



for Academic Continuing Medical Education

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Chair, Reference Committee on Amendments to
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Dudley M. Steward, MD
Chair, Council on Ethic and Judicial Affairs
American Medical Association
515 State Street
Chicago, IL 60654

Dear Drs. Spurlock and Stewart:

The Society for Academic CME (SACME) appreciates the opportunity to comment on the CEJA Report and Recommendations (1-I-09) "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.

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.

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.

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Executive Secretariat

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Recommendation #1

SACME does not support Recommendation 1, "Funding or in-kind support should be provided by sources that have no direct financial interest in a physician's clinical recommendations".

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) 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:

- 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.

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

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.

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.

Finally, this recommendation is simply not needed as it calls 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 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Lois Colburn". The signature is fluid and cursive, with a large initial "L" and "C".

Lois Colburn
President