# Choosing Educational Partners: Keys to Successful CME Collaboration

### Selection Criteria for CME Providers in Assessing Potential Supporters

**Operations Administration**
- Medical Education Department
  - Where it resides within the corporate organizational structure
    - Independent
    - Medical Affairs
    - Other
  - Organizational structure of unit (Director, Assistant, Manager)
    - Designated individual at a senior level position, or an executive committee accountable for overseeing Med Ed unit’s compliance with guidelines
    - Numbers of medical education personnel in unit and educational background
    - Responsibilities assigned by product/therapeutic category
    - Primary point of contact to enhance efficiencies

**Financial**
- Identification of where Med Ed funding originates and where grants are sourced
- Person(s) responsible for budget allocation and grant review and disbursement

**Compliance Program**
- Med Ed relationship to other departments/units in company
- Corporate CME guidelines and processes communicated to other internal units
- Role of regulatory or legal in overseeing CME activities and who is responsible for the ultimate approval, ie, “sign-off”
- Compliance officer that oversees CME compliance
- Historical perspective re: regulatory breaches/warnings
- Published procedures to address warnings
- SOPs established for commercial support
- Utilization of a referral list for CME providers versus a preferred vendor list

**Professionalism**
- Service to the CME community
- Active participation in relevant organizations (ACME/PACME, PhRMA, others)
- Employees holding leadership positions in service organizations

### Selection Criteria for Grantors in Assessing Potential Providers

**Operations Administration**
- Corporate, staffing, and organizational structure (parent organization; marketing/advertising separate from education)
- Number, credentials, and specialty of personnel (ie, editorial capabilities, project management skills, CME expertise, etc.)
- Demonstrated expertise in therapeutic area(s) of interest
- Demonstrated ability to collaborate with multiple stakeholders
- Demonstrated ability to meet or beat established deadlines

**Financial**
- Operational capabilities including the level of documentation and support the company deems necessary to evaluate and substantiate expenses associated with an educational activity (therapeutic/clinical issues, etc.)

**Compliance Program**
- Appropriate written policies and procedures concerning specific risk areas including:
  - Firewall structure and integrity
  - Policies to ensure that industry directs personnel to CME provider for the provision of the following: fees, travel reimbursement policy, conflicts of interest, etc.
  - Appropriate communication and responsiveness
  - A means of handling incoming communications including appropriate channels of communication for employee and customer complaints
  - A system to monitor and periodically assess the CME provider’s systems for compliance
- Appropriate procedures to manage corrective action
- Appropriate policies describing disciplinary actions that can arise from breach of the CME provider’s compliance requirements
- Mechanism for resolving conflict of interest issues

**Professionalism**
- Service to the CME community
- Active participation in relevant organizations (ACME/MECCA, NAAMECC, others)
- Employees holding leadership positions in service organizations; ACCME site surveyors, etc.
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## Educational Framework

### Knowledge Base & Core Competencies

- Preparation of strategic educational plans and participation in long-range plans for respective franchises
- Documented understanding of adult learning principles and application to CME
- Ongoing training programs for med ed personnel
- Med ed personnel clearly make the distinction between education and promotion and demonstrate that understanding
- Company-specific SOPs regarding interaction with providers; evidence of transparent collaboration
- Types and numbers of programs supported
- SOPs in place re: grantor review to accommodate timelines

### CME Process

- CME provider: collaborator vs. vendor relationship
  - Patient care focused
  - Learner focused
  - Grant process
    - Grant process review done electronically, via phone, hard copy, etc.
    - If electronic, a grant process liaison is assigned to address inquiries
  - Procedures and guidelines for med-ed unit input into CME
  - Procedures that govern interface between marketing, med-ed unit and CME provider: published SOPs
  - Procedures result in complete internal and external transparency

### Assessment of learning and behavioral change

- Appreciation that the support of an outcomes strategy creates regulatory transparency
- Demonstrated ability to support programs that generate outcomes data
- Interest in support of educational interventions that
  - Utilization of proven methods to measure knowledge gained, application of knowledge to practice and behavioral change
  - Differentiation of change in physician behavior and patient outcomes (patient component beyond provider and/or physician control)
  - Differentiation of intent to change and resulting barriers to change
- Support of practical and cost-effective means to assess outcomes
  - Support of an integrated educational strategy that includes measurement of outcomes

## Educational Framework

### Adult Learning Principles

- Application of adult learning principles throughout the educational design process based on education and/or training
- Examples of application: small group discussion, audience response systems, learning over time methods, reinforced learning; question and answer

### Accreditation

- Current accreditation status; number and type of accreditations held from various agencies
- The results of recent assessments and a review of past and pending complaints received by the CME provider (provider could submit last letter of ACCME accreditation as evidence)
- If not accredited, can provide a list of which providers are partners
  - Demonstrated ability to partner with other providers; track record of collaboration

### Educational Design

- Input into planning should reflect a shared function of inter-divisional stakeholders who address the following questions from their individual perspectives:
  - Procedures result in complete internal and external transparency
  - Identification of unmet medical needs
  - Existence of clinical data to satisfy those needs
  - Identification of learning objectives required for understanding and to improve delivery of care
  - Identification of target audiences: clinical, patient, etc.
  - Methods to communicate the educational learning objectives by type of audience
  - Definition of success
  - Identification of remaining educational gaps post activity

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  - Differentiation of intent to change and resulting barriers to change
- Practical and cost-effective means to measure outcomes
  - Integrated educational strategy that includes measurement of outcomes