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Extending
PAPs and
PSPs Training
Beyond the
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endors are sometimes overlooked for patient assistance program (PAP) and patient support program (PSP) training, particularly when those companies claim to have their own training in place. Even if that is the case, rolling out the company training to the vendor's staff helps ensure consistency in messaging and accountability of trainee rosters. In other words, the vendors need to be trained using the same training the inside employees receive.

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According to Nicole Serena, life sciences industry veteran and editor of the PSP Insider Newsletter, "vendor workforces have quite a large turnover in the staff working on the programs, so it can be difficult for them to have enough resources to track training. The pharmaceutical company needs to take responsibility for that, roll out the company's own training to the vendors, and track it on company systems."

Since **marketing departments** are often responsible for funding the programs and developing program materials, marketing staff should be included on the training roster. "All marketing staff need a base level of training," says Serena, "and those tasked with working in partnership with the in-program team need a deeper level of training."

In addition, since **Medical Information** is tasked with answering HCP questions that come in by phone, an awareness on how the programs work is critical for them as well. Add the **Finance Department** employees to the training list as well. They need to understand the reason for the program and its value to the company. Finally, don't overlook the need for PAP and PSP training for the **Compliance Department**. Compliance sometimes includes professionals from other disciplines across the company and their awareness and familiarity with the programs may be limited.

(Excerpted from the Compliance Training Intelligence Blog)



Training Nurse Educators to Focus on Education



According to the Office of Inspector General (OIG), the use of nurse educators is under scrutiny because patients rely on the advice of medical professionals and they may have difficulty distinguishing between medical advice and a commercial sales pitch.

In fact, recently unsealed qui tam cases highlight the cause for concern, with one company deploying "nurse ambassadors" directly to patient homes and another implementing nurse-led adherence programs designed to increase product refills.

Nurse educators need to be trained separately from sales representatives. One-size training does definitely not fit all in this case. Nurse educator training should not resemble sales training. If the content covers topics like overcoming objections, or effective listening, it should not be rolled out to the nurse educators. Keep the focus on adherence and patient education instead.

MEDICAL DEVICE MOMENT

The Advanced Medical Technology Association (AdvaMed) Code of Ethics on Interactions with Healthcare Professionals (the AdvaMed Code) has been updated, with the changes scheduled to take effect in January of 2020. In addition to clarifications on topics such as "legitimate need" for consulting services, development of fair market value methodologies, and guardrails around research grants and charitable donations, the updates include principles for communicating about off-label uses.

The updated Code will be an important resource for medical device professionals as they evaluate and modify their company's compliance training curriculums. More than ever, a continuous learning approach to compliance training is needed to ensure employees adhere to the new principles and procedures in the revised Code. Simply launching an updated eLearning module is not enough. On-going assessments, contests and microlearning nuggets, rolled out on a continual basis, will help enhance retention of the new content.



January will be here quickly. Now is the time to plan for the January release of the revised Code and map out a continuous learning plan to help your HCP-facing staff adopt those revisions into their daily work activities.

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