system. There is room for single-product CME as there is with medical devices. However, the medical device company is not the CME provider. EHR vendors bring thousands of physicians (and other health professionals) to their headquarters for technical training and offer CME. It affirms a power relationship that is a source of frustration for clinicians even while many participate in extravagant "user group" conferences.

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The concept of "educational space" within the context of a large, multi-day conference is not clearly defined. When a program includes multiple concurrent sessions occurring in multiple properties and several types of events may take place in the same room over the course of a day, it can be challenging to distinguish when a given room is considered an "educational space" and when it may not be. A more explicit description of how this Standard applies to this educational context would be valuable. Clarification on "educational space" and how accredited CME sessions are differentiated from non-accredited sessions and from promotional educational sessions that occur at a meeting is also needed. In the spirit of CPD, educational providers should be able to provide accredited and non-accredited (non-promotional) sessions in a live activity, including allowing them to be scheduled at the same time. By not allowing this flexibility, the accreditation "rules" would be getting in the way of the CPD that providers develop. However, promotional education, such as a session sponsored/delivered by an ACCME-defined commercial interest, is clearly a unique situation, for which credit should not be designated and which should not compete with CME/CPD.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS is receiving more questions from planners on what exhibitors can do in the exhibit space at a live activity.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The required total separation of meeting rooms used for certified education from rooms used for promotional sessions has become a financial burden for organizations.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Under item 4.2 the section on "computer-based CME activities" should be updated to include newer technology platforms, such as mobile apps or other content delivery options now available that did not exist when the current standards were written. Under item 4.2 the section on "live, face to face CME" should clarify the definition of "educational space." In large, multi-day educational conferences hosted in a convention or conference center, multiple rooms can host several concurrent sessions throughout several days of the event. The current language does not make clear whether a single room is considered "educational space" if used at any point to host part of the CME content of the larger meeting just once, and if that label holds for the duration of the event, or if the label of "educational space" can vary from event to event throughout the duration of a large, multiday conference.
Accredited CE provider	ACCME	Publishing/education company	Should frontmatter/overview information about the activity (instructions, disclosures, ed. objectives, etc.) prohibit commercial promotion in the same way as the activity content?

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Publishing/education company	1. Providers are all over the board re: what is compliant re: promotion related to conference bags (inserts/sponsorship of bag with logo on outside), lanyards, and similar items. 2. It is common practice for live activities to have a printed guide that includes CME disclosure information and promotional ads, yet clarification has been shared that a print piece with CME disclosures is considered “educational material.” Why is an ad not allowed with that, yet an ad IS allowed in print-based CME? 3. Standard 4.4 prohibits use of trade names in educational material; however Standard 5 elaborates as to when this is appropriate. 4. With conference apps becoming mainstream, it is unclear what content is/isn’t appropriate for inclusion. For example, can one section of the conference app mirror a printed logistics guide (which includes promotional ads) while a different section of the app includes CME disclosures?
Accredited CE provider	ACCME	Publishing/education company	Standard 4.2 - (for computer-based CME) The last sentence states, 'Advertising of any type is prohibited within the educational content of: CME activities on the Internet, including but not limited to banner ads, subliminal ads, and pop-up windows' What if this ad space is sold outside of commercial support? For example, we have an activity in diabetes and the ADA wants to pay for a banner on our site promoting their annual meeting. This is advertising; however, it is not from a commercial supporter. Standard 4.2 - (live, face-to-face CME) 'advertisements and promo materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity' Per the ACCME, they have given the direction that you need to allow 'a sufficient break' in-between CME and NON-CME. What does the ACCME consider to be sufficient? They need to put a length of time.
Accredited CE provider	ACCME	School of medicine	Again, related to the digital world we live it, we've moved our syllabus online. Exhibitors are interested in 'exhibiting' via our online app, with ads within an 'exhibitor' space. We have prohibited this thus far, as it's such a gray area-- the app contains educational information and non-educational information. If the ad was just in an 'exhibitor' area of the app, would that be acceptable? We were not sure, thus have always erred on the side of caution. Clarity around exhibiting in the digital era would be helpful.
Accredited CE provider	ACCME	School of medicine	Exhibits continue to grow as part of the affiliated activities with accredited CE activities. Additional language clarifying that this is a business/rental agreement, there are some limitations that the accredited provider can insert in the agreement. I think that we need to address and/or reference FCC rulings about opt in and opt out for sharing of participant lists. 4.3 and 4.4 have limited applicability for non-society accredited providers -- it still needs to be included but is a feature of most large national conferences and not applicable to smaller activities.
Accredited CE provider	ACCME	School of medicine	STANDARD 4.3 - it is difficult and sometimes impossible to hide logos from videos that are a part of a surgical procedure. Some surgical instruments have logos on them.

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Industry support seems to be moving from grants to exhibits or advertising. This isn't a challenge for us as CE providers, but our learners and the average human do not understand the difference. From their perspective, you walk into a conference with tables lining the outside filled with drug reps and then you go into an empty/boring/no swag space for the education. It appears that their education was for sale, but not for fun. It just doesn't pass the logic test well. Obviously, we need the financial support & we need to keep the education separate from promotion. But, on the surface, from a learners' perspective, the current system doesn't seem to meet that need. Similar learner experiences exist with social events, or pre or post sessions offered with direct commercial support. Learners don't know the difference between promotion and education and we're not teaching them. We should start from what our learners interpret, based in what's really happening in their world.
Accredited CE provider	ACCME	School of medicine	Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement. -i would imagine a schedule is an Agenda of the CME session - can you confirm?
Accredited CE provider	ACCME	School of medicine	We are seeing an increase in the use of social media platforms to advertise/promote events. Also, website apps are also being used.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	This section now appears outdated, compared to the AMA PRA Booklet. In the current version of the booklet, there are core requirements that apply to all activities, with very limited additional requirements for specific formats. The "other" format was also introduced as a way to accommodate future shifts in technology and other strategies that might be used to deliver education. As an example, Standard 4.2 does not address publication cover tips, belly bands, and cover ads. However, ASCO would expect that a journal CE activity with external (outside the pages) promotion related to the content would not be in line with the spirit of this standard.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Our policies and procedures for this standard are strongly enforced so this is not an area that we've experienced challenges in.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	This standard is not applicable to our organization except for some live activities. Again, the pendulum has swung so far to "hands off," we rarely encounter intrusive behaviors in the space or place of accredited education unless it is by international employees of supporters who may be attending a U.S.-based symposium.

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Managing the increasing use of kind products/devices in our growing simulation-based education programs is challenging.
Accredited CE provider	Other - ACPE	Other	If it's commercial promotion, then there should not be CE associated with the presentation.
Accredited CE provider	Other - ACPE	Other	There should be no promotion of only one or two specific products within a category unless all products are covered or only use genetics. All speaker materials should be Review for all content whether the speaker discloses a conflict of interest.
Accredited CE provider	Other - CDR	Nonprofit (other)	There are a range of interpretations among providers regarding live meetings and where marketing promotion is permitted and what qualifies as separation. For ex, can CME and non-CME material be handed out together to registrants in a conference bag? Are advertisements on an elevator door that learners use to access the floor where the CME education takes place allowed? How much time would need to pass before a non-CME talk could be held in a room where a CME talk was held (this issue comes up when space in the venue is limited)?
Accredited CE provider	Other -ACPE	Other	4.2 – per this standard as written, providers cannot place their activities on a web site owned or controlled by a commercial interest. This standard, as written, is not well defined, is subject to broad interpretation, and could, as currently written, be prejudiced against smaller providers without large financial backing. Many accredited providers are financially unable own their own websites and commercial (for profit) web sites and managers are used as platforms for CE programs.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Determining if logos from non-commercial interest companies be included in the materials.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	The same existing challenge I've run into for years is exhibitors consistently saying they can come provide CME when they know they're not allowed it. I'm perplexed at the offer when they know it isn't possible.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	This is a clear statement of circumstances encountered when a presenter has commercial relationships. I have reformatted slides to remove commercial logos [because the content of the slides did not include bias, but the commercial organization's template [on which the slides were created] included the logo. On the upside, this gave me an obvious opportunity to review in detail all content to evaluate it for bias.

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Standard 4
What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	This standard is great it works well. I have seen CI reps: trying to barge into breakout sessions (surgery society) where the reps were not allowed in; insult and challenge the speaker about their products; reps or owners having to be escorted out of the room; device companies reps videotaping other people's life's work and trying to copy their product. Unless in the modern times there has been challenges violating Standard 4 and we need to make it more rigorous, please do NOT lax it. It works.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	What about electronic syllabi on mobile apps? Some apps allow for push notifications to remind participants to visit the exhibitor hall or to thank an industry partner for grant support. Some provide a link to the industry partner's website.
Advocacy organization			Recent refinements of the ACCME position on separation of commercial promotion from independent continuing educations at live activities has led to some challenges for providers. The CME Coalition supports upholding not only the letter of the requirements but also the spirit of separation. That said, some clarification appears needed. Specifically: • There is a perception that nothing that is not certified for credit can occur on the same space as the certified live activity-. The challenge for providers is: what determines the amount of separation needed- or is all such promotional content off limits in the educational space 24/7 during the run of the activity/conference? This is an issue for all conferences but is especially significant for local or regional meetings with limited choices of affordable meeting space and the need for exhibit/promotional revenue to offset indirect costs for the organizations providing the activity. • We agree that content that does not meet the content validity requirements of CME/CE cannot be intermingled on an agenda and should not be presented at any time in conjunction with certified CE content. • Definitively, what can be in the “conference bag” handed out in the registration area of an activity or conference? Can promotional material with logos and product images be included in the “stuffing” of the bag as long as it is not included in documents transferring educational content to the learner- or on the exterior of the bag?
CE accreditor			Greater guidance is needed for providers offering dinner/breakfast CE programs in which the meal portion of the activity is promotional. For example, is it appropriate for a CE activity to follow a promotional dinner symposium in the same room with a short break in between? Greater guidance is needed regarding the steps needed to ensure appropriate separation exists between the promotional event and the CE activity. Also, is it the perception of bias that is important or the elimination of actual bias as these can be very different things. Greater emphasis should be given towards involving the healthcare professional learners in making judgements as to whether an activity was biased or not.

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Standard 4 **What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Clinician/healthcare professional			4.2 – With respect to this clause "Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity." We disagree with the term "or place."
Clinician/healthcare professional			The investigation process around commercial promotion is opaque, ineffectual, without oversight, and appears to support commercial goals.
Commercial interest (e.g., pharmaceutical, device, life-science company)			STANDARD 4.5 – Limits the distribution and access to high quality CME activities. The objective of accredited activities is to provide scientific, fair-balanced, education to healthcare profession to improve patient's outcomes. If the other standards are followed and CIs have not influenced the educational content itself, there should be some flexibility in how the education is distributed.
Medical/healthcare association			As new online formats emerge such as Twitter Chat CME, it is a challenge to maintain separation of promotion from the educational activities. For example, to access online activities, users often have to go through either a main webpage or store web page that may have promotional activities before they reach the actual activity.
Medical/healthcare association			Our regional providers struggle to balance the need to bring additional revenue into their meetings with the reality of limited space. We continue to enforce the "no promotion and education in the same room" standard but we run into sponsored lunches during which no CME is presented.
Medical/healthcare association			The Alliance would like to raise, on behalf of its CE accredited members, that the ACCME consider whether Standard 4.1 is necessary in this day of numerous bundling and packaging of items. The important issue is that the CE content is kept separate from promotional items/content and this requirement is already well covered by other criteria and standards. The Alliance asks the ACCME to consider revising Standard 4.2. This bulleted list of various formats, while appearing exhaustive is not inclusive of new and evolving formats. To maintain a level of specificity, this is one area the ACCME will be chasing as commercial interests and educational formats progress and evolve. The Alliance wonders if there is a better way of covering this topic without all the detailed specificity.
Other - CME Consultant			After reviewing this standard, we decided to present one talk on cannabis but NOT FOR CME. I have not heard that anyone attending the talk felt differently.
Other- Consultant			Confusion exists about the meaning of the words 'Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation' -especially what 'interferes' means. I have heard so many different interpretations of what this means. There needs to be clarity about this. For example, some providers think this means they cannot have exhibits open during the times of sessions that take place in other spaces and rooms at the conference. So many statements in the SCS are so vague, it leaves way too much room for interpretation errors. another example, some providers think that all exhibits MUST be in their own room, and that participants cannot walk through them to attend their accredited session.

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Standard 4 **What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Other- Consultant			Noted challenges with Standard 4: 4.1: The word “interfere” is broad and unclear. Is a commercial logo found on a conference registration bag, which learners carry with them into accredited educational spaces, considered interference? Or, is it deemed interference for commercial logos to appear on lanyards of name badges? -4.2: A couple of noted challenges: a. Use of the sentence, “The juxtaposition of editorial and advertising material on the same products or subjects must be avoided” is confusing, particularly when the bulleted items found below this statement explain/address each type of format, i.e. print, computer-based, etc. b. Frequently, live conferences/meetings will include both accredited and non-accredited sessions. Sometimes, non-accredited sessions include promotional content. While this space is kept physically separate from accredited CME sessions, and clearly communicated to learners as to its non-accredited nature, it has been cited that the ACCME is taking issue with this in terms of inappropriate separation. Can the ACCME provide insight? 4.3: The ACCME calls out the use of trade names as being inappropriate in educational materials, including presentation slides. Standard 5, however, only states that generic names will contribute to impartiality. This incongruency should be addressed. 4.5: A small item of note but use of “self-study CME activities” is utilized, which is not a term seen anywhere else.
Other - Joint Provider			STANDARD 4.5: A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. There is not clarity as to what exactly this means. ACCME could provide guidelines and examples in the Compliance library to help guide these decisions.
Other -Health Foundation			are lists of attendees given to commercial interests
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.

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Standard 4 **What new or existing challenges have you seen related to the appropriate management of associated commercial promotion that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Recognized Accreditor (state/territory medical society)			Exhibits are not considered commercial support.
Recognized Accreditor (state/territory medical society)			I think listing “commercial promotion” causes confusion to providers and should be revised to Standard 4: MANAGEMENT OF ASSOCIATED COMMERCIAL INTEREST PROMOTION.
Recognized Accreditor (state/territory medical society)			Making sure that attendees of CME programs do not have to pass through exhibit areas to reach the education rooms can be difficult depending on the venue. It seems sufficient to establish a pathway that attendees can use through the exhibit area without being approached or waylaid.
Recognized Accreditor (state/territory medical society)			Physician authors (sometimes not in medical topic areas) can occasionally be considered promotional if they are speaking with regard to their books (e.g., some motivational, inspirational, etc.).

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Standard 4 Recommendations

Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	ACCME should require that all grant portals separate grant application processes from exhibit transaction processes entirely, since the current commingling process that many use implies to the CME accredited provider that the opportunities are juried together and compromises the accredited provider merely by their juxtaposition.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Can ACCME provide appropriate examples of print, online CME advertising that is allowed - it may make more sense (sort of like the compliance/non-compliance component of the ACCME website.)
Accredited CE provider	ACCME	Hospital/healthcare delivery system	For SCS 4.2 for live programs, please define 'immediately'- does a 5-minute break in between count, where individuals come and go from the room at will? I believe it to be possible to clearly delineate a promotional from a CME presentation to the audience in a way that makes it clear to the participants and they can decide to attend or not attend. While it would not be planned to have continuous overlapping of CME/non-CME sessions in this way, there have been significant budget and planning impacts to accommodate this for one stray session, for example.
Accredited CE provider	ACCME	Nonprofit (other)	ACCME can change this language to allow commercial interest logos within the educational space if they are presented as a solution for improving competency, performance or patient outcomes along with X number of alternative solutions. Basically, it would be nice to be able to use a single commercial interest in a list of options to address a problem.
Accredited CE provider	ACCME	Nonprofit (other)	Allow product theaters prior to or after CME activity in the same meeting room also used for CME as long as the change in activity types is stated in advance to the learner and labeled as non-CME and the learner has an opportunity to leave prior to the start of the non-CME program.
Accredited CE provider	ACCME	Nonprofit (other)	Global recommends the removal of "The juxtaposition of editorial and advertising material on the same products or subjects must be avoided" the bulleted information that comes after, and specific details required to ensure compliance. Also, written clarification in policy as to what can be included (or what must be excluded) in conference bags/lanyards/badges is recommended.
Accredited CE provider	ACCME	Nonprofit (other)	This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either "used on" and "consumed by" patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs). Please clarify in SCS 4.2 in the "For print" section whether a CI who has provided commercial support for a CME activity can, under a different contract agreement, pay for a printed ad before or after the activity.

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Standard 4 **Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	4.2 - what about ads in mobile apps? what about ads in an LMS/portal? How do you define 'educational space?' 4.3 - what is product group messaging? 4.4 - this seems blurry and vague and it would be easier to follow a stricter standard of 'never allowed' 4.5 - would like more specificity around industry advertising or promoting events
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS recommends Standard 4.2 be simplified, eliminating all most of the language after the following sentence, “The juxtaposition of editorial and advertising material on the same products or subjects must be avoided.” The only language to retain is “Promotional activities must be kept separate from CME. Advertising of any type is prohibited within the educational content of CME activities. There may be no ‘commercial breaks.’”
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	ACCME should allow providers, much as ANCC does, to use meeting rooms for both certified education and promotional activities. There should be a time break between sessions to truly define the separation but as long as no promotional materials are in the room during the certified education session then providers should be able to maintain their compliance with the SCS.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Clarify the positioning of ads or acknowledgement of commercial support in apps.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	For Standard 4.2, consider adding a category for CME delivered via social media.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Modern educational channels for content delivery, such as app content created specifically for mobile use, should be included in an updated list of guidelines for the appropriate management of commercial support.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Reconsider allowing the use of logos. A logo in a slide presentation is no more biased than a text based commercial name. ACCME allows photos of equipment and hands-on use of equipment or supplies within a CME course already.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should modernize requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment by expanding the definition of commercial interest to include EHR vendors and other health technology companies that have the potential to risk patient or population health.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS recommends that the ACCME be more explicit around what exhibitors at live events can and cannot do, providing more guidelines and examples on their website.

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Standard 4 **Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The list of guidelines for the appropriate management of commercial support and promotion should be expanded to include new technology channels and methods for content delivery. For example, mobile apps are not specifically addressed in this Standard and are commonly used for content delivery. Clarification is needed on 1) where commercial promotion may be placed in new technology channels, such as on the home page of an app, and where pop-up ads may occur; and 2) the appropriateness of accepting commercial support or sponsorship funds for these technology channels, to include acknowledgement of that support on the launch page of an app or via a link/tile. It is recommended that requirements around commercial promotion in new technology channels be modeled after those for journal-based CME.
Accredited CE provider	ACCME	Publishing/education company	1. Please provide written clarification in policy/FAQ re: what can be included (or what must be excluded) in/on conference bags/lanyards, when items are not distributed as promo0 items in exhibit hall. 2. If CME disclosures make a print piece “educational material” (4.3), please explicitly note this. However, the practicality is that Providers are removing this info from print material to post only online, and/or communicate via slides (which learners may never see). Can the same guidance provided for print-based CME activity apply to a print piece that includes an accreditation statement, for example (allow to include an ad from a comm interest that isn’t a supporter of the activity)? Or follow computer-based guidance, that they can’t be on facing pages/visible together? 3. Update Standard 4 to match the spirit and consistency of Standard 5 regarding appropriate use of trade names. We agree with the spirit of this, as outlined in Standard 5, and agree that inclusion of a trade name for clarity, or use of a device, is sometimes important for learner understanding or distinction. 4. Use of technology provides conveniences and efficiencies to providers and learners. It seems like the appropriate separation of education/content on an app would mirror what is outlined for computer-based CME. Its practical to include both in the app, as long they are on different pages.
Accredited CE provider	ACCME	Publishing/education company	Be more specific as to what a “sufficient break” entails. 1 hour? 2 hours? 3 hours?
Accredited CE provider	ACCME	Publishing/education company	Further clarification on what is included as part of the 'CME Content' of the activity.
Accredited CE provider	ACCME	School of medicine	I will gladly oblige by any requirements, but it would be helpful if these requirements were clearer around what I described above. While it's clear regarding a printed material, it's less clear when all materials are online, in the 'same' place, as to whether an exhibitor is permitted to 'advertise.'
Accredited CE provider	ACCME	School of medicine	Provide more examples of compliance and noncompliance.

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Standard 4 **Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	School of medicine	I would ask that payment for exhibits is a fee for access to learners at a specific educational activity-- Since this is a promotional fee for access -business arrangement, the accredited provider does not have to provide evidence of how funds are used or reconcile any budgets related to the conference/educational activity. I would also say that this does not require signatures from both entities. The host and renter of the space.
Accredited CE provider	ACCME	School of medicine	SCS4.2: include specific information for social media platforms, website apps SCS4.4: include more examples
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Instead of trying to create an exhaustive list of potential formats, it would be preferable to have a simplified standard 4.2 that would allow for a more standardized interpretation of where advertising/promotional materials were permitted (or not). This would also create a standard that better aligned with the description of formats as outlined in the current AMA PRA Booklet.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Standard 4 is written specifically and leaves very little room for inaccurate interpretation. We have no recommendations for updating this standard to reflect the changing healthcare environment.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Provide more clarity around the how to effectively use devices/products in a simulation-based activity with concern for product promotion (branded devices, apps, etc.). More clarity around promotion and social media. Clarity around the use of promotion on a web page that is used for marketing, CME, registration and content delivery.
Accredited CE provider	Other - ACPE	Other	This section should to be clarified to allow use of a commercial website so long as there is no commercialism regarding the program (per the balance of Standard 4.2) OR commercial websites used as described in Standard 4.2 should be defined as exemptions of some type. The final standard should strive for clarity of definition and clarity of purpose.
Accredited CE provider	Other - CDR	Nonprofit (other)	Maybe not in the SCS but perhaps as an FAQ ACCME could come up with a Compliance/Noncompliance examples document (like they have for the accreditation criteria) to provide further clarification about some of these types of issues.
Accredited CE provider	Other- ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Find a way to identify overall commercial support for an educational program in PARS so that it can be reported for the entire program rather than with each distinct individual event that is a part of the larger program.

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Standard 4
Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other- Accreditation Council for Pharmacy Education- which adopts ACCME requirements	Other	Standard 4.3 stating that slides, abstracts, handouts may not contain trade names is detrimental to providing education and is in conflict with Standard 5.2 that states that if the content includes trade names, multiple should be listed when available.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	For live activities, define 'separate' or 'cannot be in educational space'. There is much left up to interpretation that can be implement then as too close or so far out of the way, the vendors don't want to come. Many of our conferences do need vendor support to help cover some of the cost.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I have seen commercial exhibitors behaving unprofessionally with their competitors, complaining and treating the staff of the CME office inappropriately. The physicians do NOT see this side of them. Once the President of a device company called a medical society that needed to borrow equipment for a hands-on workshop. When the operator corrected the name of the person whose call the president was responding, he replied: “WHATEVER.” This was normal. It would be great if the ACCME could modernize unprofessionalism and was able to create a standard of conduct for the commercial exhibitor and have professionalism behind the scenes. It would be great if the associated commercial promotion was professional as it would be great if promotion about drugs and devices was not done on television during the news to the patients. Let the doctors determine what is best for their patients and put a stop in misleading patients.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I would be concerned with online courses offering CME. Providers should be required to offer access to handouts or slides in advance [though that sometimes does not occur]. It would be nice to know that the commercial organization would not promote products while waiting for the activity to start, for example. Nursing CE has very specific rules about booths and promotional materials. These include location of booths relative to the CE program, what if any promotions can be given to participants, when and how booths can be displayed [never in the same room with the CE program, for instance].
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Just stick with the program's policy and allow only those commercial entities with products that relate to the theme of the presentation.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Promotional materials should only be allowed physically separate from educational content.

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Standard 4 **Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Advocacy organization			We understand that ACCME does not wish to establish a minimum time separation in the same space, when such it necessary based on facility arrangements. However, we suggest that the following constructs be adopted in a policy statement: •No intermingling of promotional and certified content on an agenda in the same educational space, without adequate separation in time. • Enough time between the end of one type of content to allow participants to gather material and leave if they choose to. This will be determined by the size of the audience and the nature of the activity. It should be generously estimated, rather than assuming participants will immediately end any discussion with peers and proceed to exit. Providers should document in the activity file their rationale for selecting the duration of the break for that specific circumstance. •Clear notice to learners, through signage, audio-visual means and from the podium, at the start of and end of any promotional or certified session when there is a transition of content type (promotional to certified or vice versa) •Promotional educational activities may occur simultaneously with certified content, as long as they are in separate spaces and are not competing for the same audience (e.g. there are separate tracks in a conference with differing time slots so that one audience has free time, while another has a CE session) •Written clarification in policy as to what is allowed to be included or what must be excluded in bags.
Clinician/healthcare professional			Any hint of commercial promotion in a CME activity should result in immediate and permanent de-accreditation of the provider.
Clinician/healthcare professional			We fully understand the separation of CME from commercial interests but argue that the term “or place” could be construed as the entire event space. We believe that the CME can be delivered in an auditorium and commercial sponsors can be located outside the auditorium in a separate space. This should be clarified.
Commercial interest (e.g., pharmaceutical, device, life-science company)			The suggested change is Standard 4.5 included language that provides the option for educational activities be promoted as a secondary resource. Standard 4.5: A provider cannot use a commercial interest as the only or primary agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.
Medical/healthcare association			Regarding Standard 4.2, the Alliance recommends higher-level guidance that could be used in any live or enduring format, rather than delineating specific requirements for every format. For example, the use of Apps is currently not covered in this Standard, but what will come next? Rather than trying to play catch-up, the Alliance asks the ACCME to consider its suggestion for a higher/broader level of guidance to cover both live and enduring formats.
Medical/healthcare association			Standard 4.5 was designed to address a problem that no longer exists due compliance reform within industry and is now obsolete. Consider eliminating.
Medical/healthcare association			There should be a publicly available list of prohibited sponsorship assets (such as general wi-fi within a CME meeting) so that we are not inadvertently breaking rules because they are not clearly interpreted.

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Standard 4 **Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Medical/healthcare association			Update the standards around online content to provide clear guidance about where promotion is acceptable and allow flexibility in the context of new online formats.
Nonaccredited CE provider			4.2 – With respect to this clause "Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity." we disagree with the term "or place." We fully understand the separation of CME from commercial interests but argue that the term "or place" could be construed as the entire event space. We believe that the CME can be delivered in an auditorium and commercial sponsors can be located outside the auditorium in a separate space. This should be clarified.
Other - Consultant			Recommendations for the ACCME to consider: - 4.1: Clarify the word "interfere." By providing some specificity, it will help providers ensure they are compliant with this standard. - 4.2: Specific to the challenges noted: a. Consider removal of "The juxtaposition of editorial and advertising material on the same products or subjects must be avoided." The bulleted information that comes after, sufficiently provides the specificity required to ensure compliance (apart from the next item, "b", below, where we ask for added clarification). b. We would argue that accredited CME sessions separated by time (sufficient for individuals to clear the room) and/or physical space would be adequate separation from a non-accredited session (which could be promotional). In addition, sessions accredited vs. those that are not should be clearly communicated to learners (e.g. on-site signage and/or clear labeling in a program agenda). - 4.3: Remove "trade names" from the list of prohibited items, as there are times in which the use of a trade name could be critical for understanding and patient safety. Independence from commercial influence is not inherently harmed by the use of trade names. - 4.5: Consider use of the term "self-directed" CME activities, rather than "self-study".
Other - Joint Provider			If enduring CME material has been created within all the proper guidelines of ACCME policies, how does arranging for access to that CME material by a commercial interest create a conflict? Guidance and the reasoning behind ACCME decisions regarding Standard 4.5 would be helpful.
Other- Consultant			Confusion exists about the meaning of the words 'Arrangements for commercial exhibits or advertisements cannot influence planning or with the presentation' -especially what 'interferes' means. I have heard so many different interpretations of what this means. There needs to be clarity about this. For example, some providers think this means they cannot have exhibits open during the times of sessions that take place in other spaces and rooms at the conference. So many statements in the SCS are so vague, it leaves way too much room for interpretation errors. another example, some providers think that all exhibits MUST be in their own room, and that participants cannot walk through them to attend their accredited session.

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Standard 4
Describe ways in which the ACCME should modernize the requirements about appropriate management of associated commercial promotion to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Patient, caregiver, member of the public			It may be worth simplifying further and having a list of examples that reflect new technologies and modalities in real-time vs included as part of the standard. Also I would be more specific about the intention of this - don't allow the lines between what is a valid accredited CME recommendation get blurred by some sort of bias - clearly separate things for the learner - 'you are now leaving the sterile CME space and there is material, promotion and advertising that is not created/ endorsed by the CME provider - enter at your own risk - recommendations and information may be biased'
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Book royalties seem to be less than in the past, maybe this is not such an issue with physician authors? Admittedly a slippery slope.
Recognized Accreditor (state/territory medical society)			Concerns about how tech companies are beginning to create medical devices will quickly make SCS 4.3 murky (i.e., Microsoft develops an app for tracking blood sugar). This relates to the definition of a commercial interest, but that change will have a big impact on SCS 3 and 4.
Recognized Accreditor (state/territory medical society)			Exhibitors and ads should be considered commercial support and included in reports.

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Standard 5 Challenges

What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	An ongoing challenge is that of getting all faculty to submit their content for review prior to an activity. Unfortunately, despite our best efforts to explain to our faculty the importance of transparency and the rules that govern accredited CME, some do not cooperate and there is no authority in our institution that holds their feet to the fire.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Sometimes the content is about a product that is produced by a single company.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	What is the recommendation in the situation where the device or drug is unique? Or your organization uses a specific device and is completing internal CME - how does Standard 5 fit in. There are so many more immunologics, unique devices that providing a sense of impartiality by not using trade names is becoming harder and harder.
Accredited CE provider	ACCME	insurance company/managed-care company	How should personal patient devices, including 'wearables' be considered? Are they data gathering devices or diagnostic and monitoring devices like lab tests? Or are they commercial products?
Accredited CE provider	ACCME	Nonprofit (other)	5.2 Clearer guidelines on trade name use when only one drug in the class. Brand names being used to clarify for the learner which drug within in a class is FDA approved for use in a specific procedure.
Accredited CE provider	ACCME	Nonprofit (other)	As with many of the standards and criteria, much is left to interpretation. While this is appreciated, it also results in discrepancies in implementation. In the field of medical education, many taxonomies are used to rate the level of evidence of an individual study and the strength of a recommendation based on a body of evidence. It would be helpful if ACCME adopted a single grading scale like the Strength of Recommendation Taxonomy (SORT). This would ensure that a consistent standard is used by all providers of CME activities regardless of the source of evidence to ensure scientific rigor and further protect CME from proprietary business interests of commercial interests. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance by ACCME it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized to ensure the standard is met and an official sign off or approval during the self-study period to ensure the processes taken by the provider are both consistent with other providers and meet the expressed intention of the standard.
Accredited CE provider	ACCME	Nonprofit (other)	Sometimes, one part of a company may be a commercial interest, but other parts are not. Yet due to the definition of commercial interest it is difficult to use that company’s knowledge to present solutions for improving competency, performance and patient outcomes.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	In many ways, Standard 5 interferes with our ability to provide education. We want our docs to be able to talk about new things and proprietary things because they often help advance patient health and the medical field. It is very hard to manage this in the room at live events.

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Standard 5
What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	There is some confusion about medical device CME. It is difficult to report on evidence without reference to the actual device by brand name to distinguish it from other similar devices (total hip replacement systems, pacemakers and cardiac leads, etc.) when developing an activity related to medical devices. For some audiences, a link to the brand name once in the content of a pharmaceutical agent may be needed to help the learner understand the content. Currently, Standard 4 prohibits use of trade names in educational content, whereas Standard 5 indicates trade names should not be used; this language can be confusing.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS believes appropriate CE content includes instruction about surgical technique, as well as improvements or quality in healthcare. The current Standard 5.1 does not address this aspect of surgical education. Additionally, Standard 5.2 appears to assume most activities will contain only presentations, when in the present day, medical education activities include a wide range of content formats. We recommend adjusting the Standard to address this issue.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Health insurers are partnering with pharmaceutical manufacturers to leverage patient data to improve outcomes and lower health costs. With everyone crossing lines for the greater good, how will we determine who can give an accredited session? Health Insurers are now eligible for CME but will that continue as things evolve? How will health and fitness apps/devices be accepted into patient care?
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	It is this Standard on Content and Format without Commercial Bias in particular that is violated by the accreditation of EHR vendors. EHR systems—like any drug or device therapy—can offer benefits to patients, but also can put patient safety at risk when developed or used improperly. Virginio and Ricarte (2015) identify risks mostly related to software bugs and poorly designed interfaces underlying user error—problems that can result in errors including patient misidentification, miscalculation of medication dosages, and lack of access to patient data. ECRI Institute (2016) reported that although many patient ID errors are caught before they affect the patient, some errors do reach the patient, sometimes with potentially fatal consequences. Ignoring alert fatigue has been a consistent problem since the introduction of EHRs and can put patient safety at risk. Nanji et al (2018) found that certain categories of alert overrides were inappropriate? >75% of the time. Inappropriate overrides concerned patient allergy, drug-drug interaction, and duplicate drug prescriptions. CME activities provided by EHR vendors is inherently about “specific proprietary business interest[s].” Their goal is to teach clinicians where to click and how to use the specific system. An accredited CME provider that is not an EHR vendor would plan an activity to meet ACCME SCS and criteria w/o the competing and contradictory goal of promoting the specific proprietary business interest.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current standards are laudable, except for the fact that ACCME fails to consider the concept that employees or owners can and do contribute to scientific knowledge and can with proper review and oversight present high quality, unbiased scientific information.

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Standard 5
What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	In Standard 5.2, we recommend revising the language around the use of generic names as follows: 'Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality; for this reason, use of generic names for therapeutic options is recommended (or preferred). Where trade names are used, all relevant trade names should be included.' The goal is to create a more precise framework in which to work, which will allow providers to provide better guidance and training to CME planners and faculty.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The most recent challenge that has impacted MMS and many other accredited providers is how to provide education on controversial topics where there is limited evidence for clinical recommendations.
Accredited CE provider	ACCME	Publishing/education company	There is ambiguity on certain products that may or may not fall under the definition of product lines related to commercial interests (i.e. online diagnostic tools) complicating step A of the COI resolution flowchart.
Accredited CE provider	ACCME	School of medicine	I think the challenge here is related to the challenge for standard 1; where are we drawing the line with commercial interests? If Google is a commercial interest, then should we be replacing any use of the term 'google/googling' with 'online searching' in all presentations? Whilst this example honestly hasn't arisen in this exact fashion, it certainly could.
Accredited CE provider	ACCME	School of medicine	Overall, I think that 5.1 is fundamental to the whole process- and may need to be at the beginning. The format could stay in section 5: This is the section where we need to address how accredited providers need to vet and assess new and controversial topics. As well as acknowledging the integration of technology, devices etc. with the focus on improving the quality of patient/healthcare.
Accredited CE provider	ACCME	School of medicine	This often feels like a duplicate of content validity, though I understand the differences. Learners and planners who don't do CE accreditation often don't understand how this is related to commercial bias and not content validity. Maybe because we are an organization (academic medical center) who prides ourselves on promoting quality in healthcare, giving a balanced view, and basing everything we do in evidence, it feels duplicative and like duh. Beyond that, conflicted speakers get confused in here, too, often telling us "oh. I have relationships with lots of companies so I'm impartial" which is a good point in their mind (indicating they don't think of any one company over another so how can they bias their content) but also missing the point that's trying to be made, which is, to present varying sides so learners can decide for themselves. The challenge here is clarity and "teeth" – what are we supposed to do here or enforce?
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	In area of informatics CE, we do not provide education on treatment modalities. We educate on recommended best practices and clinical workflows to meet regulatory guidelines, improve patient care and patient care outcomes.

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Standard 5
What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	All our activities are developed after identification of a formal needs assessment and analysis of practice gaps and are designed to change knowledge, skills/strategy, and/or performance of the learners. All our faculty are required to sign an Attestation Form to acknowledge best practices in independent education and reinforce they will not be promoting business interests of any commercial supporter. This helps to restate that not only their written content, but also their verbalized comments, will present all relevant therapeutic options, will be fair-balanced/unbiased, and will be evidence-based. Internal fact checking by clinicians and external peer review is conducted 100% of the time in our organization as a commitment to verification of content validity and fair balance. We have developed internal benchmarks to measure our performance and achieve participant scores exceeding 96% free of bias across all programming as confirmation of these efforts.
Accredited CE provider	Other-ACPE	Nonprofit (other)	For clarification, does this standard prohibit receiving an educational grant from a commercial interest, assuming all ACCME requirements are made regarding independence in planning, signing a commercial support agreement, etc.; for educational programs related to their products. For example, a company whose product is automated dispensing cabinets cannot provide an educational grant for a presentation on automated dispensing cabinets (all other available automated dispensing cabinets are discussed, not just of the commercial interest)? Or a 797 accredited compounding company cannot provide an educational grant for a presentation on Chapter 797 requirements?
Accredited CE provider	Other-ACPE	Other	I have attended CE sessions where the presenter was a clinician who had published a book, ran a clinic, had developed tools (etc.) for that clinical topic. During the learning activity, the presenter repeatedly referred to 'in my book', or 'using my algorithm', or other words to that effect. The unstated theme was 'buy my book'. I leave sessions like that feeling as if I had just attended a sales presentation, regardless of whether 'the book' was the best reference in the world on that topic. Guidance for accredited providers on how to prevent bias like that would be helpful.
Accredited CE provider	Other-CDR	Nonprofit (other)	There are diverse interpretations about if at all/when brand names can be used during a CME activity. While providers should strive to use generic names, this does not always serve the learner. Particularly in cases where the learners are non-prescribers or where they are newer to practice and may not be familiar with all the generic names that will be discussed in the activity. This also becomes challenging in the case of medical devices, when there are combination drugs (e.g. HIV), or when there are multiple formulations of the same drug available under different brand names (e.g. Mesalamine).
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Some presenters, especially clinicians in subspecialty fields, only know drugs by their trade names, and forget to use their generic names in presentations. This is usually done in a context where they are not promoting a product or company, but it is difficult to get them to change to generic names that they never use and often don't know.

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Standard 5
What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	How can these challenges in content with commercial biased be addressed? I like the 'use of generic names.' I think when this is done the participants can look up the brands themselves without personal opinions. Unless there is only a therapeutic option. Sometimes independently provided CME activities when grants are received comes across as being promotion and having specialists in the audience to challenge the promotion is very helpful. I have no answers.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	What about new products and being taught how to use them when there is actual evidenced based medicine that it will improve the quality of patient care?
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	When content is discussing different pharmacies - and different pricing - Good Rx vs Smart Rx versus other pharmacies. sometimes removing this content is taking away important education.
Advocacy organization			When developing an activity related to medical devices, it is difficult to report on evidence without reference to the actual device by brand name in order to distinguish it from other similar devices (e.g. total hip replacement systems, pacemakers and cardiac leads). And, for some audiences, a link to the brand name once in the content of a pharmaceutical agent may be needed to help the learner understand the content. This is particularly more likely to happen in team-based education, where not all team members are familiar with generic names. Currently, Standard 4 prohibits use of trade names in educational content, whereas Standard 5 indicates that trade names should not be used, indicating to the savvy reader that this is not an absolute prohibition (which would have used the term “must”), and instructions are provided should trade names by needed. Providers are confused by these two opposing views.
CE accreditor			Additional guidance is needed regarding the use of agents for off-label purposes. In addition, non-FDA regulated products should be addressed as well including medical marijuana, homeopathic/naturopathic and supplements as such products are frequently recommended or prescribed by healthcare providers and used by patients. Review of content for validity may be difficult for these agents due to the lack of evidence-based materials to support or refute their use in patient care.
CE accreditor			Our providers find it difficult at times to follow Standard 5.2 when there is a new product available and there are no other options to give a balanced view. There is often confusion as to how to handle this type of situation.
Certifying or licensing board			A new challenge goes beyond commercial bias; accredited CE content must be firmly grounded in solid scientific evidence. This should apply not only to the standard medical content areas, but also to programs addressing alternative, complementary, and naturopathic therapies.

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Standard 5 What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Clinician/healthcare professional			CME activities free of commercial support should be designated as such. A suggested statement follows: 'Persons paid to create, or present, promotional presentations or materials on behalf of commercial interests cannot arrange, present, or participate in any way (other than as an audience member) in any accredited continuing medical education activity that addresses the same disease or condition (including risk factors and epidemiology) or any aspects of the products, classes of products, or competing products used to diagnose, treat, or prevent the disease or condition.'
Clinician/healthcare professional			Most practicing physicians and pharmacists find the use of generic names for drugs on patent annoying unless the generic is immediately followed by the trade name, so the learner knows what is being discussed.
Medical/healthcare association			As CE evolves to include more team-based learning, Standard 5.2 and its requirement to use generic terms becomes a challenge for accredited providers because not all clinical team members are familiar with the generic terms. The problem is only compounded when we move out of pharmaceutical therapy to the device world. For many devices the brand/proprietary name is the only designation for a product which makes referring to it in any other way impossible.
Medical/healthcare association			It is challenging to present the most up-to-date information at CME activities because many of the people who are involved in medical advances are unable to teach because of financial relationships.
Medical/healthcare association			Some providers (often responding to RFPs from commercial interests) focus topics in ways that cleverly advantage a product. This form of bias is often tricky to detect. We also see what we suspect are industry-generated slides in faculty presentations with logos removed.
Other-Consultant			Some confusion exists regarding the appropriateness of medical device CME.
Other-Health Foundation			BY narrowly defining the product category, commercial interests support single entity or device presentations.
Other-Substantial equivalency			addressing issues related to single/only drug available in the treatment of a genetic disorders. Also, the drugs that are currently under research phase and are being presented at a research conference since the drug is not scientifically credible and hence not valid until approved by the drug authority. Do we have guidelines on this issue?
Patient, caregiver, member of the public			No issues here, although seems to be a fit under SCS2 since these are instructions that I always provide as part of the follow up to the collection process so could collapse?

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Standard 5
What new or existing challenges have you seen related to accredited CE content and format without commercial bias that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			CME that promotes the interest of the accredited provider whose products and services are not consumed by, or used on, patients - rather their services and products are used by physicians for the business side of practicing medicine EMR vendors.
Recognized Accreditor (state/territory medical society)			Generic names are getting more and more confusing.
Recognized Accreditor (state/territory medical society)			I do have a concern and although not sure where to write, probably here may be an adequate place. I noticed a CME activity where a sophisticated theme/subject was presented by a general physician. This made me feel something unusual and not appropriate might be happening. Somehow or somewhere it must be specified the content must be presented by an appropriate speaker or researcher.
Recognized Accreditor (state/territory medical society)			Most national specialty society meetings I go to have an agenda book with plenty of advertisements, they generally fade into the background, same thing with give-away bags, lanyards, etc. Perhaps these smaller things are not so serious? (or could be less onerous for providers)?
Recognized Accreditor (state/territory medical society)			Our accreditation committee has had trouble with C10 (SCS 5) because it's so similar to SCS 1. There are often arguments about is any of SCS 1 is noncompliant, so therefore must part of SCS 5.

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Standard 5 Recommendations

Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Provide clarifications on the 'special exceptions' such as when an organization has purchased a new medical device and is receiving training from the manufacturer and the content is presented by a representative of the manufacturer. the same would go for any other special exceptions.
Accredited CE provider	ACCME	Nonprofit (other)	ACCME should consider options to allow employees/owners of ACCME-defined commercial interests to present accredited CE related to the commercial interest's business lines or products provided that the content promotes improvements or quality in healthcare and not a specific proprietary business interest, e.g., if their conflict of interest can be resolved through mechanisms such as review of content to ensure the content constitutes quality education. If employees of commercial interests are not able to promote quality healthcare and improvements in patient outcomes is not in the best interest of learners. Their inclusion as presenters of accredited education expands the pool of subject matter experts available to present on the latest research and science relevant to the field. Additionally, the current restrictions put undue limitations on providing learners with the latest updates/ developments, as many innovations in healthcare are led by commercial interests. We believe that it is a disservice to learners to limit this education especially when appropriate mechanisms are in place to ensure the validity and quality of CE, including limiting recommendations to evidence-based sources and independent review and validation of content to verify the scientific basis and integrity of the content presented (recommendations based on evidence currently accepted within the profession of medicine; scientific research conforms to generally accepted standards).
Accredited CE provider	ACCME	Nonprofit (other)	Content defined by the FDA as real-world data and real world evidence should be considered valid. In the numerous clinical scenarios for which there is an absence of patient-oriented evidence from high quality RCTs, the original definition of evidence-based medicine (clinical experience, clinician judgment, patient preference) should guide what is considered valid CE content, if it is clearly stated as such. Lastly, it would be helpful to add a notes section to these standards that links to related resources already in existence (e.g., the additional information about ensuring balanced content found in ACCME's FAQ). This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either "used on" and "consumed by" patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs).
Accredited CE provider	ACCME	Nonprofit (other)	In line with this, some companies have many divisions that address many solutions. But because they are a conflict for a single topic division, providers are limited on presenting knowledge about that company because of other divisions.

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Standard 5
Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (other)	Pharmaceutical trade names are better known by the learner as compared to generic names. All speakers/authors could use, and peer reviewer can determine fair balance. Allow use of medical device names/photos when used for a specific procedure.
Accredited CE provider	ACCME	Nonprofit (other)	Update Standard 5 to explicitly state that device education is appropriate under certain parameters. Additionally, consider developing an FAQ that provides clear examples of reasonable use of trade names.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS recommends adding the word “techniques” to Standard 5.1 so that it reads, “The content or format of a CME activity or its related materials must promote improvements, quality, or techniques in healthcare and not a specific proprietary business interest of a commercial interest.” AAFPRS recommends changing the word “presentations” to “educational activities” in Standard 5.2 so that it reads, “Educational activities must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.”
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Allow the accredited providers more latitude in determining whether content or potential involvement does represent a true conflict of interest and/or whether the proposed content has value for learners.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Suggest making this standard more specific to ownership stakes or intellectual property involve
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should modernize requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment by expanding the definition of commercial interest to include EHR vendors and other health technology companies that have the potential to risk patient or population health.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The definition used by or used on patients’ needs further clarification.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS recommends that the SCS articulate specifically what may be presented to learners if a newly developed product/service is launched to the market and there are no other therapeutic options. Regarding controversial topics in CME, the MMS recommends that the ACCME work more closely with its providers to determine whether proposed content related to controversial topics is appropriate to present if a provider requests assistance.
Accredited CE provider	ACCME	Publishing/education company	Greater clarity on the definition of commercial interests pertaining to what kind of goods/services should be considered as “used” on patients.
Accredited CE provider	ACCME	Publishing/education company	The current standard permits providers of all types to maintain compliance through a variety of mechanisms. We do not recommend any changes at this time.

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Standard 5 Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	School of medicine	Again, more clarity on exemptions of commercial interests would make this standard easier to carry out and make us providers more confident that we're carrying it out properly.
Accredited CE provider	ACCME	School of medicine	I like this standard and think it is the core of the rule. Why not just make it the criteria on point?
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	In addition to the elements of Standard 5, ASCO has also included the additional standard in its expectations for presentations that "presenters are assumed to have full responsibility and control over the content," again to promote independence from commercial influence in all aspects of the activity.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	From a healthcare informatics perspective, there are no recommendations for modernizing Standard 5.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	We feel that ACCME/JA provide excellent examples of best practices to providers (eg, the ACCME algorithm) on not only WHAT must be done to ensure compliance, but HOW to navigate situations that pose risk.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Provide more clarity around the how to effectively use devices/products in a simulation-based activity with concern for product promotion (branded devices, apps, etc.)
Accredited CE provider	Other- Accreditation Council for Pharmacy Education- which adopts	Other	Standard 4.3 stating that slides, abstracts, handouts may not contain trade names is detrimental to providing education and conflicts with Standard 5.2 that states that if the content includes trade names, multiple should be listed when available.
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Standard 5.1 should be the determining factor if an educational activity is awarded CME/CPE credits, not whether the Faculty happens to be an employee of a commercial interest.

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Standard 5
Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other-CDR	Nonprofit (other)	Similar to how ACCME has set guidelines for when an employee of a CI can participate in a CME activity, it would be helpful if they could come up with guidance about when using brand names (as the exception) would be permissible if the provider believes it would serve the education of the learner.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Again, be aware of the changing environment and the nuances.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Stick with Standard 5.2 because it's straightforward and anyone that deviates from that is non-compliant.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Your standard is clear as far as it goes. You might want to add a bit of verbiage to include supplies and equipment. Then also state that training to use supplies and equipment already purchased is classed a bit differently, because the presenter [who must be eligible per ACCME standards and not an employee of the commercial organization] is only teaching how to best use a product or drug already purchased or on the formulary.
Advocacy organization			The CME Coalition requests that the ACCME consider editing the language of Standard 4.3 to exclude “trade names” or otherwise revise to remove conflicting statements of expectations. We also suggest the development of an FAQ that provides clear examples of reasonable use of trade names. Trade names inclusion must also be at the discretion and approval of the accredited provider.
Certifying or licensing board			ACCME has earned the trust of the medical community by developing and upholding standards that serve as guideposts. In addition to strengthening protection against any unintended bias by moving to universal disclosure of relationships, ACCME can play a vital role in upholding the importance of scientific integrity by assuring that content and format are not only free of commercial bias, but that they are also firmly grounded in solid scientific evidence.
Clinician/healthcare professional			A bright line should be drawn between promotional and non-promotional speakers. We again suggest that the statement be changed to say, 'Persons paid to create, or present, promotional presentations or materials on behalf of commercial interests cannot arrange, present, or participate in any way (other than as an audience member) in any accredited continuing medical education activity that addresses the same disease or condition (including risk factors and epidemiology) or any aspects of the products, classes of products, or competing products used to diagnose, treat, or prevent the disease or condition.'
Medical/healthcare association			The Alliance is asking the ACCME to provide greater clarity on when the use of proprietary names (when necessary) is acceptable.

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Standard 5
Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Medical/healthcare association			ACCME could consider a different level of scrutiny for activities with a single source of funding or if funding was the result of an industry-issued RFP. Consider banning the use of any industry-generated content.
Medical/healthcare association			Rather than prohibit employees of commercial interests from presenting firsthand knowledge about the products or services helped develop, define mechanisms to manage the process and allow them to present new data even if related to a product line or service of their employer.
Medical/healthcare association			We acknowledge there is often disagreement whether content and format of proposed CME topics related to alternative, complementary, integrative, functional should be accredited. As an organization of academics committed to rigorously studying this area, we recommend that ACCME seek nonbiased consultation input on these proposals when needed. The American Academy of Family Physicians Subcommittee on Clinical Content and Accreditation, Commission on Continuing Professional Development, has had success with this model. Our organization, the Academic Consortium for Integrative Medicine and Health, comprised of over 70 academic health centers and systems, would be happy to work with you to identify appropriate consultants free of bias or conflict of interest to review such content submitted by other organizations.
Nonaccredited CE provider			One point to note: where a clinical standard of care/current best practice involves a drug/device/etc. that is the property of a specific commercial entity, 'promoting quality/improvements in healthcare' will necessarily have the effect of (indirectly) 'promoting a business interest' (ie. if Drug X is the best option for patients with Disease Y, making that point will benefit the business interests of Drug X's manufacturer). Efforts to provide a 'balanced view of therapeutic options' should NOT supersede the objective of providing the best possible clinical recommendations (ie, If Drug Z is a less effective/more problematic option for treating Disease Y than is Drug X, stating otherwise just to give the appearance of 'balance' is irresponsible and contrary to (what should be) the objectives of CME)
Other-Consultant			Update Standard 5 to explicitly state that device education is appropriate under certain parameters. This message is found in two ACCME FAQs but not in the actual language of Standard 5.
Patient, caregiver, member of the public			The controversial topics stuff may be worth rolling into here, as well as the three special situations for employees of commercial interests and provide very specific examples of cases in which this is or is not compliant. seems to be a fit under SCS2 since these are instructions that I always provide as part of the follow up to the collection process so could collapse?
Recognized Accreditor (state/territory medical society)			5.1 Drop the last 4 words. The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest. Drop: 'of a commercial interest'.

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Standard 5 **Describe ways in which the ACCME should modernize the requirements about accredited CE content and format without commercial bias to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			As stated in the SMS webinar, SCS 5 is quite similar to SCS 1. It seems like SCS 5 is really a reference to the clinical content validation requirement, which maybe should be incorporated into the SCS.
Recognized Accreditor (state/territory medical society)			Consider relaxing some restrictions on logos, etc.?
Recognized Accreditor (state/territory medical society)			In cases where new therapies are introduced - for example, biologics a number of years ago - the only ones qualified to explain how the therapy works and how it will be used are those with some ties to the company that has developed the drug. Their input is vital. It seems as though a special category of CME could be developed to accommodate informational talks given by physicians/researchers working for or with commercial entities.
Recognized Accreditor (state/territory medical society)			Revise STANDARD 5 to: CONTENT AND FORMAT WITHOUT COMMERCIAL INTEREST BIAS
Recognized Accreditor (state/territory medical society)			The Medical Letter includes trade names along with generic names. The Standard should be revised to allow inclusion of trade names will generic names.

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Standard 6 Challenges

What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I'm not sure anyone pays attention to these disclosure announcements. Also, as a provider, we have struggled with speakers completing a form listing conflicts that do not match what the speaker later puts into their slides.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I'm not sure that this process in the way most organizations approach it is more than 'checking the box' despite our best efforts to make sure speakers disclose properly. I'm wondering if there is another way to go about this process - or if the standards should find another way to meet this requirement. It's currently cumbersome, even in the digital format.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Not all speakers and researchers are aware of the disclosure protocol and have to be educated on how and why to disclose, or speakers in high demand submit a slide deck with no disclosure slide included from previous speaking engagements. (this occurs 25% of the time)
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Positive changes. Physicians are very aware of commercially biased presentations, at least within our organization, and address any issues as they come. The CME community has done a wonderful job the last 10 years addressing this.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	This is only effective if disclosure is accurate.
Accredited CE provider	ACCME	Nonprofit (other)	Interpretation and assurance of compliance with Standard 6 are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. As providers, the processes we use to meet each standard build upon each other so if one part of CME implementation is determined to be out of compliance by ACCME it has a domino effect on the overall work. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized during the self-study period to ensure the processes taken by the provider are both consistent with other providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance v. noncompliance examples were made public (similar to the online compliance v. noncompliance resource page for ACCME criteria). It would also be helpful to add a notes section to these standards that links to related resources already in existence (e.g., the flowchart for identifying COI as it includes info about what to disclose to learners).
Accredited CE provider	ACCME	Nonprofit (other)	Standard 6.4, how do you disclose financial support without using a trade name if they are not known by anything else?
Accredited CE provider	ACCME	Nonprofit (other)	The need to disclose use of in-kind supplies or products for bio-skills activities.

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS is committed to the same mission as the ACCME, to assure and advance quality learning for healthcare professionals that drives improvements in patient care. However, to sustain this mission is a challenging task in the current cost-cutting healthcare environment. We utilize commercial support as one mechanism to ensure our organization can provide this education, and we have found the elimination of commercial support acknowledgement with logos has harmed our ability to obtain commercial support. This in turn reduces our ability to provide education to our physicians and ultimately, patient care.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AMIA requires planners and presenters to disclose relevant financial relationships with drug, device, and HIT companies. AMIA relies largely on peer review and the individual content review as our methods for resolving for potential COI. We comply with the ACCME's FAQ on when employees of ACCME-defined commercial interests can be in a position to control the content of accredited CME. Nevertheless, participants in our CME activities still sometimes report perceptions of bias in our activities, which are almost always focused on the activity being too EHR-vendor focused. In terms of current ACCME vocabulary, these reports of bias perceptions are dismissible. However, AMIA takes them seriously and we are troubled by the disconnect between the influence of health information technology on today's healthcare environment and the ACCME's current guidance. We admire the ACCME's dedication until now for CME providers' compliance with Standard 6, Disclosures Relevant to Potential Commercial Bias. We believe that all ACCME-accredited providers be made aware of this relatively new, greatly influential, Congress-lobbying, profit-driven group of commercial interests: EHR vendors.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	How will we handle future advancements which could reduce cost or improve patient outcome like the following? With all the breakthroughs in Gene and CAR T-cell therapies, will these treatments, once accepted by the FDA, be offered for CME lectures? How will artificial intelligence (AI), which can unlock the potential to improve healthcare diagnosis, be accepted in CME?
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	It is ridiculous to have to list 'no relevant reported relationship' for each presenter at a large Annual Meeting. Listing the RELEVANT is what is important and should only need to be the requirement.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current standards are laudable, except for the fact that ACCME fails to consider the concept that employees or owners can and do contribute to scientific knowledge and can with proper review and oversight present high quality, unbiased scientific information

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Publishing/education company	1. Learners are eager to engage with the educational content, particularly online. Ensuring disclosure information is seen by learners prior to the beginning of the activity can be seen as an impediment and discourage learners from participating. 2. It can be confusing when financial relationships are described or characterized differently by different providers. For example, the same relationship may be reported as “consulting fee” by one provider and as “advisory board” by another provider.
Accredited CE provider	ACCME	Publishing/education company	In collecting disclosure information, several redundancies occur between “what was received” and “for what role” submissions making information difficult to translate logically when disclosing to learners.
Accredited CE provider	ACCME	Publishing/education company	In surgical versus medical therapies, use of generic names for devices is not applicable. This makes reviews of content more challenging and frustrations by surgical faculty run high as the perceive removal of device names as diluting educational experience.
Accredited CE provider	ACCME	School of medicine	Confusion on an employee of commercial interest. Some of our faculty were founders of a company or receive stocks/financial compensation for inventing a product. Would appreciate a strict definition of an employee that we can share with people. Can a conflict as an employee ever be non-relevant and therefore not need disclosure? For example, an MD who is an employee of Baxter. CME activity on medical education. The content to be presented is not relevant. So, don't disclose? Or disclose and resolved by option ' Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the CME activity is not related to the business lines or products of their employer.'
Accredited CE provider	ACCME	School of medicine	Do learners absorb the list of disclosures often presented in a handout or on a quick slide much less contemplate them in reference to what be biasing the content delivery? And do we want learners to be focused on this topic when what accredited CE really wants is for them to take our take home message home, apply it, and improve patient outcomes? Or are speakers with conflicts an even greater “expert” because they’re so sought after? Does a giant list of conflicts read like a list of expertise? Evidence shows that when specialties reveal their specialty bias to patients, rather than patients considering that bias, it increases patients’ trust and their likelihood of choosing a treatment in that specialty (see reference suggestions). Is the same thing happening with disclosure in accredited education? Alternatively, what learner has attended an activity, read that no one has any conflicts and relaxed thinking they’re getting a truly independent presentation and they can suspend critical thinking of where the speaker is coming from? Or do they tune out because this person may not be “expert” enough? Standard 6 does not even come close to passing a sniff test in terms of logic. It makes no sense to anyone outside of healthcare and those in it have stopped reading or considering. No one makes the connection to education without promotion. It’s not doing its job and, even worse, its confusing people.

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Given the news lately, this has become so important. The challenge I have been considering is, where do we draw the line with this? Can we accept the relationships that are provided in our annual financial disclosure as accurate or are we expected to actually research each planner/presenter to ensure they're properly stating these relationships? In terms of relevance, if a presenter is telling us that the content over which they control contains no information about healthcare products or services from commercial interests with which they have a financial relationship, and we review their presentations and find no bias, is that still acceptable? For a planner, it seems that recusal from final-decision making in the areas of content in which they're conflicted is a new level of standard (thus we've incorporated this).
Accredited CE provider	ACCME	School of medicine	Healthcare institutions may have important financial incentives that end up promoting or limiting the selection of medications or medical devices that may not be supportable by the best available evidence, yet those relationships are currently invisible.
Accredited CE provider	ACCME	School of medicine	The 'speakers bureau' problem.
Accredited CE provider	ACCME	School of medicine	timing of disclosure with nonlinear educational methodologies and formats creates some challenges in the timing of disclosure
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Since 2013, ASCO has collected a general disclosure of all relationships with healthcare companies in order to remove the subjectivity about relevance from the faculty. ASCO strongly believes in general disclosure and urges ACCME to adopt this model. There are challenges to general disclosure, of course, namely a heavier responsibility on the CE provider to make relevance determinations for management and control of content. In addition, ASCO has received criticism that the general disclosure model leads to "information overload" for learners. ASCO makes disclosure information available in multiple places (for example, posted online with activity information as well as displayed in the session room before presentations begin) so that learners have ready access to that information. In the era of intense scrutiny from the media and elsewhere about disclosure and resulting conflict of interest, the potential for critique based on lack of disclosure could be narrowed by wider adoption of general disclosure. ASCO has also heard from its learners, however, that despite these multiple strategies to share disclosure, having access to information can still feel lacking. The ACCME might consider outlining standard strategies for publishing disclosure information across media types so that learners can expect a similar experience across accredited CE activities.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	To prevent possible challenges with conflicts of interest and potential commercial bias, we will not provide CE for any educational activity or session attached to potential bias.

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	We use internal checklists to ensure this information is disclosed to learners via a variety of methods and routinely scan for this information as clinicians ourselves when involved in other educational activities. This seems to be robustly applied and not an issue of concern.
Accredited CE provider	Other- ACPE	Publishing/education company	Hard to get disclosures from faculty in a timely manner. At times we don't know about a potential conflict until we are well underway in planning and choosing speakers. Or they forget to disclose something. We are continually working on finding ways to remedy this internally. I'm not sure if ACCME would have ideas on this.
Accredited CE provider	Other-ACPE	Other	Pertaining to Standard 6.5: does this mean that prior to the beginning of educational activity the provider or author must verbally make a statement of disclosure?
Accredited CE provider	Other-ACPE	Other	Regarding the disclosure of 'relevant financial relationship(s): the standard needs appropriate guidelines to identify those relationships that concern the joint providers.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Simply disclosing a financial relationship is not enough for learners to understand the influence this relationship may have on the content of CME. For example, simply telling learners that a presenter is a 'paid member of an expert panel' for a commercial interest does not tell them that the presenter has been paid and groomed to give them information that has been cherry picked by the commercial interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Is there a way to handle the identification and disclosure of relevant financial relationships during a live CME event? For example, if someone presents last minute or discusses a case without prior notice.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	The letter of Standard 6 is great. I appreciate “relevant” financial relationships. Some state societies have recommended to request ALL financial relationships and for the CME program to determine which ones are relevant. I hope we don’t move to this direction. The planners, committees and presenters know what is relevant to what they are presenting as experts and their roles as planners and committee members. The support staff do not have the human power to determine what among all disclosures received independent of the topic at hand to be relevant.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	This has not been difficult for compliance. We provide disclosure: 1. at sign in 2. written disclosure given at sign in (in print, back of evaluation form) 3. we ask participants to evaluate programs for bias, evidence-based practice, and statement of disclosure

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
CE accreditor			ACCME should be more prescriptive as to the language use in disclosure statement; particularly for non-speakers (e.g., planners, CE committees). Consideration should be given towards stipulating specific, standardized formats for these instances (for example, does each planner have to be named individually? Or is a blanket "planners" statement appropriate?)
Certifying or licensing board			Many disclosures are insufficient. First, requiring only disclosure of those relationships that an individual judge "relevant," defined as those that create a conflict of interest, is far too narrow. Financial and non-financial relationships can have an influence on an individual's thinking without creating an actual or perceived conflict of interest. For those relationships that are disclosed, there is often scant information provided. Simply providing the name of a company and that "honoraria" were received does not provide what a learner needs to know. In contrast, providing the name of the company along with a statement that the individual received honoraria for service on an advisory board to provide guidance to the research arm of a pharmaceutical company concerning new drug development for a specific (named) condition gives the learner sufficient information to feel reassured about the independence of the educational program.
Clinician/healthcare professional			Disclosure is not enough. ACCME should not accredit modules with commercial support, as commercial support is synonymous with commercial bias.
Clinician/healthcare professional			Providers are so worried about compliance that they force lecturers to state at the start of each lecture their conflicts or that no conflict exists.
Clinician/healthcare professional			This talks about 'relevant' conflicts. If I own a single share of stock, it is not possible for that to be relevant, yet per standard 2 I have to disclose. As a speaker at a variety of meetings, I have seen forms that ask the question 'Do you have a RELEVANT disclosure' and there are people who will respond 'No' when they may well have a conflict that should be disclosed. Some providers ask for ALL relationships and then ask me to judge their relevance. Self-judging is not appropriate. In addition, at a national meeting when I run a session, I am asked to resolve potential conflicts for the speakers that I selected to speak at the meeting. Although I see their disclosures, I am often not able to judge conflict adequately until I have heard their verbal presentation.
Medical/healthcare association			Disclosure has become perfunctory and routine, and learners may not pay attention or take the disclosure into consideration when attending a CME session. There is no research or evidence to confirm that disclosure to learner prevents bias.
Medical/healthcare association			Under disclosure by planners and over disclosure by faculty remain problems that confuse learners by failing to provide them with the most relevant information at the relevant time.
Other			None. We now have a disclosure form which lists ACCME's definition of commercial interests and what activities must be reported and for how long. This has made our collection of disclosures much more seamless and has helped our planners and potential speakers.

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Standard 6 What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Other			Important specificity is found within the FAQs that would be beneficial to include in the formal language of Standard 6. Other noted challenges with Standard 6: - 6.1: Since 6.1 explicitly outlines what information must be disclosed to learners (i.e. name of commercial interest(s) and nature of relationship(s)), it would be beneficial to incorporate this language into 2.1, for added alignment with collection of disclosure. As well, "nature of the relationship" can be interpreted broadly. As such, there is variance in how providers collect this information, specific to the ACCME's requirement (we're not talking about Variance as it pertains to unique rules of a provider that span beyond the ACCME's). - 6.2: If all individuals in a position to influence content have "nothing to disclose," the language within the standard is not clear regarding how this can be compliantly disclosed without listing individual names and disclosure(s). - 6.3: The language is singular as "source," but a provider may have multiple sources of support for an activity. Further, "nature of support" could be interpreted broadly. - 6.5: "…must disclose the above information" is a vague reference and can be confusing to providers.
Other			There is much too much grey around what is the appropriate language to use, what needs to be included on documentation and tools, and what constitutes appropriate descriptions or formats for disclosure and resolution for all roles involved in CE.
Patient, caregiver, member of the public			I find that people twist up what is commercial support and what is personal conflict of interest and I think having this standard apply to both perpetuates that issue.
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Disclosures currently include all commercial relationships. It should only include those that pose a conflict of interest.

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Standard 6
What new or existing challenges have you seen related to disclosures relevant to potential commercial bias in accredited CE that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Recognized Accreditor (state/territory medical society)			Logos are relatively minor things that eventually become invisible, perhaps also trade name restrictions?
Recognized Accreditor (state/territory medical society)			Seems out of touch to require speakers to report financial relationships of spouses/partners. Many couples keep their finances separate and why would you disclose for a spouse and not an adult child or parent or best friend? I think some speakers feel it is a violation of their spouse's privacy and independence.
Recognized Accreditor (state/territory medical society)			Sometimes this piece confuses providers - I would suggest incorporating this Standard and its rules in other Standards in the SCS - I included suggested placement in my previous responses.

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Standard 6 Recommendations

Describe ways in which the ACCME should modernize the requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	ACCME should encourage ACGME, ABMS member boards and other professional organizations to distribute a common Disclosure protocol to educate the physician-speaker workforce. Physicians need to be educated on ACCME SCS and Disclosure protocols early and often.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	From Standard 2: I would like to see the ACCME (and maybe other accredited education organizations) to develop a national database for disclosure where speakers list all potential conflicts. This is a cumbersome process internally and it would be great if speakers registered with this national database and we could review potential conflict of interest before moving forward with a speaker and addressing COI. That it doesn't matter who they're speaking for they have disclosed.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	It could be valuable to link this up to the open payment site.
Accredited CE provider	ACCME	Nonprofit (other)	Perhaps more guidance as to the length of time after a relationship has been terminated but must still be disclosed.
Accredited CE provider	ACCME	Nonprofit (other)	Suggest removing 'trade name' from Standard 6.4.
Accredited CE provider	ACCME	Nonprofit (other)	This standard relies on the definition of Commercial Interest, therefore, it would be helpful to add a notes section to the definition of Commercial Interest where either “used on” and “consumed by” patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AAFPRS strongly disagrees with the ACCME’s rules regarding the use of commercial interest logos in the acknowledgement of commercial support. We recommend Standard 6.4 be changed to state, “‘Disclosure’ must never include the use of a commercial interest’s trade name or a product-group message of an ACCME-defined commercial interest.”
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	As wellness moves to the forefront, health data captured by companies like MapMyFitness is extremely important but can any of it be included in an accredited session? How will the wearable devices need for telemedicine effect an accredited session? We could demonstrate multiple brands, but they are still medical devices.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	List RELEVANT relationships only for large annual meeting.

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Standard 6 **Describe ways in which the ACCME should modernize the requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME should modernize requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment by expanding the definition of commercial interest to include EHR vendors and other health technology companies that have the potential to risk patient or population health.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS suggests incorporating a standard disclosure statement that acknowledges commercial support to create consistency and clarity for learners. For example, for providers that are awarded a REMS grant, there is specific language required to be communicated to the learners prior to the educational activity.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There is gross confusion on the part of learners, providers and proposed speakers, and content controllers regarding the distinction between disclosure and the concept of 'relevant' disclosure. This needs to be simplified and clarified so that all parties understand and are able to provide disclosures, AND so that learners and reviewers are able to interpret and adjudicate and mitigate any potential COI.
Accredited CE provider	ACCME	Publishing/education company	1. We suggest that the wording be changed to "A provider must make the disclosure information available or accessible to learners prior to the beginning of the educational activity." This would allow learners to have the ability to review the information before engaging with the content, but providers would not have to prohibit learners from engaging with the activity if learners chose not to review the disclosure information prior to starting the activity. 2. We suggest providing definitions of the various relationships and standardizing the terms used when describing these relationships to learners. This could be accomplished in the Policy "Financial Relationships and Conflicts of Interest," (see comments under that section).
Accredited CE provider	ACCME	Publishing/education company	Does disclosure to learners always need to adhere to a rigid structure communicating redundancies between Company/What Received/For What Role? (eg. [faculty] discloses speaker fees for role as speaker from [company]).
Accredited CE provider	ACCME	School of medicine	Are there some ways that accredited providers can have some alternatives to providing disclosure in a timely manner-- I don't know that the language needs to be changed.
Accredited CE provider	ACCME	School of medicine	Institutional relationships should be recognized and disclosed to learners.
Accredited CE provider	ACCME	School of medicine	It would be helpful if specific expectations were provided. i.e. if a planner must be recused from final-decision making in the areas of content in which they're conflicted, it would be helpful if this was specifically stated in our standards.
Accredited CE provider	ACCME	School of medicine	Move to restrict use of faculty that have participated in such.
Accredited CE provider	ACCME	School of medicine	Provide specific examples for when disclosures would not be needed.

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Standard 6
Describe ways in which the ACCME should modernize the requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Our colleagues in research ethics have tackled this issue over the past several years; is there something we could learn from their experiences? It has become pro forma. Speakers often joke and make this disclosure look silly and just another ‘hoop’ and I hear them frequently saying like “I have no relationships to disclose but I sure wish I had some <chuckle>.” There needs to be a realignment of perceptions among learners that disclosure is just one component of a vetting process to assure that the education they are about to participate in is coming from a trustworthy source. Disclosure and resolution of COI is supposed to be value add, however that is not appreciated by presenters and planners, and is looked at as being an unavoidable, a chore imposed by the regulatory process.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	ASCO recommends that the ACCME move toward general disclosure by asking providers to collect a disclosure of all relationships with commercial interests as defined by the ACCME. Disclosers could also be asked to designate any relationships that they believe are relevant, to aid CE providers with management. With that shift, sharing all relationships collected with learners can help with full transparency. Management of relevant relationships will still fall with the provider, as it does now.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	While Standards 6.1 and 6.2 are explicit in their wording, standard 6.3 could be perceived as somewhat ambiguous. For example, with the changing healthcare landscape, it might be beneficial to ensure that all stakeholders can interpret what is meant by “in kind”.
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	If you must distinguish between employees of commercial interest and everyone else, then simply include it as a required disclosure and leave it at there. Then eliminate the prohibition of the employee participating as Planner/Faculty for a CME/CPE event as long as Standard 5.1 is upheld.
Accredited CE provider	Other-ACPE	Other	Traditionally, we talk about direct financial relationships being considered (employment, contractual obligations, stock holding). However, do we need to consider owning mutual funds, with or without drug manufacturer holdings) as a conflict? If so, how is this expected to be identified and mitigated?
Accredited CE provider	Other-ACPE	Publishing/education company	I think if you are speaking about one therapy and you have an expert in that area that may have done a talk for a commercial supporter with money attached in the last 12 months, I do think they should be vetted but an automatic COI. The way it's written now seems like that is what the standard is saying. We have an internal resolution form for situations like this and address as needed and only dismiss a speaker if there is a try COI. Not all drug companies and participants understand what bias is and it causes issues sometimes.

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Standard 6
Describe ways in which the ACCME should modernize the requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment.

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Providers and presenters must be more explicit in their disclosure statements, and expressly state why their financial relationship with a commercial interest is not a cause of bias in their presentation. (see Oxycontin; Perdue Pharmaceuticals; opioid epidemic for a great example of misleading disclosures).
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Consider case reviews and audience discussion, does everyone that speaks during the live event really need to provide a disclosure?
Certifying or licensing board			ACCME should move to requiring universal disclosure of all financial and non-financial relationships with commercial and non-commercial healthcare-related interests, rather than only “relevant” financial relationships. To assist learners in understanding the nature of these relationships, and their potential to influence the content or presentation, we recommend reporting relationships based on categories of activities, including research, support for educational activities, intellectual property, work as an author/editor, and investments. Furthermore, rather than simply disclosing the name of a company and the type of relationships, we recommend providing sufficient detail about the purpose of the work and the products involved. This level of detail allows learners to understand the benefits of the relationships, and to make their own judgments about the potential for influence. Detailed universal disclosures are also important in developing any management plans and can therefore enable continued participation by subject matter experts in educational programs, even if they have multiple relevant financial and non-financial relationships.
Clinician/healthcare professional			Disclosure of industry funding of activities is not enough. Industry sponsorship is only one form of conflict of interest in a CME activity; the conflicts of individual faculty can just as easily influence the content and recommendations of an activity and should be disclosed.
Clinician/healthcare professional			Informing learners once in writing that no conflict exists should be enough, and once in writing (not read aloud) before each enduring internet program.
Medical/healthcare association			ACCME should consider better guidance or tools to ensure that faculty and planners provide relevant information.
Medical/healthcare association			Conduct research to study whether the disclosure process and disclosure to learners is effective in preventing bias.
Other-Consultant			Create standardized documents, tools and processes for all providers to use. There is much too much grey around what is the appropriate language to use, what needs to be included on documentation and tools, and what constitutes appropriate descriptions or formats for disclosure and resolution for all roles involved in CE.

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Standard 6 **Describe ways in which the ACCME should modernize the requirements about disclosures relevant to potential commercial bias in accredited CE to reflect the changing healthcare environment.**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Other-Consultant			Recommendations for the ACCME to consider: - 6.1: The name of the commercial interest(s) and nature of the relationship should be incorporated into Standard 2.1 for alignment between collection and reporting of disclosure. "Nature of the relationship" should be detailed to ensure consistency across providers (e.g. Consultant/Independent Contractor, Grant/Research Support, Honoraria, Speaker's Bureau, Stock Shareholder, Other/Royalty, Employee/Salary). - 6.2: Formally cite that if all individuals in a position to influence content have nothing to disclose, a broad statement indicating that all individuals in a position to control the content of the CME activity have "no relevant financial relationships to disclose" is appropriate. - 6.3: Source should be updated to source(s) so that providers ensure they are disclosing all sources of commercial support. Additionally, given "nature of support" could be interpreted broadly, it may make sense to require providers to utilize the language from PARS regarding in-kind support. This would help ensure consistency. - 6.5: The information required to be disclosed should be explicitly outlined to prevent confusion. Lastly, the language between 6.3 and 6.5 could benefit from improved consistency.
Patient, caregiver, member of the public			I think split these out into SCS2 for individuals and SCS 3 for support so that it is very clear what applies to individuals and what applies to supporters.
Recognized Accreditor (state/territory medical society)			Although I feel the SCS is complete, sometimes I have thoughts about if the speaker agrees to not mention his financial/COI at all in his presentation. If he/she fails on this compromise, will be interrupted in the educational activity to make him add other brands and will never again be allowed to be part of any CME activity?
Recognized Accreditor (state/territory medical society)			Although the Standards for Commercial Support has spelled out their requirements it does not address specifically Medical Marijuana and CME. It would be so very helpful if the ACCME would address specifically in each Standard separate from the Standards for Commercial Support requirements and expectations to include Medical Marijuana. This is a crucial issue facing many CME Providers and special and specific guidance is needed to work through this time. These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Consider loosening somewhat the restrictions on trade names and logos, etc.
Recognized Accreditor (state/territory medical society)			Disclosures currently include all commercial relationships. It should only include those that pose a conflict of interest.

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Commercial Interest Challenges

What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Big Data Health Apps are not currently understood by the public to be commercial interests, but FDA does consider them to be possible targets of therapeutic/diagnostic regulation.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Clarity regarding specimen banking (cord blood, stem cells, etc).
Accredited CE provider	ACCME	Hospital/healthcare delivery system	For internal use, clarification of health care services would be helpful. There are times where we hire consultants to do work and provide education - is that a conflict with a commercial interest or not? We think no, because they're doing what we paid them to do as part of their consulting contract but is this something that should be considered.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	It is difficult as a provider to determine if a potential joint partner is owned by a parent company. Should clinical providers owned by parent organizations be exempt? Expanding the exemptions and explaining why would be helpful.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	The guidelines make it feel like we are policing the doctors. I think every doc should be made aware, COI or not, that the opinions shared are those of the physician speaker. All physicians should be encouraged to make their own value judgement and do their own research. I think of the documentary *The Bleeding Edge*.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	You've done a great job!
Accredited CE provider	ACCME	insurance company/managed-care company	As stated in comments on Standards, the increase in acquisitions of healthcare providers presents challenges that may eliminate a number of companies, including those providing clinical services, from participating in CME and from being accredited.
Accredited CE provider	ACCME	insurance company/managed-care company	I have had challenges with plastic surgeons and dermatologists because most of them sell cosmetic products in their offices. It is very difficult to find physicians without COI for these specialties.
Accredited CE provider	ACCME	Nonprofit (other)	Definition still seems appropriate.
Accredited CE provider	ACCME	Nonprofit (other)	I think there needs to be a destination on how the product is used.
Accredited CE provider	ACCME	Nonprofit (other)	Role of healthcare software companies such as EHR's and other platforms widely utilized in hospital and clinic settings. Companies like CVS that provide services directly to patients - how are they to be defined? The expanded definition of commercial support/influence entities to include device companies as well as pharmaceutical companies. How to treat one-of-a-kind devices, such as the Watchman, when that company provides commercial support and the faculty use the device name in their presentation - there is no generic equivalent.

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Commercial Interest Challenges **What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (other)	Interpretation and assurance of compliance with the definition of commercial interest are left to the discretion of the provider. While this provides flexibility, it also allows for ambiguity. To avoid misinterpretations, it would be helpful for ACCME to give direct feedback on the specific process utilized to ensure the standard is met and an official sign off or approval during the self-study period to ensure the processes taken by the provider are both consistent across providers and meet the expressed intention of the standard. In addition, it would be helpful if compliance v. noncompliance examples were made public (like the online compliance v. noncompliance resource page for ACCME criteria). Consider formalizing ACCME's position on the sale of supplements by clinicians. In order to modernize the definition to keep up with changes in healthcare, it would be helpful to add a notes section to this definition where either "used on" and "consumed by" patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs).
Accredited CE provider	ACCME	Nonprofit (other)	The advent of new and unique health technology companies leaves many providers in an area of uncertainty as to whether such companies meet the definition of a commercial interest. Emerging technologies and products are not always a clear situation in which a patient receives direct clinical services (although there are elements of this), or a health care service used directly (although there are elements of this) on / by patients. Some recent examples that we have found include: · Telemedicine companies · Companies selling electronic apps to individuals (i.e. patients) and/or physicians with diagnostic functions · Companies selling electronic apps with services that connect an individual (i.e. patient) with healthcare professionals and/or medical services · Patient "how to" videos directly tied to use of specific medical devices
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	• The AACR requests clarification of the organizations that are not defined as commercial interests. For example, technology and artificial intelligence, including "big data" are transforming the way epidemiologic research is conducted. Are these considered diagnostic laboratories? Need more clarification for the meaning of "used on patients" in the definition of commercial interests. • The everchanging business scene, with CVS buying Aetna- making that insurance carrier no longer exempt, probably; Amazon buying PillPack etc.

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Commercial Interest Challenges
What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	As healthcare data becomes more important in the care of the patient, tracking this data is both vital and lucrative. We published a white paper on the interaction between physicians and industry in 2010 and updated it in 2016, highlighting the necessity of this collaboration to help our patients. We believe that the healthcare data industry will be seen in the future as similar to advanced practice providers, as a vital part of a patient's healthcare team.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Given changes to patient care and health care delivery since the Standards were established, the current definition of a Commercial Interest should be reviewed. Health technology companies, such as those that create and sell electronic health records and FDA-approved mobile apps/tracking tools (wearable devices), are creating goods and services used in the delivery of patient care and have a financial interest in selling their products to healthcare providers. These types of companies should be considered in a review of the Standards, such that clear definition of the appropriate role that these companies and their employees may have in accredited CME is clearly outlined in the Standards and related policies.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Need either more specificity or taken back up to a higher level.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	On February 5, 2018, AMIA approached the ACCME with our concerns regarding HIT and EHR developers and vendors and how their involvement in CME may create commercial bias. We set forth many of the comments we provide in this call for feedback. Although our request for the ACCME to include HIT/EHR companies in the definition of commercial interest was rejected at the time (April 23, 2018), we believe that the potential for COI and commercially biased education in certified activities provided by these same companies is still a threat to impartial education that ultimately contributes to improvements in patient and population care. HIT/EHR companies are as much medical devices as stents and replacement joints. The answer is "yes" when one asks if HIT/EHR companies are entities "producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients"? We have made the argument and provided examples several times in this call for feedback about this challenge related to the ACCME definition of a commercial interest. We appreciate the ACCME giving us this opportunity to provide these comments again and we applaud the ACCME for opening itself to the CE community and sharing this moment of self-reflection.

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Commercial Interest Challenges **What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The accredited CE community is challenged in determining if a company is a commercial interest, given the quickly evolving landscape of medical technology (e.g., genetic testing and labs, which don't exactly fall under 'diagnostic labs' but are very similar; artificial and augmented intelligence companies). If the ACCME will not provide clear answers on if a company is a commercial interest without a Corporate Structure Review, then provide a plan that would allow the accredited CE community to demonstrate their due-diligence in research and not penalize them if the company turns out to be a commercial interest. The "Structured Self-Assessment Related to ACCME's Definition of a Commercial Interest" are not helpful in the changing landscape.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current definition is quite broad and is seemingly interpreted to include research entities and start-up entities that are not at a stage wherein they have a product or service that is being marketed or consumed/used by patients. Also, this seems to exclude entities such as EHR providers.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current definition of Commercial Interest used by ACCME may need revision, especially in relation to technology companies, which are not directly addressed or defined despite their growing influence on patient care. Potentially problematic organizations that ACCME lists as eligible for accreditation include EHR organizations, Diagnostic Laboratories, and Pharmacy Benefit management.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The following exception should be reexamined: The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest. In the issue I stated in question 1, I believe clinicians even if they are employees of a commercial interest should be allow to participate as a clinician as long as they disclose it to the learners and what they are teaching is done in a generic way and no sales activities are conducted during the educational sessions. We are missing out on expertise that would be valuable to our learners because of this clause.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	There is no way the list can be inclusive; is there a way to create guidelines? For-profit direct patient care providers, for example. Are Pharmacy Benefits Managers a type of insurance (not a CS) or do they provide goods and services? (a CS)
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We are seeing more software companies and compliance companies provide education, which is technically outside the current definition of 'commercial interest' as it is not a service or product used on or by patients.
Accredited CE provider	ACCME	Publishing/education company	Hard to determine what qualifies as a commercial interest.

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Commercial Interest Challenges
What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Publishing/education company	As the healthcare business sector evolves, determining what is and isn't a commercial interest becomes constantly more challenging. Examples include smart phone apps, wearables, and food/supplement/nutrition companies. This has a ripple effect throughout the SCS, with faculty under-disclosing because they don't perceive a company/product to be a "healthcare product," and Providers lack of clarity.
Accredited CE provider	ACCME	Publishing/education company	Not clear how these organizations would be categorized: •Is a retail pharmacy considered to be an ACCME-defined commercial interest if the relationship is with the clinical services arm (CVS clinic) only? •Is a pharmacy benefit manager considered an ACCME-defined commercial interest? •If a product is considered a medical device in the UK, but not in the US, is the company a commercial interest in the US?
Accredited CE provider	ACCME	Publishing/education company	The evolving international scope of the ACCME.
Accredited CE provider	ACCME	Publishing/education company	What kinds of goods/services constitute "Use" on patients is not always clear.
Accredited CE provider	ACCME	Publishing/education company	With increased interest in US based CME globally, challenges arise with firewall exercise as definitions employed to identify a commercial interest in the US, specifically with tax and corporate structures, don't translate seamlessly OUS. Even with US based entities, ACCME view of which ownership structures protect against influence vary. For joint providers, more emphasis on operational firewalls and less on tax structures is preferred.
Accredited CE provider	ACCME	School of medicine	Based on the definition for commercial interest, in regard to distributing health care goods or services to patients, it currently states hospitals would be a commercial interest. In another paragraph on the ACCME website, it states that ACCME does not consider providers of clinical service directly to patients to be commercial interest - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest. Therefore, we would like to see this definition clarified or expanded as it seems contradictory.
Accredited CE provider	ACCME	School of medicine	Emerging technology and new patient services present an area of confusion. Are these companies considered to be a commercial interest? This may include technology used by clinicians, but not on or for patients, such as software for data collection and analysis or clinician/patient health apps, such as found here: https://www.carecloud.com/continuum/7-best-fda-approved-health-apps/. Another example is patient health advisors/lifestyle coaches that are recommended by physicians for their patients. We would appreciate assistance from the ACCME to clarify what emerging technologies and services may or may not be considered commercial interests.

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Commercial Interest Challenges
What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Companies that have been traditionally viewed as non-health care related are increasingly 'dipping their toes' into the world of health - for example Google, Amazon and Apple all have various health-related ventures. Additional guidance from the ACCME regarding which side of the commercial interest/non-commercial interest line certain companies fall would be welcomed as there is a lot of room for interpretation. For example, is a retail pharmacy a 'provider of clinical services directly to patients' (particularly when they function as clinics) or are they 'producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients' since they sell over-the-counter medications? Our office tends to be more conservative when determining if an organization is a commercial interest. While this is sound policy from a compliance standpoint it runs the risk of excluding potentially eligible parties from participating in CME, which can be detrimental to learners and to faculty members. Further guidance would be helpful.
Accredited CE provider	ACCME	School of medicine	I don't like the question. I understand and totally support the notion that we want to provide education that is free of commercial bias. I, however, disagree with the notion that this cannot be done if we partner with industry. Further, it should be noted that at many academic health centers the partnerships are happening, and education is happening. It is just happening without CME. Some might say that is good, I think it is making us less relevant.
Accredited CE provider	ACCME	School of medicine	Services used on practitioners and learners should be included.
Accredited CE provider	ACCME	School of medicine	The status of genetic testing has been addressed by ACCME and needs to be rolled into the definition, not kept in its status as a separate advisory.
Accredited CE provider	ACCME	School of medicine	This definition is complicated (as is healthcare) -- is there a way to be more explicit and clear-- more of an algorithm approach to defining a commercial interest-- since the lines seem to be blurring. I also think that at some point -- we need to acknowledge that teaching technology-based skills using the products of commercial interests needs to be addressed and considered legitimate accredited CE -- especially since it can have a direct impact on improving patient care-- we just need to be clear that the focus always has to stay on improving patient care.
Accredited CE provider	ACCME	School of medicine	This is where the EMR, AI and analytics issues is of major concern. Also, pharmacies that sell branded material yet provide clinical care.
Accredited CE provider	ACCME	School of medicine	We need further clarification on the following that are excluded: -Blood banks -Diagnostic laboratories We have run into problems with the above exclusions to the commercial interest definition as we have had speakers that are employees of diagnostic companies and feel like they should have been treated the same as employees of commercial interests but run into confusion with this policy.

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Commercial Interest Challenges **What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	School of medicine	With companies such as Apple entering the healthcare industry we need some guidance on how to treat them. In most people's minds, Apple wouldn't fit the definition of a commercial interest and RCOI can get murky if faculty and CME/CE staff are unaware that stock ownership or consultant fees should now be declared on financial disclosure forms.
Accredited CE provider	ACCME	School of medicine	Would medical marijuana dispensaries come under 'distributing health care goods' or 'provider of clinical service directly to patients'?
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (other)	During the ACCME Update session during the 2019 ACEHP Annual Conference, Dr. McMahon referenced organizations that develop digitized guidelines/algorithms that populate into electronic health records as an example of something that could potentially be included in a revised definition of a commercial interest. As a 501-C non-profit organization devoted to patient care, research & education, the National Comprehensive Cancer Network (NCCN) is dedicated to improving & facilitating quality, effective, efficient, & accessible cancer care so patients can live better lives. To support this mission, NCCN creates clinical practice guidelines & derivative decision-support tools (e.g., algorithms, chemotherapy order templates) covering more than 97% of cancer cases in the US. Through licensing agreements with health information technology vendors, these tools are integrated into EHR systems that allow clinicians to access evidence-based, point-of-care recommendations. While the majority of NCCN continuing education is based on its guidelines, licensing is handled by NCCN's Business Development Office and is firewalled from the CE Department & Clinical Information Operations.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	As noted earlier in this response, ASCO shifted from the use of the ACCME definition of a commercial interest several years ago because of the perceived loophole in that definition which allowed for the participation of some types of employees of healthcare companies in accredited CE, particularly in scientific research. When reviewing employment relationships in disclosures, we now determine entities as healthcare companies based on the definition of the CMSS Code for Interactions with Companies: Company: "A for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients." However, it is a further challenge to consider that many organizations that would be considered as providers of clinical services are now producing and marketing products or services to other practices or to patients as a way to diversify their revenue streams. This is another example of the gray area that we described earlier in the survey. ASCO advocates that ACCME adopt the CMSS Code definition of company to help resolve this problem.

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Commercial Interest Challenges
What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	I answered this previously - The complexity of organizations makes the 'guilty by any sort of association' clause increasingly difficult to maintain. We are a consulting firm with many practices and to think that we can police all is quite difficult, even though these business units have nothing to do with (and will have NOTHING to do with) any sort of CE activities We have had to maintain separate entities which makes no business sense for the sake of CE.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	We are challenged with the perception from a few within the CE industry that a company providing EHR solutions to clinical providers should be a commercial interest. Our CE program serves only current users to enable them to optimally use their existing software to provide quality patient care. The CE program seeks to support current users of its healthcare solutions in maximizing the effectiveness of their EHR documentation and organizational processes in a unified delivery of accredited education programming for the healthcare team. Through the process of awarding interprofessional CE credits to our educational activities, we are ensuring that these activities meet the highest standards for educational content integrity, use recommended best practices in the context of regulatory compliance and evidence-based practice and promote effective patient care and quality patient outcomes. Additionally, clinical staff of partner healthcare organizations maximize the value of their required education and training experience when CE credits are available to them. These activities are vital to the success of healthcare organizations optimally using their EHR solutions.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	New devices such as wearable and phone apps need to be addressed.
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	The inclusion of 'or services' is very confusing and leaves me guessing what it means.
Accredited CE provider	Other-ACPE	Other	the current definition (eg distributing healthcare goods or services consumed by, or used on, patients) could be interpreted as including healthcare professionals in multiple settings: a community pharmacy or a 'Minute Clinic'.
Accredited CE provider	Other-CDR	Nonprofit (other)	ACCME/ANCC and ACPE have differing opinions about whether pharmacy chains are commercial interest. This presents a challenge for providers who are offering programming to pharmacists and physicians and/or nurses.Given interest that insurers have in the cost of patient care and how HCPs practice (including the tests, drugs/devices and procedures they order), it may be time to revisit whether they constitute a commercial interest. It is currently possible for a non-healthcare related company, say a food company or an EHR company, to have involvement in a CME activity that ultimately is related to their products/services.

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Commercial Interest Challenges What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	On occasion, we have CME that involves a component of training in how to use/better use the EMR. The EMR producer is a commercial organization. However, once the EMR was purchased, reps of the EMR could teach our physicians and other staff in its use. I think that the principle is that once purchased, it's OK to teach on the use of the product. A new CT scanner is far more useful when the physicians know its capabilities. It's not a commercial transaction because the equipment has already been purchased.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Providers think that if they work for a company that teaches quality principles they are a commercial interest. Additionally, I've seen many providers think that if their spouse works for another healthcare organization that there is an issue even when we post the above definition in the disclosure form.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	some providers of clinical services have received fines for misbehaving. However as long as they are not promoting their clinical services in CE activities the issues may not be relevant.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	There is not clear definition of education arms of industry, such as pharmaceutical companies.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	These entities are quite broad and perhaps overly inclusive • 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.) • Government organizations • Non-health care related companies • Liability insurance providers • Health insurance providers • Group medical practices • For-profit hospitals • For profit rehabilitation centers • For-profit nursing homes • Blood banks • Diagnostic laboratories

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Commercial Interest Challenges **What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Advocacy organization			ACCME and ANCC currently consider retail pharmacies to be commercial interests and, therefore, pharmacists who work for these pharmacies are employees of a commercial interest, with all the limitations on planning, teaching, and other involvement in CME. ACPE does not have this restriction. Several factors lead the CME Coalition to identify this as a challenge: • The evolving role of the retail pharmacist in providing direct care to patients under collaborative agreements with physicians. This includes but is not limited to recommending and implementing immunizations for teens and adults in most states; routine monitoring and titration of medication response for chronic diseases such as type 2 diabetes; and counseling patients on management of minor side effects of agents. In other words, they are providing more direct care than specialty pharmacies, who are exempt unless they are owned/controlled by a commercial interest. •The everchanging business scene, with CVS buying Aetna- making that insurance carrier no longer exempt, in all probability; Amazon buying PillPack. • The growth of team-based education- with the community pharmacist being a key link in public health initiatives such as influenza and pneumococcal immunization campaigns. Excluding the retail pharmacist from participation as planner/faculty disrupts peer to peer learning.
CE accreditor			Concerns have been raised regarding opportunities for promotion related to products/services not tied to the current definition of commercial interest (e.g., automated medication dispensing systems, web-based programs, use of apps/software). As healthcare continues to evolve, additional "services" are being utilized in the process of caring for patients. For example, a provider may want to offer an activity in which a healthcare app used by patients is part of the content – are such "services" commercial interests? Additional guidance is needed. The current definition of a commercial interest is open to interpretation, particularly with regard to services. For example, hospitals market services they offer which are used on patients (e.g., cancer care, cardiology, orthopedics). Under the current language, a hospital could be viewed as a commercial interest since it is marketing services. Medical writing is as another example of services that can be difficult to address under the current standards as it may be considered marketing or "promotional" education controlled by a commercial interest. A freelance medical writer may be paid through a contractual relationship with a drug manufacturer. This individual is not technically an employee, so the relationship is resolvable. The nature of the services provided, however, do not vary and are not dependent on whether the person has a contractual relationship with or is an employee of the commercial interest.
CE accreditor			We find there is some confusion with this definition when it comes to product such as EHR software.

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Commercial Interest Challenges **What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?**			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Certifying or licensing board			The chief challenge we would highlight is that it is not only financial relationships, and not only relationships with commercial interests that are important to recognize and disclose in detail. In addition, the rapidly expanding fields of healthcare informatics and the use of patient data is important to include in your definition of commercial interests. While these companies may not directly product, market or distribute good or service used by or on patients, they represent an important new sector of the healthcare-related economy.
Clinician/healthcare professional			1. The language states “the following decisions were made free of the control of a commercial interest”. The definition and potential application of the term commercial interest is too constraining, and the language does allow for flexibility and judgment by the CME provider. For example, can a chain pharmacy be eligible for accreditation or to serve as a joint provider? It is not explicitly stated as an exception, and some past discussions with ACCME leadership indicated that not all consider pharmacists/pharmacies to be “providers of clinical service”. These should be considered GUIDELINES for helping the CME provider determine if an organization can serve to guide content, not absolute exclusions.
Clinician/healthcare professional			Some diagnostic laboratories clearly ARE commercial entities, competing with other labs or providing novel tests of uncertain benefit
Clinician/healthcare professional			The definition is too narrow.
Medical/healthcare association			Providers of consumer technologies (i.e. wearable devices, connected devices) are beginning to produce data that are useful to patients and providers in the provision of medical care and are not easily accommodated into current categories. There are similar issues with companies providing genetic testing to consumers.
Medical/healthcare association			The Alliance believes the current definition of commercial interest should be updated/expanded to include new technologies (e.g., health tracking devices), service models (e.g., minute clinics), new technologies (e.g., apps), and data health technology (e.g., EHRs). These need to be considered in light of the current Standards and an appropriate or not appropriate role in CE defined. The Alliance also asks the ACCME to consider exempting retail pharmacies from the definition of commercial interest. Pharmacists are playing an increasing role in direct patient care and the inability of accredited providers to use them in planning of and teaching at educational events is problematic. This is especially confusing in team-based learning and for jointly accredited members of the Alliance who are challenged to identify pharmacist planners and faculty especially when ACPE credit is involved.

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Commercial Interest Challenges What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Nonaccredited CE provider			Publishers of medical journals have been identified as commercial interests, and I think that is a bit too narrow. Why does there need to be a firewall between a publisher and its CME department? If a primary care journal publishes an article about the flu epidemic, the CME department still had to verify that content was free of bias, disclose relationships, scientifically sound. How does the publisher influence that other than to ask for said article?
Other-Consultant			The advent of new and unique health technology companies leaves many providers in a space of uncertainty when it comes to determining whether such companies meet the definition of a commercial interest. Technologies and products emerging are not always a clear situation of direct clinical services being provided to a patient (though there are elements of this), or a health care service used on/by patients directly (though there are elements of this). Some recent examples we've encountered, include: • Telemedicine companies • Companies selling electronic apps to individuals (i.e. patients) and/or physicians with diagnostic functions (algorithmic calculators backed by scientific research) • Companies selling electronic apps with services that connect an individual (i.e. patient) with healthcare professionals and/or medical services • Patient "how to" videos directly tied to use of specific medical devices
Other-Consultant			The definition of health care goods is changing!
Other-Health Foundation			Status of commercially established educational foundations and institutions. Example: The Sugar Association Merck Company Foundation National Dairy Council.
Other-Joint Provider			The definition of a commercial interest as defined by ACCME (A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.) While previously this definition seemed very clear, over the last few years, there have been references that physicians that sell supplements or offer other health promoting services (such as massage therapy for example) somehow are considered commercial entities. Again, as a joint provider, we have been given different interpretations of this. That seems inconsistent and discriminatory, as for-profit entities that ACCME lists as eligible for accreditation seemingly do the same thing (ie re-selling, or distributing health care goods or services consumed by, or used on, patients).
Patient, caregiver, member of the public			It is vague and not easily understood by the layperson.
Recognized Accreditor (state/territory medical society)			Surgeons, oncologists and other providers can and do benefit from being faculty or planners of CME. They should be included and not excluded from consideration as commercial interest.

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Commercial Interest Challenges What new or existing challenges have you seen related to the ACCME definition of a commercial interest that the ACCME should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Recognized Accreditor (state/territory medical society)			These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			This was addressed in the SMS webinar, but it's become clear that ACCME needs to address the rise in the use of tech companies that are beginning to utilize a device that's generally non-medical, like Apple Watch, and turning it into such a tool for some people (e.g., sending heartbeat data to someone's doctor). I don't know how to address this.

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ACCME Policy: Definition of a Commercial Interest

Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	It is very confusing when you are a health system that deals with agencies that provide a healthcare servicer yet could be considered selling a product. I think an entire listing of what type of healthcare agencies/companies can participate and are not considered commercial would be very beneficial. For example, if a doctor has written a book about how to start up a practice, and his talk is on how to start up a practice, is this considered a conflict of interest? He is making money for the talk by selling his book, yet it does not fall under the definition of selling healthcare products to patients.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	Expand the definition - The definition of a commercial interest should be modernized and broadened to consider the ways in which healthcare goods/services are delivered to patients. For example, health tracking & maintenance devices and retailers entering healthcare delivery/management may warrant consideration.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	Simply by including examples of types of goods and services in the definition of a commercial interest, more clarity could be achieved in the current policy
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Narrowed	I feel like we sometimes policing when in reality are not content experts. I think it is important to put it back on the physicians to be cautious regardless of the speaker or evidence. One can use evidence to say anything. Data can be interpreted in different ways. For every study saying one thing there is often one stating the opposite.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Unchanged	I stated this because I'm not sure. I could argue both expanded and narrowed.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Unchanged	Clarify the clinical providers owned by a parent company.
Accredited CE provider	ACCME	insurance company/managed-care company	Narrowed	Perhaps be more specific about what is meant by health care goods and services. Perhaps add the word 'directly' consumed by or used on patients.
Accredited CE provider	ACCME	insurance company/managed-care company	Narrowed	Narrowing the definition will allow many qualified individuals to engage in planning and delivering education that is based on gaps, needs, and outcomes AND free of bias. Expanding the definition so that more individuals are excluded would be regressive, especially involving innovations in diagnosing and treating patients.
Accredited CE provider	ACCME	Nonprofit (other)	Expanded	With the advancement in technology and the conversations with ACCME staff, I think you need to expand on your definition to address healthcare goods as approved medical devices. non-medical trackers such as fitbit are not considered CI's, GPOs are not considered CI's. These are all healthcare goods used on patients but are not considered CI.
Accredited CE provider	ACCME	Nonprofit (other)	Unchanged	The definition is enough as written.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged

Organization Type	Accreditor	Provider Type	Answer	Please explain.
Accredited CE provider	ACCME	Nonprofit (other)	Expanded	Healthcare goods or services, consumed by or used on, patients. Does not really include electronic tools/platforms that are widely used by healthcare providers to assist in the care of patients. How are they to be defined. Surgical robotic equipment is another item to be considered in the definition.
Accredited CE provider	ACCME	Nonprofit (other)	Expanded	Again, it would be helpful to add a notes section to this definition where either "used on" and "consumed by" patients is defined or expectations are clarified, particularly in relation to new technologies like health trackers, wearable devices, and web-based apps which often seem to fall in a gray-zone under the current definition. Additionally, this notes section should link to related resources already in existence (e.g., the FAQ regarding diagnostic labs). Another consideration is to provide clarification regarding the distinction between "health care services…used on patients" and "clinical services…provided…directly to patients" since the former is a commercial interest and the latter is an exemption. Lastly, it would be helpful to provide a list of "Common Companies in the Gray Zone and ACCME's Determination" if the definition remains unchanged. This will reduce confusion and inconsistencies in determinations.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	The following exception should be reexamined: The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest. In the issue I stated in question 1, I believe clinicians even if they are employees of a commercial interest should be allow to participate as a clinician as long as they disclose it to the learners and what they are teaching is done in a generic way and no sales activities are conducted during the educational sessions. We are missing out on expertise that would be valuable to our learners because of this clause.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	The CMSS Code for Interactions with Companies. (https://cmss.org/wp-content/uploads/2016/02/CMSS-Code-for-Interactions-with-Companies-Approved-Revised-Version-4.13.15-with-Annotations.pdf) offers a broader definition of "company." It specifically denotes "for profit" entities and would include those companies that may benefit financially from being addressed in CME content. For reference, the CMSS definition of a "company" is: A Company is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	The definition should reference an expanded list of examples to account for new fields and technologies.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged

Organization Type	Accreditor	Provider Type	Answer	Please explain.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	Expand the definition of commercial interest to include such companies as software and compliance. Help providers to decide if relevant especially in the current climate of mergers and acquisitions and relationships of parent and sister companies. i.e. Foundations
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	The MMS recommends that the ACCME clarify its definition of a "commercial interest." With the growth in medical technology, artificial intelligence, devices and wearables, it is no longer clear where the limits of "health care goods or services" lie. It would be helpful for individuals who have financial relationships with manufacturers and providers of these types of products to disclose those relationships and if appropriate, have the accredited provider resolve the relationships prior to the beginning of the activity. The complexity of relationships within non-profit organizations and commercial interests is increasing. The ACCME should provide further guidance in this area. For example, it is currently unclear whether 'commercial support' includes the case where a non-profit receives funds from another non-profit that in turn receives funds from a commercial interest. The MMS recommends clarifying that when a commercial interest establishes a non-profit foundation (501-C) that provides support for activities, this funding is considered commercial support and needs to be acknowledged as such. The MMS further recommends that the ACCME provides clarification on start-up companies stating that they are included as a commercial interest even if a product is in clinical trials or not yet released to the.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	Rather than expanded or narrowed, if there was a way to clarify, that would be helpful.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	Needs substantial clarification regarding scope, whether start-ups are considered commercial interests, and in the current era of employed physicians, need to consider the reach/impact of large institutions or hospital entities as potential sources of COI despite being clinical.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	ACMG recommends the definition should exempt "diagnostic and genetic testing laboratories." In addition, a clarification should be added which indicates, "any non-commercial interest which is acquired by a commercial interest, but which maintains a firewall between the organizations will still be considered a non-commercial interest. The non-commercial interest should provide documentation to the provider about this firewall to ensure independence."
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	Healthcare data analytics companies provide a service that, in sync with physicians and researchers, can substantially improve the care of our patients. We recommend they be added to the list of exempt organizations.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged

Organization Type	Accreditor	Provider Type	Answer	Please explain.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Unchanged	We believe the definition is appropriate.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Unchanged	AMIA has no disagreement with the current definition of a commercial interest. Our disagreement is with the list of organizations that are eligible for accreditation and free to control the content of CME. We believe that this list should be edited to make it clear that HIT/EHR vendors and companies should not be among the list of excluded entities, as we explain below.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)		Consider revising the ACCME definition of a commercial interest (keeping in mind that any changes to this definition would have an impact on the Standards and their application) to modernize given the current CME environment. However, we would caution further limiting the pool of the most qualified subject matter experts to deliver high quality CME.
Accredited CE provider	ACCME	Publishing/education company	Expanded	The wording should be expanded to include definitions relevant to foreign companies.
Accredited CE provider	ACCME	Publishing/education company	Expanded	Definition needs some examples of commonly unrecognized commercial interests.
Accredited CE provider	ACCME	Publishing/education company	Expanded	Include language for commercial interests that do not reside in the US.
Accredited CE provider	ACCME	Publishing/education company	Expanded	Definition/guidance document should be clarified so that the status of these organizations (retail pharmacy, pharmacy benefit manager) can be determined.
Accredited CE provider	ACCME	Publishing/education company	Narrowed	Clearer guidelines on what goods/services consumed by or used on patients are needed. Use can be interpreted beyond the likely scope of intention of the definition (ie, should online tools that aid in diagnosis count as commercial products?)
Accredited CE provider	ACCME	Publishing/education company	Unchanged	The current definition is clear and concise, easy to communicate to faculty and other stakeholders.
Accredited CE provider	ACCME	Publishing/education company	Unchanged	The definition is enough as written. It needs to be sufficiently generic and applicable, given the ever-changing nature of products and services. However, more FAQs and guidance about how this is interpreted would be beneficial.
Accredited CE provider	ACCME	School of medicine	Expanded	Clinical decision-making is being driven by proprietary algorithms.... a problem.
Accredited CE provider	ACCME	School of medicine	Expanded	It needs to be reworked as there are too many gray areas- CVS health-- electronic health records, ultrasound, bio-pharmaceuticals -- all have specific implications for care-- teaching surgical skills -- how can we get the best experts -- application specialists from companies can help surgeons-- we need to be more explicit.
Accredited CE provider	ACCME	School of medicine	Expanded	Additional examples – services.
Accredited CE provider	ACCME	School of medicine	Expanded	If new technology companies fall under the commercial interest, then the definition needs to be updated.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged

Organization Type	Accreditor	Provider Type	Answer	Please explain.
Accredited CE provider	ACCME	School of medicine	Narrowed	I think it just needs to be made clearer and the exemptions list should be as well.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (other)		The NCCN Guidelines & the related education have been, and always will be, developed in an environment that is free from commercial influence & adheres to the strictest conflict of interest policies. While the licensing fees support NCCN's operating costs, neither staff nor volunteer guideline panel members nor CE faculty receive direct financial benefit from this revenue. NCCN strongly believes that non-profit organizations that develop clinical practice guidelines that are free from commercial influence should not be considered a commercial interest.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Expanded	We would invite the ACCME to consider harmonizing its definition of commercial interest with the definition of company from the CMSS Code. Specifically, ACCME should update the definition of a commercial interest to encompass the broader set of companies that have an explicit commercial interest that could result in biased medical education, such as those involved in diagnostics.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Narrowed	I think the gestalt of the statement should remain - but for those entities that might be a little more complex and matrixed - the guilty by association clause is tough.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Unchanged	As a healthcare company that provides many types of clinical services including EHR solutions, our goal is to ensure optimal use of the existing software solutions that healthcare organizations use. Many studies and collaboratives attribute lack of provider education on EHR and healthcare technologies as one of the biggest contributors of dissatisfaction, inefficiency, and physician burnout, which in turn is a cause of decreased quality/safety in healthcare delivery. (Ratwani, et.al, 2018) The services provided by EHR companies are tools for physicians, nurses and all clinicians to use as a means of documenting patient care, accessing patient data and communicating that data to the interprofessional team. An EHR is designed to improve patient care through immediate access of patient assessments, results, and interprofessional communication. (Ratwani, R.M., Savage, E., Will, A., Fong, A., et.al.(2018) Identifying Electronic Health Record Usability And Safety Challenges In Pediatric Settings; Health Affairs (37)11. https://doi.org/10.1377/hlthaff.2018.0699)
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Narrowed	Eliminate the 'or services' from the definition.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	Other-ACPE	Other	Narrowed	The method of defining a commercial interest needs to be reorganized. It needs to be clear that healthcare providers providing patient care in any setting need to be exempt from any hard stop due to their employment. Definitions and guidance standards need to be re-evaluated after consulting with all of the healthcare stakeholders.
Accredited CE provider	Other-ACPE	Other	Unchanged	The definition is to the point with examples of organizations that are not considered to be a commercial interest which is very helpful.
Accredited CE provider	Other-CDR	Nonprofit (other)	Unchanged	The definition itself is enough.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Expanded	Should include non-profit and for-profit treatment facilities.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	Unchanged	I don't work with commercial interests enough to know if the definition should be changed.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Expanded	For profit entities looking to make money in the health care industry should not be controlling educational content.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Expanded	Educational divisions of commercial interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Narrowed	I feel like there are more industries that are becoming affiliated with healthcare that it can be difficult to differentiate whether an entity is a commercial interest.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system		Health care goods might be made more explicit, because the lion's share of this problem is pharmaceuticals. It might be stated a bit differently, because it seems that pharma + medical equipment is nearly all the problem [with a little bit of supplies, like wound care products].
Advocacy organization			Unchanged	The definition is sufficient as written. It needs to be sufficiently generic and applicable, given the ever-changing nature of products and services.
CE accreditor			Expanded	The ACCME definition of "conflicts" should be expanded to other types of conflicts as opposed to solely those related to commercial interests.

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Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Certifying or licensing board			Expanded	Because both financial and non-financial relationships can have influence on an individual's thinking and decisions, we recommend that the ACCME definition be expanded to all healthcare-related companies, whether they are commercial or non-profit.
Clinician/ healthcare professional			Expanded	As above, some commercial laboratories are clearly advertising their services
Clinician/ healthcare professional			Expanded	Providers of clinical services should be considered commercial interests. There are many shady clinics and practices pushing testosterone, dietary supplements, and quack remedies. These are commercial interests that should be disclosed.
Clinician/healthcare professional			Narrowed	To levels of stock ownership that would be truly relevant.
Medical/healthcare association			Expanded	ACCME needs to consider the emerging role of consumer technology (wearable and connected devices) and testing (genetic testing) that have medical uses and are currently unaddressed. Consideration should be given on the degree of reliance on commercial interests by providers.
Nonaccredited CE provider			Expanded	We previously gave the example of pharmacies. Medical cannabis dispensaries in strictly medical model states, compounding pharmacies, chain pharmacies, all may be selling products that a division of their company, or the company itself might manufacture. Expand the definition of commercial interest to include them, so that clinicians who work for them may be considered as possible creators of continuing education.
Other-Consultant			Expanded	Since many new treatments include products that may not need prescriptions, who do everyday products become medical products?
Other-Consultant			Unchanged	We cite "unchanged" but would recommend greater, official clarification as to the ACCME's definition of "healthcare services" given new and emerging health technology companies.
Other-Joint Provider			Expanded	The definition should be expanded to be consistent across all types of models of delivery - i.e. private practice clinics should be given the same exemption as for-profit hospitals and other types of organizations eligible to provide accreditation.
Other-Substantial equivalency			Unchanged	The policy is comprehensive
Patient, caregiver, member of the public			Expanded	Real examples would help, e.g. Pfizer is a commercial interest, Epic is not a commercial interest. And keep it updated, inviting the community of providers to help in the classification of what is and what is not a commercial interest.
Recognized Accreditor			Expanded	Surgeons, oncologists and other providers can and do benefit from being faculty or planners of CME. They should be included and not excluded from consideration as commercial interest.

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(state/territory medical society)				

Should the ACCME definition of a commercial interest be: Narrowed, Expanded, Unchanged

Organization Type	Accreditor	Provider Type	Answer	Please explain.
Recognized Accreditor (state/territory medical society)			Expanded	You may need to specify how and when a company is considered a commercial interest.
Recognized Accreditor (state/territory medical society)			Unchanged	In the accepted for accredited providers list - there is Group Medical Practices. How can we be certain the Principal/ CEO of the group is not hidden and is an investor or some kind of person looking only to take advantage of pharm/drug companies grants for personal enrichment? The personal enrichment/advantage not necessarily needs to be $, could be a job for a friend or relative, etc.

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List of Organizations Eligible for Accreditation

Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	No	The list should be centrally located - all in one place.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Yes	An in-depth evaluation of for-profit organizations including insurance carriers and hospitals should be reviewed before being eligible to be an accredited provider. If we work so hard to keep the money out of the content, how can we accredit organizations that generate the data via a for-profit approach to present therapeutically balanced information in a non-biased way. We don't expect pharma or device companies to do this - I'm not sure insurance companies can either.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Yes	For-profit communication companies should be stringently required to report their percentage of revenues derived from commercial interests. Those companies deriving majority of annual revenues from commercial interests are cognitively captured by the industry (even when multi-funded) and are not objective producers of education. Several proof of this exist: a) the near-total absence of direct competitors as multi-funders of the same activity; b) medical education companies refer to grantors as their clients; and c) commercial interests who refer to medical education companies as their vendors.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Yes	Maybe
Accredited CE provider	ACCME	insurance company/managed-care company	No	Don't make the pool smaller or it may become too exclusive and elitist. The current definition is already problematic given the evolutionary changes in healthcare delivery.
Accredited CE provider	ACCME	Nonprofit (other)	No	Ok as-is.
Accredited CE provider	ACCME	Nonprofit (other)	Yes	Consider adding educational institutions and private medical practices or just “medical practices” to replace “group medical practices.”
Accredited CE provider	ACCME	Nonprofit (other)	Yes	Yes, this list should be reviewed and weighed. The ACCME maintains that while pharmacies meet the ACCME definition of commercial interest, hospital / health care systems owned pharmacies are included among those groups excluded from the definition. It would be helpful to clarify the reasoning for this, and we would recommend that the ACCME consider adding pharmacies to the exclusion list.

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	ACCME	Nonprofit (other)	Yes	You should add: Medical practice technology that is used to improve patient outcomes such as EHR's, patient portals, telemedicine. You should also add GPO's.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	• Health insurance providers • For-profit hospitals • For profit rehabilitation centers • For-profit nursing homes How are these for-profit entities not considered commercial interests, particularly as they are directly providing services to patients for profit?
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	• The list should reference an expanded list of examples to account for new fields and technologies. • Explain when a diagnostic lab is a CI and when it is not a CI. • Explain what the accredited CE provider must do when a non-CI company is bought by another company which may be a CI.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	ACMG recommends that ACCME exempt diagnostic and genetic testing laboratories. In addition, ACCME should exempt decision support data companies and electronic health record companies.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	Allow clinical employees of commercial interests to take part in the planning and execution of CME activities.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	An expansion of the Commercial Interest definition would impact CME providers' implementation of the Standards, since there would be a smaller pool of individuals to serve as faculty/authors, specifically if they have employee relationships with those companies. This would be a concern for CME providers and would warrant added steps/mechanisms to appropriately manage those COIs. Any changes in the definition of a "commercial interest," including a list of those entities that are exempt and may affect CME content should be clearly outlined in the commercial interest definition policy.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	Healthcare data analytics organizations, such as decision support software, outcomes tracking software, artificial intelligence, and electronic health record organizations, should be exempt from the list of commercial interests. Providers should be reminded that they will be held responsible for ensuring compliance with Standard 5.1, and that promotion of any kind must not be allowed in accredited education.

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?

Organization Type	Accreditor	Provider Type	Y/N	Please explain.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	needs substantial clarification regarding scope, whether start-ups are considered commercial interests, and in the current era of employed physicians, need to consider the reach/impact of large institutions or hospital entities as potential sources of COI despite being clinical. The current definition is quite broad and is seemingly interpreted to include research entities and start-up entities that are not at a stage wherein they actually have a product or service that is being marketed or consumed/used by patients. Also, this seems to exclude entities such as EHR providers.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	Some of the organization types that are currently not considered commercial interests do, in fact, stand to profit by promoting their services, which play an essential role in the provision of and access to healthcare by patients. This could be said of liability and health insurance companies and diagnostic laboratories. Other examples include pharmacy managers and many health IT companies, such as the makers of electronic health records. As health IT has become more prevalent and more essential to the provision of care, these companies can be said to be providing goods and services used on patients.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	The changing healthcare environment requires that ACCME address these new actors – HIT/EHR developers and vendors – who now have the opportunity to produce CME that potentially is more dedicated to the increase in sales and use of their systems than patient/population safety and health improvements. Without an expanded definition that includes these companies as “commercial interests,” the ACCME risks jeopardizing the SCS and the entire CME accreditation system. AMIA as a medical specialty society is involved with these companies as corporate members, and, like other medical specialty society engagements with pharma/medical device companies, we welcome their support in our exhibit hall and as general supporters of our organization. We are looking for explication and consistency from the ACCME with a definition that addresses the risks of HIT/EHR companies to unbiased education that will be uniform across the entire CME enterprise. We have shared only a sampling of evidence with the ACCME that HIT/EHR companies are vendors in the same category as medical device companies. This should be made clear to all the organizations that the ACCME accredits. We also recommend that the ACCME share this expanded definition with the ANCC, which

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				specifically includes among its list of automatically exempt commercial interest organizations.
Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Yes	We recommend adding electronic health record companies, decision support companies and practice management software companies to the list of exemptions. We believe these organizations are creating products that are one level away from the patient.
Accredited CE provider	ACCME	Publishing/education company	Yes	Definition/guidance document should be clarified so that the status of these organizations (retail pharmacy, pharmacy benefit manager) can be determined.
Accredited CE provider	ACCME	Publishing/education company	Yes	Diagnostics labs are included in the list but based on additional guidance via an FAQ (http://accme.org/faq/are-diagnostic-laboratories-considered-be-accme-defined-commercial-interests), many labs really ARE considered commercial interests. Accordingly, it seems misleading to include them in the list of organizations. Or, perhaps further clarity can be provided right in this list about the narrow role of a lab for them to be eligible for accreditation.
Accredited CE provider	ACCME	Publishing/education company	Yes	If there are additional exceptions, they should be added.
Accredited CE provider	ACCME	Publishing/education company	Yes	It might be helpful to explain or clarify what is meant by “non-health care related companies.” As more large companies are expanding into areas related to health care—such as wearable health trackers, pharmacy services (ie, Amazon’s Pill Pack service)—it is less clear whether the company should be classified as a commercial interest or not.
Accredited CE provider	ACCME	Publishing/education company	Yes	Add more examples.
Accredited CE provider	ACCME	Publishing/education company		I think that it only applies to the first one -- here is some suggested wording - NB I am not an expert in this field, you may need to take advice on the NPO/NFP definitions that can work internationally: 501-C Non-profit organizations, and equivalent non-US non-profit and not-for-profit and tax-exempt organizations that do not have a shareholding, such as registered charities or foundations (Note, ACCME screens non-profit organizations for eligibility. Those that advocate for commercial interests as a non-profit organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
Accredited CE provider	ACCME	School of medicine	Yes	Provide additional examples, clarification.

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Accredited CE provider	ACCME	School of medicine	Yes	Is there a way to rework or reorganize this-- so that it is more clear-- the whole process is complicated for many people
Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	ACCME	School of medicine	Yes	Just need to expand more.
Accredited CE provider	ACCME	School of medicine	Yes	Modifying/clarifying the list of companies that are not defined as commercial interests would be helpful. As noted above, even companies that are traditionally considered 'non-healthcare related' are engaging in activities that could cross over into the world of health care. As a result, physicians are increasingly entering relationships with these organizations. Additional guidance from the ACCME about how to classify these types of relationships would be helpful.
Accredited CE provider	ACCME	School of medicine	Yes	Please include artificial intelligence, software, and technology companies.
Accredited CE provider	ACCME	School of medicine	Yes	Please see comments for Standard 1
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Yes	The reason for ASCO's initial shift from using the ACCME definition of commercial interest was because of its exclusion of diagnostic laboratories. It may be that having a definition like that of the CMSS Code would eliminate the need for a specific list of entities to exclude – any list is likely to increase the risk of the definition becoming outdated.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	No	EHR systems are too complex to the end user without providing training in how to optimally use the system. Studies show that higher levels of EHR adoption are associated with better performance on process adherence and patient satisfaction. (Adler-Milstein, 2015). It is our responsibility to provide education/training that teaches recommended best practices as designed by the informatics teams. EHR education/training must support the current users of its health care solutions to optimize patient safety and maximize the effectiveness of their EHR documentation and organizational processes. We also believe that user training and ongoing education regarding regulatory and industry changes is imperative to ensure successful use of an existing EHR system. (Adler-Milstein, J. (2015) EHR adoption and hospital performance: time-related effects; Health Services Research; (50)6: 1751-1771.)
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Yes	Definitive response for medical record companies.

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Yes	Please add Contract Research Organizations to the exempt organization list. They do independent research for pharmaceutical companies but don't own, manufacture or distribute the products listed in the definition of commercial interest.
Accredited CE provider	Other-ACPE	Other	Yes	Schools/Colleges of Health Professions (not all are non-profits).
Accredited CE provider	Other-ACPE	Other	Yes	The list does not take into account the healthcare settings of all the healthcare professionals. We suggest adding non- and for-profit pharmacies as well as non- and for-profit clinics. Additionally, the task force should consider stating that clinicians are always exempt.
Accredited CE provider	Other-CDR	Nonprofit (other)	Yes	Rather than a change to the definition of a CI, which seems to be sufficient, it would be helpful to revisit and perhaps make updates to the list of exemptions that do not constitute a commercial interest. Organizations that might be revisited include: chain pharmacies, insurers, EHR companies, diagnostic labs, and non-healthcare companies when their product lines may be discussed as part of the CME activity.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Government or military	No	It seems complete as it is currently written.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Yes	Consider adding these as commercial entities • Liability insurance providers • Health insurance providers • Group medical practices • For-profit hospitals • For profit rehabilitation centers • For-profit nursing homes • Blood banks • Diagnostic laboratories
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Yes	Consider including additional organizations, such as Electronic Health Record companies, Patient Satisfaction Survey companies, and other healthcare-related technology that patients also use.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Yes	need to update the list every year or every 2 years as some companies go out of business or change how they do things, so any change needs to be disclosed

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Yes	Some organizations providing clinical services may be commercial interests.
Advocacy organization			Yes	The CME Coalition requests that retail pharmacies be included in the list of exempt organizations to reflect the evolving role of the retail pharmacy and pharmacist. See comments above.
CE accreditor			Yes	The principles behind how the list of "exceptions" were determined should be described. Given the current definition, pharmacies cannot be accredited providers. Pharmacy is a service profession, but it is inherently tied to a business dimension given the link to dispensing healthcare products such as non-prescription medications. These aspects are only a portion of services provided and overshadow the patient-care services provided by pharmacists employed by pharmacies. ACPE has offered the following guidance in the evaluation of organizations as it pertains to the definition of a commercial interest: 1) If entities are owned and operated by or on behalf of providers of patient care, then they should not be deemed commercial interests (e.g., hospitals); 2) If there is a parent entity that is not a commercial interest and it has two independent subsidiaries (corp A and corp B), where corp A is the CE unit and corp B provides branded products, then corp A is not a commercial interest (A 'parent company' is a separate legal entity that owns or fiscally controls an accredited provider or non-accredited organization); 3) If a company provides pharmacist-provided patient care services (i.e., pharmacies), then the company should not be deemed a commercial interest; 4) If a company provides proprietary formulations and the company has influence (on patients and/or prescribers) on the prescribing of the resultant product(s), then that company should be deemed a commercial interest.
Certifying or licensing board			Yes	We respectfully suggest that both financial and non-financial relationships should be reported and disclosed, and that this should include both commercial and non-commercial companies and organizations.
Clinician/healthcare professional			Yes	Somehow, need to distinguish between commercial labs that are OK and those that are not
Clinician/healthcare professional			Yes	The list should be expanded, and some leeway given to the provider to allow a newer entity (e.g., medical cannabis dispensary) as a potential CME Partner.

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?

Organization Type	Accreditor	Provider Type	Y/N	Please explain.
Clinician/healthcare professional			Yes	The most profitable hospital in my city is one that is not-for profit per tax laws. This is ludicrous to distinguish the tax status of hospitals. In addition, medical schools at not for profit, but if they do not balance their budget, they go out of business. The definition needs to be reconsidered.
Clinician/healthcare professional			Yes	This list needs revision. Non-health care related companies can still represent commercial interests, as can diagnostic laboratories, which clearly have a commercial interest. For-profit medical care facilities stand to benefit directly from certain therapeutic choices. Non-profit organizations may take funding from industry and be representing commercial interests that are not immediately obvious. This list must be completely reassessed to prevent third parties from reflecting commercially friendly messages.
Medical/healthcare association			Yes	As health insurance companies are acquired by or merge with pharmaceutical companies, the health insurance companies should also be considered commercial interests.
Medical/healthcare association			Yes	Please provide examples in the category 'non-healthcare related companies.'
Medical/healthcare association			Yes	The current list of exemptions currently allows commercial laboratories to promote their high-end specialty tests directly to those who would order them using accredited CE. We would never allow this in the pharmaceutical or medical device setting. Why do we allow this for commercial labs?
Other-Consultant			Yes	Food companies, vitamin companies, spas, or yoga treatments? Etc.
Other-Consultant			Yes	Yes, this list should be reviewed and weighed. As well, the ACCME maintains that while pharmacies meet the ACCME's definition of a commercial interest, pharmacies owned by hospitals/health care systems, are included among those groups excluded from the definition. Clarification around the rationale for this would be helpful, and we would recommend the ACCME consider adding pharmacies to the exclusion list.
Other-Joint Provider			Yes	The list should specifically include private practice clinics, as group practice and hospital systems are included. Additional models should be looked at that have emerged as well.
Other-Substantial equivalency			No	The list is comprehensive.

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Should the list of organizations that are not defined as commercial interests and therefore are eligible for accreditation be modified?				
Organization Type	**Accreditor**	**Provider Type**	**Y/N**	**Please explain.**
Patient, caregiver, member of the public			Yes	Add examples and maintain a directory, subject to change of course, that lists groups that are classified as commercial interests so that new providers can learn.
Recognized Accreditor (state/territory medical society)			Yes	For Diagnostic Laboratories, list examples of types of laboratories you commonly receive questions on such as pathology, genetics, etc. and include in the Standards the exception of if the lab goes beyond the provision of clinical diagnostic services, such as selling to other entities or individuals, such as other laboratories, clinics, clinicians, or patients for the provision of clinical service or providing on-site or in-home clinical results, they would be considered an ACCME-defined commercial interest.
Recognized Accreditor (state/territory medical society)			Yes	I have second thought for Group of Medical Practices (as mentioned just before this one); For-profit rehabilitation centers and for-profit nursing homes. Given the financial constraints the last two certainly might have, who knows who may mask some kind of COI and only present what they are interested in. The fact is, and I may be completely wrong for in Puerto Rico this has not surfaced, for who are they needing or interesting in giving CME activities? Who will be their participants?
Recognized Accreditor (state/territory medical society)			Yes	I think a little clarification is required. E.g. some diagnostic labs could be considered CI because they interact directly with patients.
Recognized Accreditor (state/territory medical society)			Yes	For some for-profit specialty diagnostic labs (e.g., companion testing for high-cost targeted oncology drugs and others) are stepping up marketing to patients and might be considered commercial interests more than truly diagnostic labs.

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Financial Relationships & Conflicts – Challenges

What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Academic, clinical faculty that have had research successful enough to start businesses (as encouraged by institution) are no longer able to serve as faculty for accredited CME activities. This has had an impact on the University's ability to deliver high quality education.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I don't think it should include spouse or significant other.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Previous statements have included the spouse as well - other accrediting bodies limit the conflict to the individual. Just wondering the rationale for the expansion. Also, some docs seem to have jumped on the social media band wagon and perhaps are Making money with blogs, podcasts, and such - if these are supported by commercial interests.... should they be considering a relevant financial interest?
Accredited CE provider	ACCME	Hospital/healthcare delivery system	The issue of spouses or partners is interesting.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	There is a large group of medical education companies (NAAMEC members) both accredited and non-accredited, who operate under a 'rubber-stamp it later' after developing programs with and for commercial interests.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Too grey. What if someone has done a major research project, if he shares the results it would be a conflict of interest?
Accredited CE provider	ACCME	Nonprofit (other)	'Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.' Where do software platforms and other new tools used in healthcare fit into this definition of financial relationships? Consider equipment/device use in continuing education hands-on bio-skills lab activities. Consider inclusion of device manufacturer representatives in a bio-skills lab activity as coaches on the use of the device.
Accredited CE provider	ACCME	Nonprofit (other)	It can be difficult to discern which relationships an individual had in the last 12 months. Because by definition relationships are immediately not relevant to conflicts of interest (COI) when divested, consider eliminating the requirement to disclose past relationships. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. Consider providing a supplemental document to accompany this definition that lists examples of an agent v. class of agents v. whole class.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	More and more physicians and learners are employed and resources to attend programs are limited, definitions for travel reimbursement are overly broad. Further, individual employees may not be able to provide content due to current regulations.

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What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	SAGES has experienced difficulty interpreting the ACCME's expectations regarding the prohibition of employee/owners from participation in the development or presentation of content for accredited education due to a lack of clarity in the definition of employee and owner. We have witnessed a wide interpretation of these terms in the medical education field. We recommend a simple clarification (see below).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The AACR suggests adding retail pharmacies to the list of exempt organizations.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The ACCME currently has a FAQ on its website identifying three cases when "employees of ACCME-defined commercial interests can be in a position to control the content of accredited CME." An FAQ is not a policy and is subject to change. AMIA is not against faculty or presenters from HIT/EHR vendors and companies serving as faculty or presenters when it is within the cases the ACCME describes. However, keeping this description in the FAQ section contributes to uncertainty. Will the FAQ change? Including it in this policy would make it more of a firm policy that acknowledges that employees of commercial interests may serve as valid subject matter experts imparting information that is not biased by their place of work.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The challenge is knowing what goods and services are being produced or distributed by the growing number of companies. We are finding it challenging to discern if a relationship is relevant to the content.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The definition is so narrow it is difficult to resolve conflicts of interest and has taken our institution an excessive amount of time and uses excessive resources.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The distinction made between those who do consultancies, speaker's bureaus, etc. for commercial interests, along with those who are salaried employees needs to be clarified, at least based on principle. Additionally, perhaps adding the section about employees of commercial interests, to the actual policy, rather than as a footnote.
Accredited CE provider	ACCME	Publishing/education company	[I think that this already covers everything, the main challenge we have is with explaining it to the people providing this information]
Accredited CE provider	ACCME	Publishing/education company	As stated under Standard 6, it can be confusing when financial relationships are described or characterized differently by different providers. It is potentially confusing for those disclosing and for the learners reading the disclosures.
Accredited CE provider	ACCME	Publishing/education company	Physicians need a better understanding of this policy. No matter how many times you try and explain to them this policy, they push back. Even with evidence directly from the ACCME, they still argue that their financial relationships are not a COI.
Accredited CE provider	ACCME	Publishing/education company	What is meant by divesting relationships and do only undivested relationships require additional actions for COI resolution? There is nothing in the COI workflow chart about managing the distinction between divested and undivested relationships.

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What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	School of medicine	Healthcare corporations may have investments in companies that are ACCME-defined commercial interests or research universities may have contractual relationships that can intersect with CME content and thus can influence the content. Those relationships are currently invisible and therefore unresolved.
Accredited CE provider	ACCME	School of medicine	Since the list of exceptions are long, many speakers and some accredited providers do not fully appreciate and/or communicate this relationship-- If we have a more streamlined process where the COI instructions to everyone can be streamlined, it will help. Also, if we get disclosure on everyone who has the potential to influence content, we don't have to have request activity specific disclosures multiple times. Can we consider an annual disclosure process where everything is included?
Accredited CE provider	ACCME	School of medicine	The concern over the wildly diverse things that can fall under the moniker of consultancy.
Accredited CE provider	ACCME	School of medicine	The emergence of employees of commercial interests as potential speakers seems to be increasing. While there are the guidelines from the ACCME regarding when an employee may speak, further guidance would be appreciated. The information and guidelines we have been given seem contradictory to the message we're hearing when ACCME addresses common areas of non-compliance. For example, an interpretation may be that an employee might speak on R & D and basic science of their work. Specifically, when does basic science research (e.g., pre-clinical research, drug discovery) cross the line, given that the research would always be related to the business line of the company. This does not always seem clear. Please provide more examples of compliance in this area.
Accredited CE provider	ACCME	School of medicine	Too complex. The definition of an employee is even difficult.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	ASCO has seen some confusion with our members about the ACCME not having a minimum dollar amount for relationships that need to be disclosed, while there are other areas outside of accredited CE that also require disclosure of relationships that do have a minimum dollar threshold. In some cases, this has led to an under-disclosure of relationships for roles in accredited CE activities. ASCO advocates that a discussion of every-dollar disclosure should be part of the larger harmonization initiative, so that, regardless of role (accredited CE, journal submission, etc.), there can be a uniform approach. ASCO has also included options for those disclosing to note relationships with payment to their institution across all disclosure categories, not just research funding, again to enable full disclosure of relationships.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Because we do not charge for CME and provide educational training through our organizational experts to existing end-users, we do not rely on commercial support.

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What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Increasingly, translational research is financed by industry as independent sources of funding such as NIH are cut. This is an economic reality that will continue to restrict CME content if we do not put standards in place to manage it.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	The ability to resolve ownership/employment relationship should be revisited as our institution is encouraging faculty to take discoveries to market which can involve them becoming owners of a commercial interest. There needs to be clarity around whether ownership interest and owner are the same. The policy does not specifically address owner. Owner shows up in the resolution flow chart. Many programs ask about employment relationship and ownership interest, not owner.
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Why do we need to look back on the past 12 months? If a relationship no longer exists, then I think it isn't relevant. Also, use of the word “spouse” doesn't cover all modern domestic relationships and frankly shouldn't matter as long as the content meets Standard 5.1.
Accredited CE provider	Other-ACPE	Other	The description of a financial relationship is so expansive as to include just about any healthcare professional and the inclusion of any dollar amount puts further stress to the system. Do we truly expect the CE planners and providers to be free of all ties to a commercial interest? What are we trying to achieve with this standard?
Accredited CE provider	Other-ACPE	Publishing/education company	I think it's fair.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	The challenge is the relationship of the COI to the content. Avoiding content that could easily be biased is our duty. To avoid bias, in the past we have used the following strategies: 1) generic drug names; 2) requested specific content; 3) include other drugs generically to avoid bias; 4) review slides and handouts in advance.
CE accreditor			As noted in comments to other sections, conflicts of interest are not solely related to relationships with commercial interests.
Certifying or licensing board			We strongly recommend that ACCME move to a policy of requiring universal disclosure of both financial and non-financial relationships with all healthcare-related organizations. Individuals may not be well equipped to judge whether a relationship has influenced their thinking. These relationships have the potential to influence the content of an educational program, regardless of whether or not the individual stands to benefit financially.
Clinician/healthcare professional			Ownership of individual stocks through a trust or in a managed account over which the individual does not have direct control should not be a conflict

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What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Clinician/healthcare professional			Give me a break -- the following statement can't possibly be relevant for minor stock holders, for those people who work in offices where pharma reps provide lunches or perhaps even for those people who might attend a non-CME pharma sponsored talk. The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The speaker at non-CME programs has much more likelihood of having a conflict that is difficult to resolve or will influence them in their roles in CME programs.
Clinician/healthcare professional			This financial policy is entirely inadequate: 'The ACCME considers 'content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.'' This policy does not reflect the reality of the healthcare market, in which there may be one product or device in an entire class of agents/devices, meaning that any promotion of that agent/device is inherently commercial. In addition, promotion of a class of therapeutics increases sales for a sponsor's products, regardless of specificity or lack thereof. Financial conflicts of immediate family members should also be subject to disclosure. All conflicts of faculty with any company that makes products related to healthcare are relevant and should be subject to disclosure.
Medical/healthcare association			The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used. Please see my feedback above--this is an outdated concept based on current developments.
Medical/healthcare association			The primary challenge is the complexity of the policy which is often confusing to the individuals who are being asked to disclose and may confuse what needs to be disclosed in other contexts (publications, NIH grants, etc.) Streamlined ways of obtaining disclosure through a series of questions should be considered.
Medical/healthcare association			The standards should consider that persons with a financial relationship can speak about a product using balanced evidence and not simply to promote.
Other-Health Foundation			By selective funding of research and education interests influence clinical options and decisions.
Other-Joint Provider			There are inherent assumptions made in the current definition of COI. For example, while ACCME has not set a minimum dollar amount regarding COI, it has decided that somehow an employee relationship inherently is an unresolvable conflict, but a consultant may be resolvable. That makes a part-time employee for example, ineligible even if their role is unrelated to the topic. Likewise, if a contractor for example is a Medical Director - that person just by the nature of not being an employee somehow has the ability to resolve the conflict.

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What new or existing challenges have you seen related to the ACCME policy on financial relationships and conflicts of interest that an evolved policy should address?

Organization Type	Accreditor	Provider Type	Comments
Other-Consultant			A key challenge related to the policy on financial relationships and conflicts of interest stems back to the lack of ACCME specificity outlined in our comments related to Standard 2 and the ambiguity in language, as well as who determines relevance and how. Further, it is challenging to interpret the following: The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used." As stated, it would seem that if an individual has a relevant financial relationship resulting in a COI, she could present content about the class of agents/devices without inclusion of specific agents/devices and demonstrate content independence from commercial influence. However, the use of the language, "but not necessarily" is very broad, leaving much room for interpretation. Further, the need to disclose a previously divested financial relationship with a commercial interest for 12 months following the removal of the COI is not clear in the official language of Standard 2 (as well as other specifics) and may lead to potential non-compliance. In short, formally citing this policy within the language of Standard 2 would ensure it is not overlooked.
Patient, caregiver, member of the public			Oh, my goodness the volume of words here - I think you solved this with the algorithm mostly. I would turn this page into a couple of sentences and bullet points.
Recognized Accreditor (state/territory medical society)			It has always been in my mind why researchers are considered to have a COI when the academic institution is the one who receives the money. Maybe this should be detailed to identify if the researcher is owning profit from the research for a product practitioners may be using.
Recognized Accreditor (state/territory medical society)			The wording of the standard is too complicated. A relevant financial relationship is one that creates a conflict of interest pertaining to the content of the CME. I suggest the standard be reworded to simply state that instead of defining and using the phrase 'relevant financial relationship.'
Recognized Accreditor (state/territory medical society)			These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.

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ACCME Policy: Financial Relationships and Conflicts of Interest

Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	See above. Expanded is a maybe.... maybe unchanged.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	Clarify why a consulting fee and one-time work for hire qualifies as a financial relationship, especially if a nondisclosure agreement was signed.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Expanded	ACCME should disallow direct disbursement to joint providers of grant support, so that non-accredited partners can no longer control content almost entirely free of oversight by their accredited provider partner. ACCME should also require non-accredited joint providers to disclose annual percentage of revenues derived from commercial interest relationships.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Narrowed	One is asking about spouses or partners but there could be a myriad of other conflicts such as parents or children. Friend too. I think the focus should be on the physician alone.
Accredited CE provider	ACCME	insurance company/managed-care company	Narrowed	I have never seen a reported conflict with a spouse or partner. Is this an obsolete requirement?
Accredited CE provider	ACCME	Nonprofit (other)	Expanded	It would be beneficial to have greater specificity in determining relevance.
Accredited CE provider	ACCME	Nonprofit (other)	Unchanged	Despite a few clarifications, which could be added to a notes section beneath these definitions, they are fine as is.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	Not so much expanded but clarified.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Expanded	Yes, we believe the FAQ on employees of ACCME-defined commercial interests serving as presenters or faculty should be incorporated into this ACCME policy. It was important enough for the ACCME to address through a FAQ. It was important enough for the ACCME Reaccreditation Self Study to include among its questions. FAQs are not an accurate enough category for what is actually an important policy regarding the ACCME's position on using employees of ACCME-defined commercial interests as presenters or faculty.

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Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	Needs substantial clarification regarding scope, whether start-ups are considered commercial interests, and in the current era of employed physicians, need to consider the reach/impact of large institutions or hospital entities as potential sources of COI despite being 'clinical'. The current definition is quite broad and is seemingly interpreted to include research entities and start-up entities that are not at a stage wherein they actually have a product or service that is being marketed or consumed/used by patients. Also, this seems to exclude entities such as EHR providers. need to clarify and modify regulations regarding reimbursement or funding to attend a CME meeting
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	Almost all contracted research is now done via support of non-governmental entities.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Narrowed	SAGES recommend clarification about the definition of “employee” and the definition of “owner” in the ACCME’s expectations regarding the prohibition of employee/owners from participation in the development or presentation of content for accredited education. We recommend that employees be defined as “individuals receiving a W-2 (or international equivalent) from a commercial interest.” We recommend that owners be defined as “individuals owning a significant share of a commercial interest.”
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Unchanged	As stated in comments related to Standard 2, a more precise definition of what details of a financial relationship should be considered in making a determination of conflict of interest would address ongoing confusion in this area. If implemented, these elements of a financial relationship should be clearly and consistently stated where they are relevant within the Standards and the Definitions.
Accredited CE provider	ACCME	Publishing/education company	Expanded	Standard terms could be introduced reflecting the nature of financial relationships and definitions provided for those relationships, similar to the way contracted research is explained in the current policy. Providers would be required to use the standard terms for all relationships encompassed by them.
Accredited CE provider	ACCME	School of medicine	Expanded	Healthcare organizations that invest in companies like Civica RX (manufacture or distribute pharmaceuticals used on patients-ACCME-defined commercial interests) limit what medications are on the formulary and therefore will influence the therapeutic approaches that can be considered.

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Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	ACCME	School of medicine	Expanded	Add specific types such as producer, distributor or dispenser to encompass new challenges with medical marijuana issues. More specific categories may be needed.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Expanded	The ACCME definition of financial relationships and conflicts of interest should be expanded as described in these comments. Concurrently, ACCME should make management strategies available to CE providers so that they can best develop non-promotional and unbiased education that may need to draw upon the expertise of individuals with financial relationships with commercial interests. It would be helpful to include ACCME guidance about the use of commercial interest employees in accredited CE in this overall policy, rather than having separate FAQs. Again, this definition may benefit from simplification, rather than trying to identify every potential relationship category where there may be remuneration. Separately, updating this policy may be something that happens in parallel with a disclosure harmonization effort, as categories, etc. would also be defined in that effort.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Expanded	I believe there are times where conflicts exist beyond products used on patients. For examples, authors of books and developers of software. If a speaker has a book or has developed a software related to the topic of their presentation I think it should be disclosed to the learner as well as the conflict should be resolved such as no mention of their product during the presentation.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Unchanged	The definition of a financial relationship and conflicts of interest are explicit. Rather than changing the definition, we would recommend focusing on a standardized approach to reporting them. For example, standardized ACCME or Joint Accreditation forms that all CE providers use instead of each organization creating their own version. Form standardization would also help with the interpretation of CME policies and procedures. When potential conflicts of interest are properly disclosed, the ACCME's Flowchart for Identification and Resolution of Conflicts of Interest is an effective tool for resolution. When this is followed accurately, the integrity of the educational content will be free of commercial bias.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Narrowed	Merely acknowledge that we, as independent non-profit providers, can manage these conflicts.

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Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Narrowed	I don't see the need to have to disclose a financial relationship after a person has divested of the relationship. The potential for personal gain has ended. Maybe I'm missing something?
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	Narrowed	Remove both the 12-month look-back clause and the 'spouse' clause. Stick with Standard 5.1 for determining eligibility.
Accredited CE provider	Other-Accreditation Council for Pharmacy Education- which adopts ACCME requirements	Other	Expanded	Per comment previously, standard 4.3 and 5.2 conflict with each other in terms of including trade names in slides/handouts. Trade names should be able to be included.
Accredited CE provider	Other-ACPE	Other	Narrowed	I would appreciate clarification of whether providing consulting services, (clinical, regulatory, business) is considered a relationship that requires disclosure. How about if someone serves on an advisory board, but is not paid for that activity? That would NOT be a financial relationship but might bias that person's opinions on a topic. There is a lot of gray in the current definition.
Accredited CE provider	Other-ACPE	Other	Narrowed	As a CE provider, I expect the program planners and presenters to have intimate, real-world knowledge of the subject matter. That professional is usually employed/contracted/tied to the field which is the program topic. The goal is to have this professional freely release this information to the administrator with the knowledge that any real or perceived bias can be mitigated through program peer review or disclosures to learners.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Expanded	More definitions and perhaps some examples, please! Some of the areas relative to conflicts of interest can seem a little 'grey', especially as to how the presenter with the relationship is paid, the amounts, etc.
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	Expanded	Expand on actual conflicts of interest, including if the individual could still present if they don't talk about a specific product/business line of a commercial interest.

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Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system		It should be addressed and more effectively in a group setting/panel. I feel like I would be able to answer more effectively with a discussion from others as opposed to just answering from my office
Advocacy organization			Expanded	The CME Coalition suggests that ACCME expand the Policy to incorporate the discussion of ownership as a COI as noted above in our comments on Standard 2.
CE accreditor			Expanded	The ACCME definition of "conflicts" should be expanded to other types of conflicts as opposed to solely those related to commercial interests.
Certifying or licensing board			Expanded	Again, we recommend universal disclosure, in detail, of all financial and non-financial relationships, in service of enhancing the trust that learners can have in educational programs and the producers of those programs.
Medical/healthcare association			Expanded	The definition should indicate that the conflict is the opportunity to promote the products or services of the commercial interest over other products or services without any evidence to back up the claim.
Medical/healthcare association			Expanded	The scenario where the individual is the principal investigator on a clinical trial but the income is contracted to the institution seems confusing and inconsistent with the overall guiding principles outlined in the policy. Consider an exclusion of individuals who participate in promotional speakers' bureaus related to the CME activity. ACCME should consider other ways that "value" may be transferred such as providing learners to free access to technology or software.
Nonaccredited CE provider			Expanded	As we noted previously, all financial relationships, including salaried employment, board honorariums, contractual relationships, etc. could be a conflict of interest, and need to be resolved. There should not be artificial distinctions that one is an absolute exclusion, and another is not.
Nonaccredited CE provider			Narrowed	The problem with defining 'conflict of interest' only in terms of 'content about products or services of commercial interests with which a person has a relationship' is that it omits the conflict of interest that can play out regarding that financial interest's competitors. If I am a presenter at a beverage symposium and I have a relationship with Coca-Cola, all I have to do to skirt this requirement is make sure I don't discuss Coca-Cola in my presentation. By the terms of this requirement, however, I am free to trash Pepsi products.
Other-Consultant			Expanded	Clearer and defined. Expanded. Recognize unique relationships a provider might have that exist and create COI in itself.
Other-Health Foundation				The answer to above question is to Clarify.

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Should the ACCME definition of financial relationships and conflicts of interest be: Expanded, Narrowed, Unchanged				
Organization Type	**Accreditor**	**Provider Type**	**Answer**	**Please explain.**
Other-Consultant			Expanded	Greater specificity regarding determination of relevance would be beneficial. As an example, based on the current language, if a speaker discloses a relationship with Bayer (who makes three IUC devices) but the content of her talk is about contraceptive counseling, she never mentions specific devices made by Bayer, but does mention LARCs (Long-acting reversible contraceptives). In this instance, should the provider consider this is not a COI that needs to be resolved, or should the provider lean toward the broader definition?
Other-Joint Provider			Expanded	Provide a template for parameters around conflicts and resolving conflicts. Also provide examples for resolving each of the financial relationships stated (salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest, etc.) and any others not explicitly stated.
Other-Substantial equivalency			Unchanged	The policy is comprehensive.
Patient, caregiver, member of the public			Narrowed	I would turn this page into a couple of sentences and bullet points. Also consider addressing Research Funding more clearly, and foundership/ equity ownership.
Recognized Accreditor (state/territory medical society)			Expanded	Consider the consultants and contractors of commercial interests as employees.
Recognized Accreditor (state/territory medical society)			Expanded	These are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.
Recognized Accreditor (state/territory medical society)			Narrowed	If adequately described, the researchers in the academic environment could be left out of this definition.
Recognized Accreditor (state/territory medical society)			Narrowed	The wording of the standard is too complicated. A relevant financial relationship is one that creates a conflict of interest pertaining to the content of the CME. I suggest the standard be reworded to simply state that instead of defining and using the phrase 'relevant financial relationship.'

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Additional Feedback: Standards

Are there additional standards or policies that would help to ensure that accredited CE remains independent of commercial influence and free of promotion and marketing activities?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	ACCME	Hospital/healthcare delivery system	I think the language of the standards needs to be clearer and more direct.
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Joint Provider should be defined into subcategories: a) Non-Profit Joint provider (state and county health departments, patient advocacy organizations) b) For-Profit Joint providers (Medical Education companies, publishers)
Accredited CE provider	ACCME	Nonprofit (other)	I would suggest adding something that states if CME is offered, promotion of non-commercial interest must be balanced by providing alternative solutions if alternative solutions are available.
Accredited CE provider	ACCME	Nonprofit (other)	My specialty is mental health / behavioral healthcare, so my perspective may be narrow. That said, I have no suggestions re additional standards
Accredited CE provider	ACCME	Nonprofit (other)	Yes. In the field of medical education, many taxonomies are used to rate the level of evidence of an individual study and the strength of a recommendation based on a body of evidence. It would be helpful if ACCME adopted a single grading scale like the Strength of Recommendation Taxonomy (SORT). This would ensure that a consistent standard is used by all providers of CME activities regardless of the source of evidence to ensure scientific rigor and further protect CME from proprietary business interests of commercial interests. Additionally, content defined by the FDA as “real world data” and “real world evidence” should be considered valid. In the numerous clinical scenarios for which there is an absence of patient-oriented evidence from high quality RCTs, the original definition of evidence-based medicine (clinical experience, clinician judgment, patient preference) should guide what is considered valid CE content, if it is clearly stated as such.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	ACCME and its staff should assiduously avoid recommending specific forms of education and should not generate policies that put non-profit and low resource entities at a disadvantage. ACCME and staff representatives should avoid direct or indirect marketing of CME providers, and the CME finder should note content that is free for specific populations (e.g. specialty society members, medically underserved population providers, those with qualifying financial need).
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The current regulations are overly paternalistic and broad.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	With the inclusion of HIT/EHR companies and vendors as “commercial interests” AMIA is satisfied with the standards and policies as they are written.
Accredited CE provider	ACCME	Publishing/education company	itemized list of what a good slide review for bias should include.

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Are there additional standards or policies that would help to ensure that accredited CE remains independent of commercial influence and free of promotion and marketing activities?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	School of medicine	I would ask that all the policies and standards be considered and reviewed with their potential impact on ALL healthcare professions and interprofessional CE. Since joint accreditation uses the SCS and other policies-- we need to be thoughtful and comprehensive in the analysis
Accredited CE provider	ACCME	School of medicine	-If the content of a CME activity is not related to products or business line of an ACCME defined commercial interest and we identify this during the planning stages (such as Academic Medicine topic) - can you confirm that we do not need to collect COIs? This area has been very grey to us, and although we know there is no potential bias based on the topic, we still don't feel like we know enough what is outline in the COI flowchart. -if a person is a co-founder of a commercial interest, but is not an employee or on payroll, can you provide more resources on this, -Define basic science - 'when the content of the accredited CME activity is limited to basic science research (e.g., pre-clinical research, drug discovery) or the processes/methodologies of research, themselves unrelated to a specific disease or compound/drug. We need more resources on this.
Accredited CE provider	ACCME	School of medicine	Streamline. Streamline. Streamline. Most CME offices spend most of their time focusing on commercial support as opposed to patient outcomes.
Accredited CE provider	ACCME	School of medicine	There is so much fear, angst, effort, documentation, process, and box checking in the CE provider community around these topics. It often feels like the evolution of patient safety models – we're at the point now where no one is talking about the biases or promotion that's seeping into education through the cracks and grey areas & we need to get to the point where incidents are discussed and resolved. The standards and policies are getting in the way of producing independent, powerful, effective education; they are limiting us by forcing us to cling tightly to rules and regulations that likely aren't making much of a difference anyway. These standards and policies are getting in the way of the education. The fear of bias has translated into such a strong fear of not perfectly meeting the standards. Instead of focusing on the value of CPD or educational methods that make a difference or helping our learners provide the best patient care (and measuring that), we spend energy, time, resources and efforts on this topic. And we don't know if it matters.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	As noted in the previous section about defining financial relationships, it would be helpful to have the ACCME guidance about the use of commercial interest employees in accredited CE outlined in an official policy, rather than having separate FAQs. ACCME's involvement in the broader discussions about harmonization of disclosure is beneficial to support adoption of uniform approaches to disclosure to increase transparency, lessen the burden on disclosers, and enhance the ability to produce accredited CE that is independent of commercial influence.

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Are there additional standards or policies that would help to ensure that accredited CE remains independent of commercial influence and free of promotion and marketing activities?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Publishing/education company	As previously stated, we feel that the internal firewalls most supporters have created to separate promotion from independent education have raised the bar to a much higher standard across the CME community. It is rare now for anyone in our office to interact with employees on the commercial side who are housed in marketing/sales. In fact, there is often such an overcorrected intent by supporters to be “hands off” that we find ourselves interacting with nameless/faceless web portals with little to no human interaction. Many hours may be spent to meet technical upload requirements and tedious financial budget templates for a supporter only to discover that the supporter has exhausted their educational budgets, or that they have no funds allocated to support a particular meeting, clinician audience, or initiative proposed. Several supporters have policies forbidding in person, phone, or email conversations related to any substantive questions about funding. Our observation is that most employees of grants offices are clinicians themselves (or educational PhDs), with a high fundamental understanding of and commitment to quality education. In many cases, they also have a robust background in instructional design and outcomes assessment such that clarifying what “appropriate communications” should look like between a provider and supporter may be of help to find a more productive middle ground.
Accredited CE provider	Other	Nonprofit (physician membership organization)	Ensure that all the Joint Accreditation Standards (esp. ACCME/ACPE/ANCC) only use the JA standards and don't have little exceptions here and there.
Accredited CE provider	Other-ACPE	Other	After consulting with all the healthcare professionals: promulgate guidelines for each of the standards
Accredited CE provider	Recognized Accreditor (state/territory medical society)	Hospital/healthcare delivery system	I think the number of policies is adequate.
CE accreditor			Accrediting organizations should utilize a common procedure for communicating issues/approaches to ensuring integrity and independence of CE activities with other accrediting organizations. Perhaps organizations should have to prove why they are not a commercial interest rather than a blanket statement being listed about types of organizations.
Certifying or licensing board			The most important change that ACCME should make is to move from requiring disclosure only of “relevant” financial relationships to requiring universal disclosure of all financial and non-financial relationships with commercial and non-commercial healthcare-related interests. There are complex connections between commercial and non-commercial entities; these organizations often have shared interests in disease states and treatments. Universal disclosure also removes the need for an individual to make a judgment as to whether a financial relationship creates a conflict of interest.

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Are there additional standards or policies that would help to ensure that accredited CE remains independent of commercial influence and free of promotion and marketing activities?

Organization Type	Accreditor	Provider Type	Comments
Advocacy organization			The CME Coalition suggests the need for a policy statement, FAQ or new section of the SCS that addresses the separation of promotion from education on platforms such as apps, digital devices, or EHRs, as these delivery formats are rapidly developing and do not appear to fit into Internet-based or other current formats. Also, for computer based activities (may need to change that term to be more inclusive of current technology), there appears to be a need to further clarify 2 points:• Does Standard 4.2 also allow for links in the opposite direction, form commercial supporter site to educational site, as long as link is to a landing page other than the actual activity and the learner is provided clear notice to the learner of the change in websites? • Can certified content and non-certified, but not promotional, content (such as news, opinion, or other editorial content developed independent of any CI) be hosted on the same web domain, as long as that site is not owned or controlled by a CI and the learner has clear notice of what is and what is not certified? The current technology allows for separation of content on distinct web pages within the same web domain, including controlling who has access to the various web pages, without requiring registration and branding of a separate domain just for certified content. Is this acceptable?
Clinician/healthcare professional			ACCME should not be accrediting industry-sponsored CME.
Clinician/healthcare professional			This can be overdone
Medical/healthcare association			Numerous Alliance members raised the challenges of relying on ACCME posted FAQs for guidance and interpretation of the Standards. In some cases, clarifying the policy would be helpful. For example, use of employees of commercial interest as faculty or "resident experts" in simulation training. The Alliance believes this is not addressed by the current Standards. A more precise restatement of the Standards themselves would eliminate the reliance on FAQs and provide better guidance for accredited providers. The Alliance asks that any new Standards implemented or revised should continue to ensure integrity/independence but not be burdensome on the provider or have an unintended consequence of reducing or impeding the development of quality, clinical practice improving education.
Medical/healthcare association			The policies have done a decent job in raising awareness about commercial influence and promotion. However, independent research studies are needed to examine whether declarations to learners in and of themselves mitigate bias or perception of bias.
Nonaccredited CE provider			Providing a way to identify continuing education that has NO commercial support of any form, including unrestricted grants, in-kind support, and other commercial support that is currently allowed, would be helpful to better identify the extent that commercial support is connected to CME.
Other			A centralized disclosure data base where providers could access information would eliminate so much duplication of efforts nationwide.

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Are there additional standards or policies that would help to ensure that accredited CE remains independent of commercial influence and free of promotion and marketing activities?

Organization Type	Accreditor	Provider Type	Comments
Other-Certified Healthcare CPD Professional; consultant; medical writer			Perhaps tighten the standards for inclusion of evidence in needs assessments written to support an application for commercial support? Clarify what types of evidence may be included, and what types should be excluded? At a minimum, clarify that it is NOT considered a best practice to include a drug company press release in the narrative or in the reference list (!) And also clarify that it is NOT considered a best practice to include a lengthy verbatim quotation from a drug company executive who is extolling the virtues of Drug X (using the brand name !) in an assessment of need for education about a new class of drugs to which Drug X belongs. Trust me, I've seen both of these happen quite recently. Wish to nip this in the bud, prevent this from becoming the next trend.
Other-Substantial equivalency			Research conferences guidelines since most of the content that is being presented in under research and not credible/valid until approved by the drug authority.
Patient, caregiver, member of the public			I think it would help to have a very clear purpose statement - at the highest level what are all these standards there to do? First do no harm - Ensure that physicians have the latest, best, substantiated, and balanced information to make the best decision for their patients. At every opportunity CME providers must ask themselves - is this what I would want my doctor to know to help me/ my family? Make it personal because we are all patients.
Recognized Accreditor (state/territory medical society)			Is there a way to stop the 'eat and learn' dinners of pharmaceutical companies?
Recognized Accreditor (state/territory medical society)			The Standards are too wordy and confusing. This is an opportunity to shorten and reword and make clear what is expected.
Recognized Accreditor (state/territory medical society)			Yes, these are challenging times and we as CME Providers need to be able to address these issues with Medical Marijuana directly and not within an overall explanation. Providers are getting calls from people expecting to have their programs on their Medical Marijuana products presented to the physicians. This is just not possible, and they won't take no for an answer. If this was truly spelled out in a Separate Standards for Commercial Support or included in what we already have it would be much easier to explain and defend our position on this issue.

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Additional Feedback: Modifications

Are there modifications to the construct and organization of the Standards that would be helpful in ensuring independence?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Joint Providers should be tracked in PARS in subcategories: a) Non-Profit Joint provider (state and county health departments, patient advocacy organizations) b) For-Profit Joint providers (Medical Education companies, publishers)
Accredited CE provider	ACCME	Hospital/healthcare delivery system	There is a lot of overlap and redundancy. It seems that so many of the SCS could be consolidated into a few carefully crafted bullet points.
Accredited CE provider	ACCME	insurance company/managed-care company	Yes. It is very confusing to educate people new to ACCME about the related policies and definitions that are separate from the standards. It is challenging enough for them to understand the correlation between the Standards and the accreditation criteria. I am sure there is an easier way to say all of this so a 'lay' person can understand.
Accredited CE provider	ACCME	Nonprofit (other)	Yes. It would be helpful if the standards included notes sections that link to related resources. It would also be helpful if there were examples of compliance v. noncompliance for the standards and not just the criteria.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	• Provide clear and intentional modal verbs in describing Standards and requirements. If it required, it should be stated as a standard or requirement. If it is optional or a best practice, then state it as optional. • Update the Standards more frequently or release updates when technology changes. • Ensure any new changes are prominently displayed and communicated and incorporated into Standards. • Provide clear and specific reports to the CME community of interpretation and requirement changes. The CME community shouldn't have to scroll through ACCME website or find out during reaccreditation that interpretations or requirements have changed. • Provide more detail within the Standard itself as opposed to buried in a FAQ on the ACCME website.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	AMIA recommends the inclusion of HIT/EHR companies and vendors in the definition of "commercial interest" to help in ensuring independence in CME activities.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	An ongoing challenge with effectively implementing the Standards is the ongoing reliance on the website FAQ section to provide additional details and supporting information. These FAQ postings can be changed easily without any official notice, which has resulted in negative feedback about provider practices. If the Standards are well written and clearly defined, then multiple FAQ postings shouldn't be necessary to understand the framework in which providers are expected to practice. Alternatively, if the FAQ postings will continue to serve as official guidance on the implementation of the Standards then the provider community should be notified when updates and revisions are added so that we are all working under the most recent guidance.

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Are there modifications to the construct and organization of the Standards that would be helpful in ensuring independence?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Standards are currently well organized but are overly broad and overly narrowly interpreted.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The AACR supports the current construct and organization of the Standards.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	The MMS suggests renaming the Standards of Commercial Support (SCS) to something that emphasizes the goal of independence from industry in accredited continuing education, such as "Standards for Integrity and Independence Continuing Medical Education Activities." For those who are new to continuing education or do not have the in-depth knowledge of the intent of the SCS, there is a potential for misunderstanding that if a provider does not accept financial or in-kind commercial support then these Standards do not apply to them. These Standards are developed to address other areas that support independence such as resolving conflicts of interest, content validation, etc. in addition to commercial support and the title should more accurately reflect the scope of the Standards.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	We feel that ACCME should consider setting a minimum dollar amount as currently even $1.00 of outside funding is considered relevant.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	While CME providers appreciate the clarification offered in FAQs posted on the ACCME website, it would be more effective for the ACCME to incorporate specific descriptions and directions within the Standards themselves and their related policies. Doing so would help with accurate understanding and interpretation among CME/CPD stakeholders and ensure consistent implementation in the CME/CPD community rather than relying on FAQs that are subject to change more often.
Accredited CE provider	ACCME	Publishing/education company	It would be helpful to have some more guidance about the suitability of non-US organizations to be Joint Providers. This is a challenge we face regularly, and we need to reject many organizations. The main challenge is over company structures. In Europe especially, it is usual for there to be a holding company that controls all its subsidiaries -- e.g. through shared Directors -- which leads to all subsidiaries being CIs. A short description highlighting why it is important to have separate control that we could point people to on the ACCME website would help.
Accredited CE provider	ACCME	Publishing/education company	It would be helpful to include the related policies (i.e., Definition of a Commercial Interest, Financial Relationships and Conflicts of Interest) within the standards themselves so that there is no need to go to a separate document, click on an additional link, etc. to read information important to maintaining compliance with a particular standard.
Accredited CE provider	ACCME	Publishing/education company	Please change the name to something like 'Standards on Independence.'

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Are there modifications to the construct and organization of the Standards that would be helpful in ensuring independence?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Publishing/education company	Regarding the rule which prohibits the use of employees of ACCME-defined commercial interests as faculty of accredited CME: •We have seen a movement in which faculty are not "employees" (do not receive a W2), but who have a fiduciary responsibility to a commercial interest, are involved in business decisions, and may reap financial gain from the business of the commercial interest through equity holdings plus positions on the board. This relationship seems comparable to employment, but the commercial interest provides alternative financial incentives to traditional employment. •A company develops intellectual property (IP) and sells/enters into a royalty agreement with a commercial interest which manufactures the IP into a device. Can the IP owner be faculty for an ACCME-accredited CME activity relevant to the device? Wouldn't the IP owner have something to gain with the sale of the device? What if the device is not yet in clinical use? •Similar question for a patent holder. The patent holder is not a commercial interest, but an individual. The individual enters into a royalty agreement with a commercial interest and the commercial interest manufactures the product. Can that individual be faculty for an ACCME-accredited CME activity which is relevant to the patent/product? •A commercial interest is a start up with no products in the pipeline – just IP – can a physician employed with the company be faculty in an ACCME-accredited CME activity which is relevant to the IP?
Accredited CE provider	ACCME	School of medicine	Provide case examples.
Accredited CE provider	ACCME	School of medicine	See the comments about commercial interests and an algorithm approach to identification of commercial interests.
Accredited CE provider	ACCME	School of medicine	The SCS and policies related to SCS should be better organized and combined into one document with 3 sections: Independence, management of commercial support and promotion. Separate section on content validation.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Similar to the ACCME guidance on employees, there may be other FAQs that would lend themselves to direct integration with individual Standards or policies.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	As described previously in the Standards section, recommended modifications include revised wording in some areas with examples to provide standardized interpretation. This would help to standardize the commercial interests/support and financial management of CE to a greater degree.
Accredited CE provider	Joint Accreditation for Interprofessional	School of medicine	The standards should be revised to be inclusive of Joint Accreditation Providers.

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	Continuing Education		

Are there modifications to the construct and organization of the Standards that would be helpful in ensuring independence?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other	Other	1) construct the standards after consulting with all the healthcare professionals that are stakeholders of these standards 2) Reflect on the primary goal of the standards: is it to minimize bias within the programs? If so, all the standards need to harmonize around this goal 3) consider the real-world processes to meet any standard. If there is no reasonable way for an administrator to investigate/verify a disclosure or a non-disclosure, then that standard needs to be revised.
Accredited CE provider	Other-ACCME, ACPE and just submitted self-study for Joint Accreditation	Nonprofit (physician membership organization)	The physician attributes reporting for ACGME/IOM/Interprofessional, etc. are overlapping and often physician-centric which is troublesome to work with and explain to the planning committees. I am not sure why these attributes are really a part of the requirement when the definition of CME and Standard 5.1 are met. Suggest eliminating the physician attributes section.
Advocacy organization			The CME Coalition supports the current construct and organization of the Standards.
CE accreditor			Consideration should be given towards relabeling the standards such as the “Standards to Ensure Unbiased CE activities” or “Standards for Independent Continuing Education” as opposed to the “Standards for Commercial Support” to recognize that bias can occur in the absence of commercial support and that independence and equitable balance is the expectation for all CE activities.
Certifying or licensing board			The construct and organization of the Standards is, by and large, helpful and has served as a guidepost for many organizations for many years. Our primary suggestion is to broaden what is disclosed--that is, to require universal disclosure of all financial and non-financial relationships with healthcare-related organizations, commercial and otherwise.
Clinician/healthcare professional			The standards need to be completely revised.
Medical/healthcare association			Standard 5 seems redundant with the other policies.
Other-Certified Healthcare CPD Professional; consultant; medical writer			In a recent CMEPalooza appearance with Joe Kim and Steve Kawzcak and Amanda Kaczerski, Dr. McMahon said 'As an important caveat, if your organization puts on activities that it can't stand behind from a scientific integrity perspective, that makes you ineligible for accreditation. So, if you put on activities that don't meet evidentiary standards, even if it's outside of your CME program, that makes your organization ineligible for accreditation.' I really think we need clarification here, because I see this happening all the time, it is very common. The NCCN, for example, offers lots of both accredited and non-accredited forms of education. NCCN has an ACCME-accredited CE Department with many certified offerings, but it also has the 'NCCN Academy for Excellence and Leadership in Oncology: School of Pharmaceutical

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			and Biotech Business.' To my knowledge this academy has never been ACCME-accredited. I'm wondering how to reconcile this with what Dr. McMahon said on CMEPalooza?

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Are there modifications to the construct and organization of the Standards that would be helpful in ensuring independence?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Patient, caregiver, member of the public			Simplifying them/ bucketing them into what is an individual-provider task/responsibility and what is a provider-supporter task/responsibility.
Recognized Accreditor (state/territory medical society)			Changing the name from the 'Standards for Commercial Support: Standards to Ensure Independence in CME Activities' to 'Standards to Ensure Independence in CME Activities' would help to eliminate folks from thinking the standards and policies only apply if there is commercial support.
Recognized Accreditor (state/territory medical society)			I did mention my concern of somehow establishing that the speaker must be an adequate one for the subject to be presented. I know the provider is to be hold responsible with this, but if the group presenting is not ACCME accredited, nothing we can do. The Pharm Codes somehow could identify a provider that immediately the themes to be granted support, applies for several, should be limited to the number of grants to which will be allowed. The speaker must be evaluated according to his/her adequate/appropriate expertise. One of my providers raised such concern.
Recognized Accreditor (state/territory medical society)			Regarding the rule which prohibits the use of employees of ACCME-A37 commercial interests as faculty of accredited CME: •We have seen a movement in which faculty are not “employees” (do not receive a W2), but who have a fiduciary responsibility to a commercial interest, are involved in business decisions, and may reap financial gain from the business of the commercial interest through equity holdings plus positions on the board. This relationship seems comparable to employment, but the commercial interest provides alternative financial incentives to traditional employment. •A company develops intellectual property (IP) and sells/enters into a royalty agreement with a commercial interest which manufactures the IP into a device. Can the IP owner be faculty for an ACCME-accredited CME activity relevant to the device? Wouldn’t the IP+E35 owner have something to gain with the sale of the device? What if the device is not yet in clinical use? •Similar question for a patent holder. The patent holder is not a commercial interest, but an individual. The individual enters into a royalty agreement with a commercial interest and the commercial interest manufactures the product. Can that individual be faculty for an ACCME-accredited CME activity which is relevant to the patent/product? •A commercial interest is a start up with no products in the pipeline – just IP – can a physician employed with the company be faculty in an ACCME-accredited CME activity which is relevant to the IP?
Recognized Accreditor (state/territory medical society)			The Standards are too wordy and confusing. This is an opportunity to shorten and reword and make clear what is expected.

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Additional Feedback: Literature

Do you have recommendations for literature or research that we should review when considering changes to the Standards?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Hospital/healthcare delivery system	Appendix A: Literature Search Strategy for “Conflict of Interest” from Optimizing the Process for Establishing the Dietary Guidelines for Americans: The Selection Process. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Food and Nutrition Board; Committee to Review the Process to Update the Dietary Guidelines for Americans. Washington (DC): National Academies Press (US); 2017 Nov 16.
Accredited CE provider	ACCME	Nonprofit (other)	I suggest that ACCME review the rules and standards for NASBA. They have standards for financial disclosures like ACCME. https://www.nasbaregistry.org/the-standards. They are going through a revision of their standards which are expected any day.
Accredited CE provider	ACCME	Nonprofit (other)	Yes. When considering changes to the standards that will uphold the integrity of CE consider the following articles and the importance of cutting-edge research and discoveries to remain at the forefront of CME. 1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409632/ N Engl J Med 2017;377:465-75. DOI: 10.1056/NEJMra1614394 2) https://www.aafp.org/afp/2004/0201/p548.html Am Fam Physician. 2004 Feb 1;69(3):548-556.
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	https://link.springer.com/article/10.1007/s00464-010-0980-7 https://www.ncbi.nlm.nih.gov/pubmed/24859615 https://www.sages.org/publications/guidelines/statement-on-the-relationship-between-professional-medical-associations-and-industry/
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	Kenyon, K. Overcoming Contractual Barriers To EHR Research. Health Affairs Blog. Oct. 14, 2015. Available at: https://www.healthaffairs.org/do/10.1377/hblog20151014.051141/full/ Meeks DW, et al. An analysis of electronic health record-related patient safety concerns. Journal of the American Medical Informatics Association: JAMIA. 2014;21(6):1053-1059. Minemyer P. ECRI: Patient identification errors common, potentially fatal. September 26, 2016. Available at https://www.fiercehealthcare.com/healthcare/patient-identification-errors-a-common-and-potentially-fatal-issue Nanji KC, Slight SP, Seger DL, et al. Overrides of medication-related clinical decision support alerts in outpatients. J Am Med Inform Assoc. 2018 May 1;25(5):476-481. Rizk S, et al. Report on the Safe Use of Pick Lists in Ambulatory Care Settings: Issues and Recommended Solutions for Improved Usability in Patient Selection and Medication Ordering. Prepared for the Office of the National Coordinator for Health Information Technology. September 2016. US Dept of HHS, Office of the National Coordinator for Health Information Technology. (2016). Report on the Evidence on Health IT Safety and Interventions. Washington, DC. Available at: https://www.healthit.gov/sites/default/files/task_8_1_final_508.pdf Virginio LA Jr, Ricarte IL. Identification of Patient Safety Risks Associated with Electronic Health Records: A Software Quality Perspective. Stud Health Technol Inform. 2015; 216:55-9.

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Do you have recommendations for literature or research that we should review when considering changes to the Standards?			
Organization Type	**Accreditor**	**Provider Type**	**Comments**
Accredited CE provider	ACCME	Nonprofit (physician membership organization)	seek outcomes analysis of CME and note the numbers and frequencies of programs and content provided that is presented as Not for CME
Accredited CE provider	ACCME	Publishing/education company	I saw this which I found quite useful: https://en.wikipedia.org/wiki/Nonprofit_organization
Accredited CE provider	ACCME	School of medicine	I concur with the phraseology 'best available evidence' because the quality and depth and breadth will change over time.
Accredited CE provider	ACCME	School of medicine	Physician disclosure of specialty bias. Sunita Sah, Angela Fagerlin, Peter Ubel. Proceedings of the National Academy of Sciences Jun 2016, 201604908; DOI:10.1073/pnas.1604908113
Accredited CE provider	ACCME	School of medicine	Review case studies of common scenarios/challenges faced by accredited providers with regards to the standards.
Accredited CE provider	ACCME	School of medicine	Vision Commission report
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Nonprofit (physician membership organization)	Literature is available in JAMA and related journals focusing on disclosure discordance with Open Payments information, leading to perceived under-disclosure in accredited CE activities. Beyond scholarly publications, having a clear sense of how disclosure is portrayed in public media is likely to also be important in considering not only changes to the Standards, but also potential education/communication efforts that would need to accompany those changes. This effort may be an opportunity for the ACCME to create a call to action for additional research in this area. There is also likely a need for education of the public, media and other stakeholders regarding appropriate interactions with healthcare companies in the context of both disclosure of potential conflicts of interest and in the use of commercial support.
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	Other	Yes, we have recommendations of literature research we have conducted. Below are only a few due to the space limitation. Adler-Milstein, J. (2015) EHR adoption and hospital performance: time-related effects; Health Services Research; (50)6: 1751-1771. Jamoom, E., Patel, V., King, J., & Furukawa, M. (August 2012). National perceptions of EHR adoption: Barriers, impacts, and federal policies. National conference on health statistics. Ratwani, R.M., Savage, E., Will, A., Fong, A., et.al.(2018) Identifying Electronic Health Record Usability And Safety Challenges In Pediatric Settings; Health Affairs (37)11. https://doi.org/10.1377/hlthaff.2018.0699 Ratwani, R.M., Savage, E., Will, A., Arnold,R. et.al.(Sept 2018) A usability and safety analysis of electronic health records: A Multi-center study. Journal of the American Medical Informatics Association (25)9: 1197–1201. https://doi.org/10.1093/jamia/ocy088
Accredited CE provider	Joint Accreditation for Interprofessional Continuing Education	School of medicine	Review the Discover to Product program at the University of Wisconsin https://d2p.wisc.edu/about/ and Innovation to Market https://d2p.wisc.edu/event/innovation-to-market-i2m-spring-2019/ Consult with Stanford re patient engagement and collecting COI

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Do you have recommendations for literature or research that we should review when considering changes to the Standards?

Organization Type	Accreditor	Provider Type	Comments
Accredited CE provider	Other	Other	The current make-up of the task force is not what would be considered a multi-disciplinary group. Review the literature on task forces of this type and I expect the recommendations are to include all stakeholders and professionals in the effected fields: physicians, nurses, pharmacists, ethicist, etc.
Advocacy organization			Here is a link to the Securities and Exchange Commission website referencing the requirement to report beneficial ownership of outstanding equity of an entity (5% rule): https://www.sec.gov/smallbusiness/goingpublic/officersanddirectors
Certifying or licensing board			We will follow up with recommendations.
Clinician/healthcare professional			There is robust literature showing that industry-funded CME supports commercially friendly goals. We would hope that the ACCME is already aware of this literature.
Medical/healthcare association			All literature related to financial conflicts both in the healthcare industry and outside of it. Examine best practices from large consulting firms and law firms that also have an extensive conflict of interest review process. There also needs to be independent research to determine the effectiveness of the disclosure process is preventing bias.
Other-Certified Healthcare CPD Professional; consultant; medical writer			I am in the process of co-writing an article for joint publication by the American Medical Writers Association and the Alliance for Continuing Education in the Health Professions on a topic related to my earlier input on needs assessment. The article is broader than just fabrication, plagiarism, and bias. It focuses on all types of poor practices in writing CME needs assessments that were noticed by our approximately 100 survey takers in 2018. The most common problem appears to be related to sources of evidence and improper handling of reference citations. Our article is expected to appear later this year in the AMWA Journal and the Alliance Almanac.
Patient, caregiver, member of the public			Thinking in terms of Human Centered Design, here is my favorite: A design thinking framework for healthcare management and innovation. https://www.ncbi.nlm.nih.gov/pubmed/27001093
Recognized Accreditor (state/territory medical society)			As we as CME Providers need your assistance in making this difficult situation easier to handle and explain our position regarding why we cannot do programs to promote Medical Marijuana products and others in this situation. When it is spelled out for them and specially addresses these issues regarding Medical Marijuana they will have no choice but to not argue with us regarding this issue
Recognized Accreditor (state/territory medical society)			Bernard Lo JAMA Sept 2014(?) opined that the enemy is not commercial support but bias and that commercial support is a surrogate for bias with poor sensitivity and specificity. I agree with that. The American Hospital Associations report on CME as A Strategic Asset recommend simplification of standards.
Recognized Accreditor (state/territory medical society)			I would be happy to send you my notes that include detailed information for a new construct.

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