



## Rules and Regulations

While the following guidelines have been written out with due consideration for a variety of outcomes and possible courses of action, if a situation arises which is not covered in this document and leads to a dispute the Program Committee will address it as needed. In the event that the Program Committee is unable to arrive at a resolution, the Managing Member(s) [of Rykerr Medical LLC] will intervene to determine the course of action. All that said, it is important to remember that the idea of this program is to facilitate learning and innovate with CE offerings in the industry – actions contrary to that mentality are both unwelcome and detrimental to the overall goals of the project.

### Terms/ Definitions

1. Managing Member - Refers to managing member(s) of Rykerr Medical LLC, the host organization of the CE program tasked with managing the back end and production of the CE program
2. Program Committee – Refers to the group responsible for managing the CE Program and maintaining compliance with CAPCE S&R; composed of Managing Member(s), Medical Director(s), and Group Member(s) (Medical Director and Group Member are defined below in *Membership*)
3. Working Group – Refers to the Program Committee in addition to Content Reviewers; collectively works to facilitate the project
4. Content Reviewers – Individuals who participate in discussion related to the project and facilitate its success, but are not ultimately responsible for compliance with CAPCE S&R
5. Producer – Individuals designated to help prepare Completed Activities for publication via the Rykerr Medical LLC platform; producers operate outside of both the Working Group and Rykerr Medical LLC and, therefore, are not involved in the CE program itself
6. Participant – Individual interacting with the Rykerr Medical CAPCE CE Program to seek credit for an Activity

## Infographic to Make Sense of it All

	Rykerr Medical LLC	Rykerr Medical CAPCE Program Committee	Rykerr Medical CAPCE Working Group	
personnel	managing member(s)	group member(s) medical director(s) managing member(s)	group member(s) medical director(s) managing member(s) content reviewer(s)	producer(s)
activities	provides platform and branding  maintains infrastructure to support activities	ensures compliance with CAPCE S&R	proposes new ideas for content distribution and creation  works to recruit members  reviews content	prepare content for distribution

### Membership

1. Medical Director
  - a. The appointment of the initial Medical Director coincides with this agreement as outlined in the Medical Director Role Description and Meeting Minutes
  - b. With subsequent vacancies, however, a two-thirds majority vote by the Program Committee will be required to fill the vacancy
  - c. In addition, multiple Medical Directors may be utilized to decrease workload for existing Medical Director(s); addition of subsequent Medical Director(s) requires both:
    - i. A two-thirds majority vote by the Program Committee
    - ii. Unanimous decision by group composed of Managing Member(s) and existing Medical Director(s)
  - d. Multiple Medical Directors may not be approved at single occurrence (to allow oncoming Medical Director to have a say in subsequent decisions)
  - e. A Medical Director may voluntarily resign at any time and with no need to disclose a reason by submitting a request to do so in writing
  - f. Managing Member(s), with a unanimous decision, may remove a Medical Director at any time and with no need to disclose a reason by submitting a request to do so in writing
2. Group Member
  - a. The appointment of an initial Group Member coincides with this agreement as outlined in Meeting Minutes
  - b. Additional Members may be added with both:
    - i. A two-thirds majority vote within the Program Committee
    - ii. A unanimous decision by Managing Member(s)
  - c. Multiple Members may be approved at single occurrence (to prevent the need to order the admission of admittees in a single discussion)

- d. Any Member may voluntarily resign at any time and with no need to disclose a reason by submitting a request to do so in writing
  - e. Managing Member(s), with a unanimous decision, may remove a Group Member at any time and with no need to disclose a reason by submitting a request to do so in writing
3. Content Reviewer
- a. Content Reviewers may be added with a two-thirds majority decision by Program Committee
  - b. Multiple Content Reviewers may be approved at single occurrence (to prevent the need to order the admission of admittees in a single discussion)
  - c. Any Content Reviewer may voluntarily resign at any time and with no need to disclose a reason by submitting a request to do so in writing
  - d. Managing Member(s), with a unanimous decision, may remove a Content Reviewer at any time and with no need to disclose a reason by submitting a request to do so in writing
4. In the event that the removal or withdrawal of a member (Medical Director or Group Member) results in the inability to maintain adherence to CAPCE S&R, Managing Member(s) will be allowed to supersede these rules to appoint individuals to roles in order to maintain compliance after a period of 14 days from the onset of non-compliance

## **Management of Information**

1. Communication
- a. Meetings will be held either in-person or via video conference at least once per calendar year
    - i. Planning for meetings should be confirmed by email with adequate notice to all Members
    - ii. Meetings require a simple majority of Program Committee Members to be present for the duration of the meeting
    - iii. Content Reviewers will not be excluded, but do contribute to the required majority
    - iv. Minutes will be taken by Managing Member(s)
    - v. Minutes to be distributed after the fact to all Working Group participants via email and will also be available on the Google Drive Minutes folder
  - b. Discourse
    - i. Discussion related to Applications and Workflow should take place on the CAPCE Working Group Slack group
    - ii. Discussion related to CAPCE S&R should take place on the CAPCE Program Committee Slack group (as Content Reviewers are not responsible for this component)
  - c. Email should be utilized for prolonged narratives and/ or discussions that do not require participation of the entire group
2. Access to content and communication will be granted as outlined below
- a. Google Drive Folders
    - i. Pending Applications: Program Committee
    - ii. Submitted Activities: Working Group
    - iii. Denied Applications: Program Committee

- iv. Approved Activities: Working Group, Producers
- v. Evaluations: Program Committee
- b. Slack Groups
  - i. CAPCE Working Group Slack group: Working Group
  - ii. CAPCE Program Committee Slack group: Program Committee
- c. Managing Member(s) to maintain access to all folders and groups

### **Workflow of Continuing Education (CE) Offerings**

1. Activity Application submission
  - a. Available at [www.rykerrmedical.com/application](http://www.rykerrmedical.com/application) and submitted by Participant(s) via the fillable webpage form
  - b. Applications to be uploaded to Working Group Google Drive folder (under Pending Applications) by Managing Member(s) and placed in its own folder along with an Internal Use Document
  - c. Program Committee to be advised of Pending Application by Managing Member(s) of Rykerr Medical LLC via Program Committee Slack group
2. Activity Application to be approved by Program Committee
  - a. Program Committee will have up to 14 days to review Application and convey approval or recommendation(s) for revisions to Participant(s)
    - i. Approval includes verifying EMS certification/ licensure as stated in the Application
    - ii. Approval also includes a determination of how many hours of credit will be awarded to each Participant at the completion of the Activity
      1. Two to six hours per Participant
      2. Based on time expected to complete Activity and precedence from prior Activities
    - iii. Program Committee participants can communicate directly with Participant(s) or channel communication via Managing Member(s)
    - iv. Request for revisions will be notated on the Internal Use Document paired with each Application and then shared with Participant(s) by Managing Member(s)
    - v. Once re-submitted, the process will begin again at *Workflow 2. a.* until approval is gained
  - b. Program Committee reserves the right to deny an application if approval cannot be obtained from at least two Program Committee participants and Medical Director (although (s)he may also be one of those two approving members)
  - c. Once two Program Committee participants and the Medical Director have approved an Application, a managing member at Rykerr Medical LLC will advise participant(s) of permission to move forward
  - d. Unless stated otherwise (per conversation within Program Committee), deadline for completion of an activity will be 30 days from approval; this will be communicated to participant(s) by email at the time of approval
3. Completed Activity to be reviewed by Program Committee
  - a. As Activities are submitted, they will be made available to the Working Group (which includes the Program Committee) for review in the Submitted Activities Google Drive folder for 30 days

- b. All activities will be reviewed by at least one Working Group participant (which includes Managing Member, Group Member and Content Reviewers) *and* at least one Medical Director
  - i. Appropriate Rubrics will be used by Working Group participants to evaluate the Activity
  - ii. Medical Director will review content for professional accuracy only, but may also choose to utilize a Rubric
  - iii. Completed Rubrics to be saved into Submitted Activities Google Drive folder along with Application
- c. In the event that Activity satisfactorily passes review both Working Group *and* Medical Director:
  - i. Activity completion record will be submitted to CAPCE
  - ii. Participant(s) will be:
    - 1. Provided with Evaluation (via email/ link via Survey Monkey)
    - 2. Awarded CE hours and provided a certificate via email (certificate to be provided after evaluations are received)
  - iii. Content will be moved to Approved Activities folder
  - iv. Content will be shared with Producer(s), if warranted, in preparation for publication
  - v. Content will be published, if applicable, by Rykerr Medical LLC within 30 days of approval
- d. In the event that Activity does not satisfactorily pass review by either Working Group *or* Medical Director:
  - i. Recommendations for revisions will be communicated to Participant(s) by email
  - ii. Participant(s) will have 30 days to re-submit the Activity and process will resume at ***Workflow 3. a.***
  - iii. In the event of multiple unsatisfactory submission, Program Committee will discuss case and determine course of action; potential options include:
    - 1. Denial of CE credits and withdraw from interaction
    - 2. Matching of Participant(s) with mentor(s) to facilitate satisfactory review
    - 3. Revision of Application (back to ***Workflow 2. a.***)

## **Management of Evaluations**

Evaluations, which includes both Activity Evaluations and Program Evaluations, will be maintained in the Google Drive folder labeled Evaluations. The Program Committee will have access to all completed evaluations as they are submitted and will be formally reviewed during structured meetings (which will occur once per year, at a minimum). In the event of an evaluation that requires immediate attention (as determined by any member of the Program Committee), communication can occur informally via the CAPCE Program Committee Slack group. Changes to activity offerings and/ or the program will be considered in light of feedback from evaluations and efforts will be made to communicate changes with participant(s) who initially brought issues to light. In addition, cumulative data from evaluations will be compiled for review by the Program Committee at a minimum of once per year.

## **Timelines**

While time requirements for the completion of activities have been outlined in this document, it is worth noting that the industry in which all participants (Working Group and Participant(s)) work in is, at times, dynamic and can occasionally make adherence to a schedule difficult. In addition, given the nature of the project (i.e. free, designed to facilitate learning, with a focus on innovation, etc.) it seems necessary to mention that the Program Committee may grant leniency in certain cases and may also request the same leniency from Participant(s). The only co-requisite for doing so, regardless of who initiates the request, will be closed-loop communication so that all parties involved are clear on expectations.



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