

SACME Response to ACCME Rulemaking Proposal

SACME appreciates the ACCME intention to openly solicit input into the rule making process. A majority (71%) of respondents to a SACME survey were supportive of the creation of a standardized process that included a period for public comment. We are supportive of a process designed to produce the best policies possible and we believe that a process designed around acquiring collective wisdom is indeed the correct approach and one that will help avoid unintended consequences. However, our members are concerned by several aspects of the policy as proposed. We will review those aspects and offer suggestions for resolution.

- Leaving the definition unclear as to what constitutes a policy for public comment and what policies would be enacted without public comment does not create the transparency that the ACCME should desire and thus does not produce a trusting relationship with the provider community. Clearly defining what policies can move forward without public comment would be useful to all involved. An alternative solution would be to state that all policies would be open for public comment.
- The time frame for response is simply too short. Given the desire to ultimately release the best policy, a time frame sufficient for data gathering and thoughtful reflection are required. Extending this to either 45 or 60 days should be sufficient.
- The statement that the timeframe could be shortened or eliminated should be removed as this negates the entire concept of a period for public comment.
- Concern was raised that an explanation is not provided at the time of the release of the policy. Policy release could be accompanied by an explanatory document that addressed major themes from the public comments.

SACME suggests that the ACCME consider a standard approach like one utilized by JCAHO or CMS. All policies released for public comment. The time frame for comment should be either 45 or 60 days. The ACCME should then have the identical time frame to review all public comments, make a decision regarding the policy and provide a public response by either releasing the policy or withdrawing the policy. Release or withdrawal should be accompanied by an explanatory document.

SACME Response to ACCME Proposal for Commercial-Support Free Accredited CME

In a survey of SACME membership, 76% of members opposed creation of such a category of accreditation. While there were a variety of reasons given to opposing this category, several dominant themes did emerge:

- There should be one standard for CME accreditation. Creating a system where there are two categories has the potential to create the impression that commercially supported CME is somehow inferior to that receiving no commercial support. As such, it would then inappropriately imply that commercially supported CME is biased.
- A dual system of accreditation would add confusion, complication and additional bureaucracy to an already cumbersome system.

- There are currently providers who do not accept any commercial support or who have programs that do not accept commercial support. These activities can be promoted as such without the need for another accreditation standard.
- Under the existing Standards for Commercial Support, high quality CME activities are produced everyday by providers that accept unrestricted educational grants.

While SACME cannot endorse the proposed policy, we welcome the opportunity for dialogue with the ACCME on issues related to commercial support.

SACME Response to ACCME Proposal for Promotional Teacher and Author-Free Accredited CME

In a survey of SACME membership, 66% disagreed with this policy change. While there were a variety of responses, two themes emerged.

- The ACME Standards of Commercial Support already offers a system for identifying and resolving COI. The proposed rule might have the unintended consequence of rendering the Standards of Commercial Support meaningless if there is a need for this designation.
- A dual system of accreditation would add confusion, complication and additional bureaucracy to an already cumbersome system.

While SACME cannot endorse the proposed policy, we welcome the opportunity to dialogue with the ACCME on issues related to commercial support.

SACME Response to ACCME Proposal to Create an Independent Funding Entity

A majority (54%) of respondents to a SACME survey were in disagreement with this proposal with an additional 24% uncertain about the proposal. The general consensus was that ACCME should not in any way be involved in this and that it would be a conflict of interest for ACCME to do so. We also do not believe that it is appropriate for ACCME to even propose such a policy. Our members are concerned by several other aspects of the proposal as well:

- Already too much bureaucracy in CME. Another layer is not needed.
- Administrative oversight and costs would outweigh any benefit
- No faith that commercial supporters would contribute to such a fund
- Politics can still play a role in the practices of such an entity
- Proposal would disadvantage medical schools and technology driven specialties such as radiology, cardiology, etc and push funding to primary care and away from cutting-edge advances.
- Small CME offices with few resources and even fewer personnel would have a difficult time competing with larger institutions for their share of the pooled funds. The concept of applying for funding from a pooled source would leave many of the small CME providers without funding - because of the absence of talented grant writers. These are the same CME providers that are in the greatest need of funding for their CME activities.
- Not sure this is the answer to a very sticky issue. There are very important questions that need to be answered to ensure that the funds are well distributed in an appropriate manner. Among

the key questions are: 1. Who would make the decisions regarding the allocation of funds? 2. How would those people be selected and by whom? 3. What kinds of criteria would be used to allocate funds? 4. How would accountability be built into the process? 5. How would it maintain a "level playing field" for all providers? 6. How would its independence be ensured?

- Effort would be better directed at refining and policing the current and beefed up Standards for Commercial Support.
- ACCME has created a quite costly infrastructure and we are not optimistic that developing an independent granting entity would be less costly

SACME does not support the creation of an independent granting entity by ACCME. As suggested in concerns listed above, efforts would be better spent on refining, strengthening and enforcement of the existing Standards for Commercial Support.