Partners/Joint Providers

The Office of CME will continue its integration with internal clinical quality and safety stakeholders and its collaboration with external partners to develop needs assessments and provide healthcare provider practice gap analysis. We will also partner with organizations that can provide meaningful contributions and expertise to collaborative development of longitudinal, curriculum- and performance-based educational initiatives and help us gather and analyze data that would provide insight into physicians' performance and clinical effectiveness as part of the assessments of the educational impact of our interventions. We are committed to documentation of improvements in clinical knowledge, competence, practices and behaviors, and, whenever possible, patient outcomes.

We are interested in educational interventions that take into account principles derived from research in adult learning and knowledge translation in health care and strongly promote the development of initiatives that include longitudinal, interactive, case- and problem-based and patient-centric educational delivery models.

Please review the following regulations and relevant policies from the ACCME.

Joint Providership

Note - The revised language below no longer includes the words 'partnership' and 'partners' to lessen the likelihood that a 'joint providership' relationship would be inferred to be an actual legal partnership -- which is something unintended by the ACCME. (June 2005) ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in "joint providership."

The ACCME expects all CME activities to be in compliance with the Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. In cases of joint providership, it is the ACCME accredited provider's responsibility to be able to demonstrate through written documentation this compliance to the ACCME. Materials submitted that demonstrate compliance may be from either the ACCME accredited provider's files or those of the non-accredited provider.

ACCME's Definition of a Commercial Interest as It Relates to Joint Providership In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint providers." In joint providership, either the accredited provider or its non-accredited joint provider can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

The ACCME's deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity. This timeline would also apply for organizations involved in joint providership. After August 2009, accredited providers will not be able to work in joint providership with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

U Penn Office of CME has adopted the Joint Provider's Attestation form [1] to initiate the review process for any new and potential joint provider. This form was jointly developed by NAAMECC and SACME.

In addition, please feel free to review our Joint Providership Policy and Agreement [2]