

Faculty Guidelines for PAMED Accredited CME Activities

The Pennsylvania Medical Society (PAMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to award Category 1 credit for physician education. PAMED expects faculty participating in accredited activities which are either directly or jointly sponsored activities to adhere to the following guidelines:

Disclosure of Financial Relationships – Identifying and Mitigating Potential Conflicts of Interest

As a provider of accredited CME, PAMED requires all planners and faculty to comply with the ACCME Standards for Integrity and Independence. The Standards stipulate that anyone in the position to control the content of an accredited CME activity must disclose all financial relationships with ineligible companies within the past 24 months so that accredited providers such as PAMED can assess if there is any potential conflict of interest related to a person's role in the activity. The ACCME defines an ineligible company as "any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."

- As a faculty member, you must disclose information on any financial relationships you have with ineligible companies. PAMED utilizes an online form to collect this information – a link to the form will be provided to you. If you refuse to disclose financial relationships with ineligible companies, you cannot serve as faculty for the CME activity.

If PAMED determines that a potential conflict of interest exists, we are required to mitigate that conflict prior to the activity. A variety of methods may be utilized to accomplish mitigation of a conflict of interest, such as an independent content review. If you are identified as having a potential conflict of interest, we will contact you to discuss the course of action which will be taken.

CME Presentation Guidelines – Preventing Commercial Bias and Marketing

Activities accredited for CME by PAMED must be free of commercial bias and may not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME and are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. Please read and follow the CME presentation guidelines below when preparing your presentation slides or other educational materials.

- 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 of an ineligible company.
- Presentations must give a fair and balanced view of diagnostic and therapeutic options. When discussing therapeutic options, it is our preference that you use generic names as the 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.
- All the recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

- All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
- Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined ineligible company.
- Presentations associated with cannabis — As the use of medical marijuana is an area of medicine that is considered still evolving, unproven, or experimental, it is important for discussions to be rooted in science, evidence, and data. The validity of clinical recommendations is **not** determined by legislation or advocacy. It is important and appropriate to help clinicians learn *about* issues such as medical marijuana — but it is not allowable to train clinicians *how to* recommend therapies and treatments unless they are accepted by the medical profession and are based on scientifically valid evidence. It is our expectation that any mention of therapies and treatments be accompanied by a discussion of the level of evidence that supports or does not support the therapy or treatment in terms of (1) conclusive evidence, (2) substantial evidence, (3) moderate evidence, (4) limited evidence or (5) no or inconclusive evidence as defined in the Evidence Categories Descriptions listed below.

Cannabis–Evidence Category Descriptions

Conclusive Evidence

For therapeutic effects: There is strong evidence from randomized controlled trials to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence from randomized controlled trials to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are many supportive findings from good-quality studies with no credible opposing findings. A firm conclusion can be made, and the limitations to the evidence, including chance, bias, and confounding factors, can be ruled out with reasonable confidence.

Substantial Evidence

For therapeutic effects: There is strong evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is strong evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good quality studies with very few or no credible opposing findings. A firm conclusion can be made, but minor limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Moderate Evidence

For therapeutic effects: There is some evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is some evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are several supportive findings from good-to-fair-quality studies with very few or no credible opposing findings. A general conclusion can be made, but limitations, including chance, bias, and confounding factors, cannot be ruled out with reasonable confidence.

Limited Evidence

For therapeutic effects: There is weak evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is weak evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are supportive findings from fair-quality studies or mixed findings with most favoring one conclusion. A conclusion can be made, but there is significant uncertainty due to chance, bias, and confounding factors.

No or Insufficient Evidence to Support the Association

For therapeutic effects: There is no or insufficient evidence to support the conclusion that cannabis or cannabinoids are an effective or ineffective treatment for the health endpoint of interest.

For other health effects: There is no or insufficient evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.

For this level of evidence, there are mixed findings, a single poor study, or health endpoint has not been studied at all. No conclusion can be made because of substantial uncertainty due to chance, bias, and confounding factors.

Should you determine that you cannot comply with these requirements outlined in this document or any of the provisions of the Standards of Integrity and Independence, please contact PAMED's office of CME at CMEAdmin@pamedsoc.org as soon as possible.

Please sign that you acknowledge the faculty guidelines, and you will convey these guidelines to the planners and faculty for Continuing Medical Education joint-provided activities.

Please sign and date this form and return to PAMED's CME department by email CMEAdmin@pamedsoc.org, fax (855) 719-0497 or mail to Pennsylvania Medical Society, Attn: CME Department, 400 Winding Creek Blvd., Mechanicsburg, PA 17050.

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Date

Click or tap here to enter text.

Organization