

Officers 2010-2011

June 4, 2010

President

Todd Dorman, MD
Johns Hopkins University
School of Medicine

Roger Brown, Ph.D.
Director, House of Delegates
American Medical Association
515 State Street
Chicago, IL 60654

Past-President

Lois Colburn
University of Nebraska
Medical Center

Dear Dr. Brown:

President-Elect

Gabrielle Kane, MB, EdD
University of Washington
School of Medicine

The Society for Academic CME (SACME) appreciates the opportunity to comment on the CEJA Report and Recommendations (1-A-10) "Financial Relationships with Industry in Continuing Medical Education". The mission of SACME is to promote the research, scholarship, evaluation and development of CME/CPD (continuing medical education/continuing professional development) that helps to enhance the performance of physicians and other healthcare professionals practicing in the United States, Canada, and elsewhere for purposes of improving individual and population health. The membership is comprised of providers of CME at medical schools, teaching hospitals and societies, as well as educational researchers and faculty involved in continuing medical education.

Vice President

Ivan Silver, MD, MEd
University of Toronto
Faculty of Medicine

SACME supports efforts that are directed toward ensuring that continuing medical education is evidence-based and of the highest standards. Our membership is well aware of the current concerns about the possible influence of industry funding of CME and agree that CME must be free of unethical influences.

Treasurer

Deborah Sutherland, PhD
University of South
Florida Continuing Profes-
sional Development

The most recent CEJA report presents yet another ethical framework to guide the practice of CME. However, SACME remains concerned that the underpinning for the new ethical framework continues to be guided by research and commentary derived from a period in which CME was operating under a different regulatory system. For CEJA recommendations to be relevant in today's world they must be based on the most recent information available. SACME is disappointed that the present report simply rehashes older irrelevant references and ignores information published in the last two years related to conflict and bias. In addition, recent data demonstrate profound improvements in patient outcomes from improvements in

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Susan Tyler, MEd, CMP
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Officers 2010-2011

SACME Response to CEJA Report 1-A-10

June 2010

Page 2

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risk factor modification as well as from treatment interventions (Wijeysundera et al JAMA May 2010). CME activities commonly promulgate such approaches to care.

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The CEJA report appropriately describes many ongoing changes to interactions with industry that have recently been undertaken by medical schools, state systems and professional societies. Data regarding the benefits and harms of such changes should be sought prior to new standards being promulgated. In addition, these changes demonstrate the desire and ability of the system to monitor and regulate itself and thus the proposed recommendations may not only stifle innovation, but may actually produce more harm than good.

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Recommendations

SACME does not support Recommendation 1, 2 or 3.

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Much of the discussion on bias in CME and the possible influence of industry-supported CME on a physician's prescribing pattern are drawn from analyses of CME activities that occurred prior to changes in the regulatory landscape of CME, namely the Accreditation Council on Continuing Medical Education's (ACCME) 2004 Standards for Commercial Support™ (SCS). Providers of CME are required to adhere to the SCS if they are to award AMA *Category 1*™ credit. These same standards have now been adopted by the accrediting bodies for continuing education for nursing and pharmacy. To use data based on literature of the 1980's and 1990's and ignore the findings of more recent research (Cervero 2008, AHRQ 2007, Cochrane 2009, Kawczak 2010, Steinman 2010) to support such a far-reaching recommendation as proposed is simply a breach of evidentiary standards. In addition, since 2006 the ACCME has released additional clarifications of the restrictions on industry that include:

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- the elimination of the acceptance of suggestions for content or speakers by industry,
- the elimination of the acceptance of any suggestions that could impact the content of an activity or presentation in any direct or nuanced manner,
- the elimination of industry representatives from certified activities that are relevant to their work or the work of their company.

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Officers 2010-2011

SACME Response to CEJA 1-A-10
June 2010
Page 3

President
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Ignoring these significant steps to strengthen the SCS is again a breach of evidentiary standards.

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This recommendation is also contrary to the recent Institute of Medicine report on "Conflict of Interest in Medical Education" which did not call for elimination of commercial support in CME, but rather that "a new system of funding accredited continuing medical education should be developed that is free of industry influence, enhances public trust in the integrity of the system, and provides high quality of education." Until such a system is defined, any call to eliminate industry support of CME would be premature. The CEJA report states on lines 24-30 of page 2;

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"To achieve these goals, medicine has an ethical obligation to ensure that the profession itself sets the agenda and defines the goals of physician education; controls what subject matter is taught; determines physicians' educational needs; and takes steps to ensure the objectivity of educational content and of those who teach it."

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SACME believes that the present day system indeed meets this statement and thus the source of funding is not the issue.

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sional Development

SACME is also concerned by the language of Recommendation 1 which might have the unintended consequence of prohibiting direct or in-kind support from entities such as hospitals or insurers, as both of these could be said to have direct financial interest in a physician's clinical recommendations.

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Finally, these recommendations are simply not needed as they call for a response that is unsupported by literature or ethical principle.

Summary

The Society for Academic CME is committed to ensuring that continuing medical education meets the highest ethical standards and complies with existing accreditation standards and regulations from the federal government and other professional bodies. Through its membership in the Conjoint Committee on CME (CCCME), a group composed of the Council of Medical Specialty Societies, the AMA, and groups such as the Federation of State Medical Boards and the Accreditation Council for Graduate Medical Education, SACME leadership is

Officers 2010-2011

SACME Response to CEJA 1-A-10
June 2010
Page 4

President
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actively engaged in an effort to convene a national dialogue intended to address the IOM recommendation to develop a new system of funding for CME that is free of industry influence. Until such a new system is identified and is based upon the present data that exists regarding the lack of industry influence in CME, it is simply time for “watchful waiting”. SACME recommends that this report be referred back to CEJA, and that if a new report is issued that it use evidentiary standards to reflect support for the present ACCME standards and approach.

Past-President
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Sincerely,

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Gabrielle Kane, MB, EdD
University of Washington
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Vice President
Ivan Silver, MD, MEd
University of Toronto
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