**Office of Continuing Professional Development**

**Independent Medical Education Grants**

**Submission Process and Grant Template**

**INSTRUCTIONS**

1. Review the grant submission process outline on page 2.
2. Review and sign the Mass General Brigham “Sponsored Educational Activities Request for Industry Support Process” on pages 3-5.
3. Complete the list of Companies you want to apply to on page 6.
4. Complete the Letter of Request on pages 7-8.
5. Complete the full Grant Proposal on pages 9-17.
6. Submit completed document to [partnerscpd@partners.org](mailto:partnerscpd@partners.org) within 2 weeks after receiving your accreditation approval notice.
7. Allow 2 weeks for grant review & feedback, and 1 week for the submission of each grant.
8. Please email us at [partnerscpd@parnters.org](mailto:partnerscpd@parnters.org) with any questions.

**WHAT TO EXPECT:**

**Our process for reviewing, submitting and reconciling grants:**

1. Review grant and company web sites (1-2 weeks)
   1. Review grant and Letter of Request; provide any feedback to department.
   2. Review budget submitted with proposal; provide any feedback to department.
   3. Review grant web sites (1-2 weeks)
      1. Confirm we have a profile with each company
      2. Create or update profile, if necessary
      3. Confirm that each company is accepting proposals
      4. Take screen shots of areas of interest
      5. Note any companies that do not have portals for requesting grants
   4. Send areas of interest to department to identify which area to submit under; notify department of any companies that do not have funding or that do not have portals or instructions for submitting a grant.
2. Submit grants (allow 1 week for each company)
   1. Receive approval from department to move forward with grant submissions.
   2. Create attachments from full grant proposal for uploading to grant site: Agenda, Budget, Executive Summary, Learning Objectives, Needs Assessment, Outcomes Measurement Plan.
   3. Fill in grant submission portal for each company based on information in the grant proposal.
   4. Identify any COI questions that Mass General Brigham Office for Interactions with Industry (OII) must review; work with OII to obtain response.
   5. Send screenshots or copy of grant submission to department for review.
   6. Receive department go-ahead, submit grant.
   7. Send submission confirmation to department.
3. Receive funding approvals/denial notices (ongoing)
   1. Receive approval or denial notices at [partnerscpd@partners.org](mailto:partnerscpd@partners.org)
   2. Forward notices to department as they come in.
   3. Track funding against OII requirements. (There must be more than 1 funder. No funder may provide more than 70% of total funding.)
4. Approved grants – Pre-activity
   1. Connect OII with company legal department to negotiate Letter of Agreement (LOA)
   2. Arrange signature on LOA form Dr. Robert J. Birnbaum, MD, PhD, VP of Continuing Professional Development and Authorized signer for MGB LOAs.
   3. Track and deposit payments.
5. Approved grants – Post-activity
   1. Complete reconciliations for companies, if required.

**Mass General Brigham Office of Continuing Professional Development**

**Industry Support Related to Education**

Mass General Brigham Sponsored Educational Activities Request for Industry Support Process

**\*\*Please be sure to sign this document on page 5\*\***

Mass General Brigham Office of Continuing Professional Development, as the accredited provider of continuing education, requires that all industry support requests be approved and submitted by the CPD office. If you are planning to apply for industry support, you must contact the CPD office at [PartnersCPD@partners.org](mailto:PartnersCPD@partners.org) and the Office of Interactions with Industry (OII) at 857-282-2003 [PHSOIIedgrants@partners.org](mailto:PHSOIIedgrants@partners.org) to discuss your plans. The MGB CPD office must receive the completed activity proposal including the preliminary budget prior to requesting the CPD office to submit an educational grant application. Allow 7 business days for each grant to be processed.

**Mass General Brigham policy requires that all educational programs receiving industry support have at least two industry supporters and that no one industry supporter provides more than 70% of the total industry support received.  For more information on Mass General Brigham Educational Activities please see Policies and Guidelines at** <https://pulse.massgeneralbrigham.org/resources_training/wikis/resources_wiki/interactions_with_industry/industry_support_for_partners_educational_activities>

**Grant Processing Fee Structure**

Commercial Support Submission, Processing and Reconciliation Fees:

* $275 Per Submitted Grant
* $825 Per Funded Grant
* $550 Per Awarded In-Kind Support (if separate from Funded Grant)
* $100 Per Submitted Grant for proposals received less than 6 months before the activity start date

**Mass General Brigham CPD Office Grant Submission Process**

Prior to submitting a grant request submit the following to the CPD office:

1. Submit a completed CPD activity proposal through the online portal at www.partners.org/cpd by clicking on “Learn More” in the “Submit a Proposal” section.
2. Discuss your plans to request commercial support with the CPD office and OII
3. Provide a list of potential commercial supporters
4. Provide a detailed activity budget

CPD Office Role

1. Provide grant proposal template and request letter template
2. Review and approve the grant content
3. Upload the grant content into the grant application portals.
4. Provide a final copy of the grant application as uploaded to the portal to the department
5. Track notifications provided by the companies regarding the educational grant application status

Department Role

Review the medical education grant informational website of each company before submitting grant materials. **It is the course department’s responsibility to read and understand the guidelines for submission for each company and to comply with those guidelines in the grant application they give CPD to submit.** The following information should be available on each site:

* Educational Grant Guidelines
  + Criteria used to determine funding
  + Company’s application deadline
  + Scope of the grant
* Educational Grant Request Process
  + Frequently asked questions
* Educational Grant Request Submission
  + Required documents to upload

**Steps to submit the grant material to the CPD office**

1. Provide the content in the grant proposal template
2. Complete a Request Letter on your department’s letterhead
3. Provide all material for the grant in a word document and the budget for the grant in excel
4. Adhere to Mass General Brigham CPD and Mass General Brigham OII policies and ACCME Standards for Integrity and Independence (https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)

**Awarded Grants**

CPD Office Role

1. Inform OII and the department of awarded grant by the CPD office
2. Review and Approve the Letter of Agreement (LOA). The LOA must be approved by OII as well.
3. Execute LOA (signing of the agreement). The LOA must be signed by the Mass General Brigham CPD Vice President and the commercial entity. Robert Birnbaum, MD, PhD, Vice President of the Mass General Brigham Office of CPD is the authorized signer for any LOA received for programs receiving CME credit through Mass General Brigham.
4. Ensure LOA is signed before the start of the activity. We cannot accept funds for LOAs signed after the start of the activity.
5. Awarded funds are deposited into the CPD cost center and managed by CPD Office. (See Fund Flow document.) Funds must be allocated to designated expenses as outlined in the grant application budget. Any residual funds will be returned to the company.

Department Role

1. Contact OII to obtain the Complete Intake Form for Industry Support of Mass General Brigham Educational Activities.
2. Retain a copy of the Letter of Agreement and make note of the terms of the agreement and the required reconciliation date.
3. Maintain a budget for all income and expenses.
4. Maintain a file of all expense invoices and provide to the CPD office.
5. Arrange with the CPD office to allocate funds to pay expenses.

**Disclosure of Commercial Support**

Names of all industry support received for an activity must be disclosed to the participants onsite for live activities and posted online for enduring material. The disclosure must be posted in the following manner:  {**Name of Activity**} or **{This activity**} has received support in the form of an educational grant from the following companies: (list companies).  Logos **may not be** posted in any material, as required by the ACCME. The CPD office will provide you with the required disclosure summary for dissemination. CPD must approve all final documents. Commercial support cannot be mentioned until the Letter of Agreement is signed by both the Vice President of Mass General Brigham Office of CPD and the commercial company. The disclosure should not suggest that funding from one company is covering one expense; all industry funding supports the entire program.

**Reconciliation**

**Financial reconciliation:**

After your event is finished, you must reconcile your finances to determine if there are any funds remaining. All expense invoices must be provided to the CPD office. Any excess industry funds must be returned to the supporting companies in accordance with the proportion they contributed.  Any revenue generated from registration fees must be spent on educational initiatives in your department. The department must keep financial records pertaining to this program.

**Outcomes reconciliation:**

If the reconciliation requires information about outcomes, please check first with OII and CPD. **Please review the educational grant website for details on the reconciliation process.** The CPD office will provide you with the company’s request-specific reconciliation information.

**Signatures**

I have read and understand my department’s responsibilities for Grant Submission, Compliance and Reconciliation

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Date**

**GRANT COMPANIES LIST**

Please list the companies you would like the Office of Continuing Professional Development to apply to on your behalf.

|  |  |
| --- | --- |
| Company 1 |  |
| Company 2 |  |
| Company 3 |  |
| Company 4 |  |
| Company 5 |  |

**LETTER OF REQUEST**

**Instructions:**

1. **Fill in yellow portions**
2. **Proofread**
3. **Put on course director’s letterhead**
4. **Add course director signature**

Company

Independent Medical Education Funding Office

Date

To Whom It May Concern:

I am writing on behalf of Mass General Brigham, the accredited provider, and the Hospital and Department to request your consideration of an educational grant in the amount of $amount. The purpose of the request is to support Course title which will be held dates, at location.

We seek funding for this activity format (e.g., live, internet enduring, etc.) activity to main purpose of educational activity. This activity is intended for target audience. The course offers up to xx *AMA PRA Category 1 Credits™*.

Short description of course & format

Short description of gap, needs

In support of improving patient care, Mass General Brigham is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Mass General Brigham’s current accreditation term expires November 30, 2025.

In accordance with the conflict mitigation policies of Mass General Brigham Continuing Professional Development and the Mass General Brigham Education Review Board, the proposed activity will be planned and implemented to ensure the integrity, independence, and non-biased nature of the educational program. Funding is being sought from other commercial supporters.

We do not anticipate having any additional funds at the end of the conference. Funds will be used to support the IME activity expenses and development. Funds will be used in accordance with Company’s approved uses for IME funding.

The course will acknowledge the generous support of Company both in the meeting introduction by our moderator and in the course materials provided to all participants.

Thank you for considering funding this important curriculum. Should you have any questions about the planned initiative, contact the Mass General Brigham Office of Continuing Professional Development at 857-282-2510; email: partnerscpd@partners.org.

Sincerely,

Course director signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Course director name

Course director hospital title

Course director Harvard title



**Title of course**

**Course Start date – End date**

**Provided by list hospital(s) here and Mass General Brigham Office of Continuing Professional Development**

Mass General Brigham Office of Continuing Professional Development   
399 Revolution Drive, STE 1245  
Somerville, MA 02145

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**I. EXECUTIVE SUMMARY**

|  |  |
| --- | --- |
| **Practice gaps/educational needs** | 500 characters or less |
| **Target audience** | 500 characters or less |
| **Number of anticipated learners for each educational modality** | List activity format(s) here and list how many participants  Examples:  Live in-person: 100 participants  Live virtual: 100 participants  Enduring webinar: 100 participants |
| **Learning objectives** | 500 characters or less  Upon completion of this activity, participants will be able to:   * Learning objective # 1 * Learning objective # 2 * Etc |
| **Educational methods and design** | 500 characters or less |
| **Outcome measurement components, including Moore’s level expected** | 500 characters or less  Please keep the information below and add other measurements as applicable.  This activity is designed to meet Moore’s level 4 and 5 outcomes.   * Level 4 (competence/shows how): Participants will identify anticipated changes in practice. * Level 5 (performance): Participants will answer a follow-up survey after the activity to provide information on what changes they made in their practice and whether they have observed any changes in patient outcomes as a result of changes implemented after the activity. |
| **Overall start date of the program** | Start date |
| **Budget** | Amount Requested: $xxxxx  Cumulative Budget: $xxxxx |

**II. GRANT REQUEST SPECIFICATIONS**

**Program Name**: Title of course

**Accredited Provider:** Accredited by Mass General Brigham Office of Continuing Professional Development.

Mass General Brigham is a Jointly Accredited Provider.

**Content Developer:** Name of your hospital and department(s) (e.g., The Massachusetts General Hospital Division of Cardiac Surgery, Department of Surgery)

**Faculty:** Total number of speakers and planners

**Credit Hours**: Number of approved credits *AMA PRA Category 1 Credits™*

Add additional credits and professions here, as applicable

**Format**: Examples:

* 2-day conference with didactic lectures followed by real-life scenarios, pro and con debates, and technical videos
* 4-week online blended learning course with faculty office hours and discussion board

**III. OVERVIEW**

**Background:**

Description of why you are offering the conference (250-500 words)

**Purpose and goals of symposium**

Succinct description of the main goal for the conference (50-100 words)

**IV. PRACTICE PERFORMANCE GAPS and UNDERLYING NEEDS**

Practice Gap and educational needs (100-500 words)

References

Add references for the gaps and needs here.

**V. LEARNING OBJECTIVES**

Upon completion of this activity, participants will be able to:

1. List learning objective here
2. List learning objective here
3. List learning objective here
4. Add additional lines as needed

**VI. EDUCATIONAL METHODOLOGY**

Describe educational methodology here (50-250 words)

**VII. AGENDA**

Paste agenda with dates, times, and lectures here.

**VIII. OUTCOMES**

The Mass General Brigham Office of Continuing Professional Development has significant experience in evaluating changes in clinician knowledge, competence, and performance. The design of this program adheres to established, effective physician learning models1,2,3. This activity is designed to meet Moore’s level 5 outcomes (performance), as shown below.

**Adherence to Conceptual Models of CME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Moore et al.’s Expanded Outcomes Framework** | **Green and Kreuter’s Instructional Framework** | **Merrill’s Approach to Instructional Design** | **Live Conference** | **Post-Activity Outreach and Adoption** |
| Level 1: Participation | Predisposing CME Activities |  | **🗸** |  |
| Level 2: Satisfaction | **🗸** |  |
| Level 3a: Declarative Knowledge | Enabling CME Activities | Presentation | **🗸** |  |
| Level 3b: Procedural Knowledge | Example/ Demonstration | **🗸** |  |
| Level 4: Competence | Practice | **🗸** |  |
| Feedback | **🗸** |  |
| Level 5: Performance | Reinforcing CME Activities | Follow-up and physician self-reporting |  | **🗸** |
| Level 6: Patient Health |  |  |  |
| Level 7: Community Health |  |  |  |

**Level 1 (participation):** Registration data including demographic characteristics (e.g., specialty, practice setting) and participation data will be duly recorded and de-identified.

**Level 2 (satisfaction):** Participant-rated satisfaction with the educational program will be assessed using questions including overall satisfaction with the program, meeting the learning objectives, relevance to clinical practice, teaching ability and expertise of faculty, and fair, balance, and freedom of commercial bias.

**Level 3A (declarative knowledge) and 3B:** Through the evaluation participants will be asked the degree to which they believe the learning objectives were met. This method measures learning that occurred as a result of the activity.

**Level 4 (competence/shows how):** To assess Level 4 outcomes, participants will identify anticipated changes in practice.

**Level 5 (performance):** To assess Level 5 outcomes, participants will answer a follow-up survey after the activity to provide information on what changes they made in their practice and whether they have observed any changes in patient outcomes as a result of changes implemented after the activity.

References

1. Green LW, Kreuter MW. Health Promotion Planning: An Educational and Environmental Approach. 1991.
2. Merrill MD. Instructional Design Theory. 1994.
3. Moore DE, Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009; 29:1-15.

**IX. EDUCATIONAL DEVELOPMENT**

**Content Developer:**

List your hospital and department here.

Add a description of your department here (50-250 words)

**Accredited Provider: Mass General Brigham**

In support of improving patient care, Mass General Brigham is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Mass General Brigham’s current accreditation term expires November 30, 2025.

Mass General Brigham is committed to improving quality patient care through excellence in educational activities that address effective, compassionate, and safe patient care. Mass General Brigham supports education for healthcare professionals to:

* Improve clinical decision making
* Improve individual and team-based skills, strategy, and performance
* Improve patient outcomes
* Enhance patient management strategies
* Interpret new clinically relevant findings
* Optimize clinical education
* Analyze health policy

The design, content and implementation of this activity will be the responsibility of list departments and hospitals here, and Mass General Brigham Office of Continuing Professional Development. As the accreditor, Mass General Brigham will maintain absolute academic and administrative control. As such, this activity will be developed independently and will comply with all Joint Accreditation, ACCME, American Medical Association (AMA), Federal Drug Administration (FDA), and Office of Inspector General (OIG) regulations for industry-supported medical education.

Supporters of the activity will be appropriately acknowledged.

**X. IMPLEMENTATION PLAN**

Audience Generation

The recruitment strategy is planned for the program is built upon the wide network of Mass General Brigham-affiliated institutions and other collaborating organizations. The marketing plan includes the following elements:

* Distribution of invitation to Professional Societies in specialties here.
* Featured in Advances in Motion (<https://advances.massgeneral.org/>) and/or On a Mission (<https://www.brighamhealthonamission.org/>) newsletters and websites.
* Invitations to former attendees.
* Social Media campaign (Twitter and Linked In).
* Email campaign to clinicians with primary and secondary specialty of specialties here.
* Included in Mass General Brigham monthly newsletter distributed to over 35,000 subscribers.
* Posted on Mass General Brigham CPD website cpd.partners.org.
* Course page with detailed information about the program and registration link.

Please add any additional marketing efforts here.

This section may be updated based no specific marketing plans for your program.

Anticipated Audience

|  |  |
| --- | --- |
| **Profession** | **Number participants anticipated** |
| Physicians | Put number here |
| Nurses | Put number here |
| Advanced Practice Nurses (NP, APN) | Put number here |
| Physician Assistants | Put number here |
| Pharmacists | Put number here |
| Trainees (Residents/fellows) | Put number here |
| Other (list) | Put number here |
| **Total** | **Put total here (Should be same as total below)** |

|  |  |
| --- | --- |
| **Specialties** | **Number participants anticipated** |
| Specialty 1 | Put number here |
| Specialty 2 | Put number here |
| Specialty 3 | Put number here |
| Specialty 4 | Put number here |
| Add additional specialties as needed | Put number here |
| **Total** | **Put total here (Should be same as total above)** |

**XI. BUDGET**

Please see attached with submission.