2026 Independent Medical Education Request for Proposal

Issue Date: November 10, 2026

The *Independent Medical Education team at Genentech, a member of the Roche Group,* invites accredited educational providers to submit applications for independent, certified medical education grants subject to the terms described below. This Request for Proposal (RFP) provides public notice of the availability of funds in a general topic area for activities for which recognized scientific or educational needs exist and funding is available.

Purpose: As part of Genentech's scientific mission, Genentech supports grants for independent medical education that aim to improve patient care by focusing on the improved application of knowledge, competence, and performance among healthcare professionals. This mission is achieved by supporting quality independent education that addresses evidence-based, bona fide educational gaps in accordance with the ACCME, AMA, PhRMA Code, OIG and FDA guidance.

Notification: Genentech RFPs are made available through our online Genentech Funding Request System (gFRS) site (http://funding.gene.com). In addition, an email is distributed to all registered gFRS users who have previously applied for support of an independent education activity. The email distribution list may not always be up to date. Please periodically check our online Genentech Funding Request System (gFRS) site (http://funding.gene.com) to stay informed on current funding priorities. *There have been no predetermined approvals, nor any identified preferred educational providers. All submissions will be reviewed equally and thoroughly.*

Terms and Conditions

1. All grant applications received in response to this RFP will be reviewed in accordance with all Genentech policies and policy guidelines. (Please refer to the publicly available criteria on http://funding.gene.com)
2. This RFP does not commit Genentech to award a grant or pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this RFP.
4. For compliance reasons, and in fairness to all providers, all communications about this RFP must come exclusively to Genentech's department of Medical Education and Research Grants. Failure to comply will automatically disqualify providers.
5. Failure to follow the instructions within this RFP may result in a denial.

Submission Steps	Application Process	Deadlines
Step 1: Submission	Providers who meet the eligibility criteria and have reviewed all instructions are welcome to complete a full application. Please include **"2026 DME RFP"** in the title of your program funding request.	November 22, 2026
Step 2: Notification	Genentech Medical Education Managers will review and provide notification of final decisions via email	By December 18, 2026

Eligibility Criteria:

- U.S. based education provider
- Registered account in gFRS
- Accredited to provide CME/CE and in good standing (e.g. ACCME, ANCC, ACPE, etc.)
- Educational initiatives must be U.S.-based only

Additional Considerations

1. Provider(s) who are awarded grants are encouraged but not required to:
    - Demonstrate key findings via outcomes analysis and report the extent to which the education met the stated objectives and other key findings.
    - Describe how learners demonstrated competence, performance, or patient outcomes improvement as a result of the educational activity.
    - Summarize (through written analysis) the provider's understanding and interpretation of the outcomes data and identify any persistent educational gaps, unanticipated barriers and/or activity/outcomes limitations.

Focus	Opportunity
Therapeutic Area: Ophthalmology **Disease:** Diabetic Macular Edema **Learning Audience:** Ophthalmologists **Support Available:** Up to $250k	Diabetic macular edema (DME) is a primary cause of vision threat and legal blindness among working-age adults with diabetes, affecting approximately 3.5% to 7% of the diabetic population.[1] Intravitreal injections (IVIs) of anti-vascular endothelial growth factor (anti-VEGF) biologic therapies represent the guideline-directed first-line standard of care to stabilize and restore visual acuity.[2] However, significant disparities exist in access to anti-VEGF therapy, particularly in rural regions and community-based practices where fellowship-trained retina specialists are sparse or non-existent.[3,4] Patients in these medically underserved areas face long travel distances and financial burdens, resulting in missed injections, treatment discontinuation, and irreversible vision loss.[3,4] While comprehensive and general ophthalmologists are well-positioned to deliver eye care in rural communities, many report a lack of formal procedural training, confidence, or updated practice experience necessary to safely administer intravitreal biologic injections and longitudinally manage DME under modern treatment algorithms.[5] Furthermore, care delivery across the rural diabetic patient journey is frequently fragmented; primary care physicians, endocrinologists, and community optometrists often lack standardized screening and referral practices to ensure timely ophthalmologic evaluation upon initial signs of maculopathy.[5] This breakdown leads to diagnostic delays, clinical inertia in starting therapy, and undertreatment once therapy is initiated.[6] To address these critical access and quality gaps, Genentech seeks to support independent performance improvement (PI / QI) educational initiatives designed to upskill comprehensive/general ophthalmologists and enhance interprofessional care coordination in rural and community settings lacking retinal subspecialists.

Practice Improvement Independent Medical Education (PI-IME): Proposal Submission Guidelines & Fund Requirements

1. Educational Scope & Program Intent

We invite proposals for Independent Medical Education (IME) initiatives focused on **Practice Improvement (PI)** and the optimization of clinical care workflows. The primary objective of any funded initiative must be **broad, scalable educational value and quality-of-care improvement**, rather than localized operational consulting or practice-management support.

- **Focus on Broad Educational Value:** Programs designed with a multi-phase approach must ensure the primary deliverable is scalable peer-to-peer education (e.g., webinars, toolkits, case studies, or accredited modules) accessible across the clinical community.
- **Therapy & Product Independence:** Initiatives must be strictly educational, non-promotional, and agnostic to specific commercial products or branded therapies.
- **Autonomous Third-Party Execution:** The accredited educational provider maintains sole authority, ownership, and discretion over the design, content, execution, and site interactions of the program.

2. Information Required (What to Include in Your Proposal)

Proposals submitted in response to this Request for Proposals (RFP) **must** include the following elements:

- **Objective Practice Selection Methodology:** A transparent, evidence-based description of the criteria used to select participating clinics or clinical sites (e.g., baseline quality metrics, underserved geographic reach, documented educational gaps).
- **Site Minimization Attestation:** A formal attestation confirming that if in-depth, hands-on practice workflow reviews are utilized, the number of participating sites is strictly limited to the minimum sample size necessary to generate representative case studies for broad peer-to-peer learning.
- **Scalable Dissemination Plan:** A structured plan detailing how the insights and case studies derived from any initial practice reviews will be translated into wide-reaching educational resources for the broader healthcare provider community.
- **Measurable Quality Metrics:** Defined educational and quality-improvement metrics that evaluate participant knowledge acquisition, and/or adherence to evidence-based clinical guidelines across all elements of the proposed program.
- **Unbiased Referral & Care Pathways:** If addressing testing or care pathways, a description showing how recommendations will be evidence-based, and neutral regarding downstream specialist referrals or health system affiliations.

3. Excluded Information & Disqualifying Elements

To ensure full compliance with the grantor independence standards and other requirements, proposals containing any of the following items will be **rejected without review**:

- **Identifiable Clinics, Systems, or HCPs:** Do **not** name specific clinics, healthcare facilities, academic medical centers, health systems, or individual healthcare professionals targeted for participation. All proposals must be fully blinded with respect to participating account identities.
- **Ties to Specific Proprietary Therapies:** Do **not** include language linking diagnostic algorithms, screening protocols, or clinical workflow modifications to any specific commercial drug, brand, or manufacturer therapy.
- **Identifiable Patient or Positive-Screen Data:** Genentech will not accept, receive, or review patient-level data, provider-level prescribing data, or rosters of individuals screening positive for any condition.

4. Non-Fundable Expenses (Budgetary Restrictions)
Grant budgets must reflect purely educational and project-management costs.
Grant funds may NOT be allocated toward:

- **Staffing & FTEs:** Salaries or staff costs unrelated to the program.
- **Routine Clinical Care & Patient Screening:** Diagnostic test kits, laboratory processing fees, patient screening expenses, or any costs associated with direct patient clinical care.
- **Disguised Sponsored Testing:** Funding cannot be used to establish, subsidize, or maintain a manufacturer-sponsored laboratory testing program.
- **Capital, Equipment, & Software:** Purchase or subsidy of electronic health record (EHR) software, IT licenses, diagnostic hardware, medical equipment, or other infrastructure or routine clinic operating infrastructure.

References:

1. Sabanayagam C, Yip W, Ting DS, et al. Ten years of progress in epidemiology and screening for diabetic retinopathy. Lancet Diabetes Endocrinol. 2019;7(12):931-942.
2. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines: Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2021.
3. Spooner KL, Mhlanga L, Thomas RL, et al. The burden of geographic distance on anti-VEGF compliance in diabetic macular edema and age-related macular degeneration. Ophthalmol Ther. 2019;8(2):269-279.
4. Burmeister J, Patel S. Diabetic retinopathy in rural communities: a review of barriers to care. Ann Med. 2025;57(1):2522323.
5. Avery RL, Bakri SJ, Blumenkranz MS, et al. Evolving guidelines for intravitreal injections. Retina. 2014;34(Suppl 12):S1-S18.
6. Holekamp NM, Campbell J, Almony A, et al. Vision outcomes following anti-vascular endothelial growth factor therapy for diabetic macular edema in clinical practice. Am J Ophthalmol. 2018;191:83-91.
