

# Death of the Medical Education Company? We Think Not

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As we watched the online live CME-Palooza panel session, “Death of the MECC: Fact or Fiction?” moderated by Jan Perez, Managing Partner at CME Outfitters, LLC on October 15, 2014 (see archived session at <http://cmepalooza.com/death-of-the-mecc-fact-or-fiction>), the message really resonated with us. This is because the NAMEC Board of Directors has been pondering another question, “How can we effectively be the ‘voice’ of our members?”

We all know the story. Ariel gives her voice to Ursula in *The Little Mermaid*. Why? She wanted something else so badly that her voice seemed like a small sacrifice. But in the end, her voice was the thing she desperately needed and getting it back was no easy task.

Like Ariel, we’ve wondered if Medical Education Companies (MECs) have also given up their voice in the pursuit of, well . . . survival? We all know that our jobs have become more demanding and we often feel like we are trying to “prove” something to other CME/CE stakeholders. But what do we really have to prove? Haven’t we shown that we provide exemplary education? Maybe the answer is that we just haven’t been so great at telling our success stories. So that is what we want to do. We’ve outlined below some strengths that we want to share with the greater CME/CE community.

## MECs are Adaptable

The MECs that are still standing have weathered the storm of change and understand that adapting is crucial to success. MECs understand that just because it worked in the past, doesn’t mean it will still work. That is why we continue to evolve in our delivery of CME/CE. More changes will come in our industry as we wait to discover whether Quality Improvement (QI) becomes the “standard” of the future of education and the list goes on but MECs will be ready to change and adapt to whatever comes our way.

## MECs are Great Partners

Many MECs have skill sets that make us great partners. MECs come in all different sizes and offer varied capabilities. Whether it is content development, accreditation, assessment and outcomes measurement, meeting planning, instructional design, or activity promotion, there is a MEC that has an expert on staff to do just that. On the other hand, we are also skilled at identifying when we need to collaborate to develop the most effective education, even if that means reaching out to other MEC competitors, hospitals, associations, or specialty societies.

## MECs are Innovators

MEC employees make up the largest majority of Certified CME Professionals (CCMEPs). This demonstrates our commitment to the industry and validates our expertise. MECs also have proven that they think outside the box when it comes to implementing education. MECs have been at the forefront of embracing new technology, integrating quality improvement, implementing cutting-edge educational design, and seeking traditional and non-traditional funding models, in addition to many, many other things.

So in conclusion, we want to formally answer the question, “Death of the MEC: Fact or Fiction?” Our answer: Fiction. We are strong contributors to the CME/CE industry, but now we need to work on our “voice.”

NAMEC appreciates the support of its current members and invites other MECs to join our efforts to help provide a voice for us in the CME/CE enterprise, as we have done since 2002. Moving toward that goal, please join us at the 2015 ACEhp Conference where NAMEC will be collaborating with the Medical Education Company Alliance (MECA) Alliance Member Section in developing the educational session provided on Wednesday afternoon, January 14 from 1:00–4:00 PM. NAMEC will also hold its annual meeting in Dallas on Thursday, January 15 from 7:00–8:15 AM in the Dallas 567 room.

## Reference

Death of a MECC: Fact or Fiction? As presented at CMEPalooza, [www.cmepalooza.com](http://www.cmepalooza.com) on October 15, 2014.



## Points for Practice

- Consider a MEC for partnership in future educational efforts.
- Look for examples of MECs innovation in quality improvement education.