



Membership Form

April 2021—March 2022

[Please email for a Doc version of this Form]

[Insert company name or logo]

[Insert Date]

The Good CME Practice (gCMEp) group is an open membership organisation for European education providers and follows the Core Principles as published in *Current Medical Research and Opinion*.

The purpose of this document is two-fold: it is the application form to join the group as well as for the annual renewal of membership.

The aim of the Good CME Practice group is to guide how European CME providers contribute to improving health outcomes.

Members must agree to adhere to the principles of the Good CME Practice group¹ and be in full support of the aims and objectives of the group. The aim of the Good CME Practice group is to guide how European CME providers can contribute to improving health outcomes. It will do this by:

- Championing best practice in CME
- Maintaining and improving standards
- Mentoring and educating
- Working in collaboration with key stakeholders

Are you applying for Full membership or Associate membership?

Full membership

Associate membership

All Member organisations and individuals must:

- Be a registered legal entity in geographic Europe with an operating office in geographic Europe
- Have a significant focus in providing medical education to healthcare professionals
- Be represented by individuals who live and work in geographic Europe

¹ Farrow S, Gillgrass D, Pearlstone A, Torr J, Pozniak E. Setting CME standards in Europe: guiding principles for medical education. *Current Medical Research and Opinion*, 2012;28(11):1861-1871. <http://informahealthcare.com/doi/abs/10.1185/03007995.2012.738191>

Requirements of **Full membership**

- Demonstrate a proven track record in the design, delivery and evaluation of CME-accredited programmes in Europe
- Agree to adhere to the principles of the gCMEp group as defined in Farrow et al. (2012)
- Be able to demonstrate independence of control from the pharmaceutical/device manufacturers
- Pay the annual membership fee within 30 days of invoice
- All pages of the member's website must conform to the policies of the Good CME Practice group
- While attendance at the meetings is not compulsory, it is highly encouraged that members communicate their opinions, experiences or questions with the group through the Chair, or the Secretariat for further communication
- Each Full member organisation will be acknowledged on the home page at www.gCMEp.org with a logo linking to the home page, or CME-specific page, of the member organisation. The linked page must have the gCMEp logo, which links back to www.gCMEp.org, with a statement of their membership of the group

Requirements of **Associate membership**

- Qualifying organisations may join the group as an Associate member. They may participate in the Autumn meeting and participate in group discussions about CME in Europe and the work of the group. But are either unable to, or do not yet wish to apply to join as a Full member.
- Associate members agree to the principles of the gCMEp group as defined in Farrow et al. (2012) and should be committed to implementing IME and CME in their organization.
- Associate members may come from professional medical education companies as well as related stakeholder groups such as medical societies, medical communications agencies, and other organisations that are permitted to present CME accredited activities according to national or European accreditors
- Associate members may acknowledge membership on their website, "Associate member of the Good CME Practice Group (www.gCMEp.org)"

Please describe your organization

1. gCMEp group members must be a registered European legal entity with a European office. Please describe the structure of your organisation in Europe, including the people nominated to represent the organisation at gCMEp level. gCMEp group representatives must live and work in Europe.

[Please give short description <400 words]

Name of nominated, active representative: **[Insert name, email address]**

Secondary representative/contact: **[Insert name if you wish to nominate a second person]**

Administrative contact (if different): **[Insert name/or as above]**

2. Briefly describe your approach in the delivery of CME-accredited activities in Europe.

[Describe your organisational and/or individual track record here <400 words]

3. As evidence of your CME track record, please give examples of **up to three** most successful accredited CME educational activities that your organisation has developed in the past 12 months. If none of the activities developed in the past 12 months have been accredited by a recognised European accreditor (e.g. EACCME, EBAC, etc.) please explain why, and how your activities were compliant with the gCMEp standards and expectations.

[Include title, date, city/URL, accreditation body, number of CME credits]

The following questions are required for applications for **Full membership**:

4. An important part of the work of the Good CME Practice group is demonstrating independence, including where relevant, the effective separation between accredited CME and industry-controlled activities. Please describe how your organisation demonstrates clear and effective mechanisms and processes to prevent commercial control or influence and how it maintains independence when working on CME activities

[Describe your approach here <400 words]

5. To help us better understand how your organisation develops its educational activities, please provide further information about your approaches to the following:

5a. How do you approach the difference between IME/CME, and medical scientific communications (as done by MedComms agencies) whether in your own organisation or in discussions you have, e.g. with industry?

[Describe here <200 words]

5b. How do you develop activities that achieve more than just Level 2 or “satisfaction” outcomes?

[Describe here <200 words]

Please provide invoicing details. The annual term of membership runs for 12 months from April to March, and is renewable annually (in March/April) on the reaffirmation of the details as outlined in this application. The annual fee for Full memberships is 1,500 Euro, for Associate membership 500 Euro and for Single-handed consultancies (individuals) 150 Euro, terms of payment are 30 days. If a new membership commences mid-year, the term of membership will run from the month of acceptance until the following March and the membership fee will be calculated pro rata. Please provide any relevant invoicing details here.

[Insert billing entity, contact name, PO number/reference, VAT details if required, etc.]

I hereby declare that the information provided is true, correct and complete, and that we agree to adhere to the Core Principles* and would like to join the Good CME Practice group.

Name:

Signature:

Position:

Date: