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Regina M. Benjamin MD MBA
Chair, Council on Ethical and Judicial Affairs
Claudette C. Dalton MD
Chair, Council on Medical Education
American Medical Association
515 N. State St.
Chicago, Illinois 60654

Dear Drs. Benjamin and Dalton,

Thank you for the invitation to participate in the stakeholders meeting jointly sponsored by the Council of Ethical and Judicial Affairs and the Council of Medical Education of the American Medical Association to address concerns relating to commercial funding of professional education in medicine.

We appreciate the opportunity for the Alliance for Continuing Medical Education (Alliance) to be represented at this assembly by Dr. George Mejicano, who is a member of the Alliance's Board of Directors. Dr. Mejicano serves as the Associate Dean for Continuing Professional Development, at the University of Wisconsin, School of Medicine and Public Health.

The Alliance is an international membership organization comprised of more than 2,600 professionals devoted to designing and implementing continuing medical education (CME) activities for physicians. The Alliance provides professional development opportunities for CME professionals, advocates for CME and the profession, and strives to improve patient health care outcomes.

Recently, the Alliance adopted a set of core principles to serve as guidance within the CME professional community, setting forth standards and responsibilities for upholding the integrity of education in medicine:

Alliance's Conflict of Interest Principles

- 1. The content of CME activities must be based on evidence that is accepted by the medical profession. This evidence may be drawn from research, performance guidelines, epidemiological data, and current practice.**
- 2. All financial relationships between commercial entities and providers of certified continuing medical education must be disclosed to both the planners and the participants. The CME provider must ensure that the planning and implementation of CME activities are accomplished with no influence from commercial entities. CME providers must disclose the process by which they manage conflicts of interests with commercial entities as well as individuals and organizations.**
- 3. All financial relationships between commercial entities and individuals responsible for planning, implementing and presenting educational activities must be disclosed both to the accredited CME provider and to the participants of the educational activities, and managed appropriately.**

Our comments herein are submitted in response to the key questions raised concerning commercial funding of professional education in medicine.

When is conflicted expertise essential in CME? How can we tell when it is no longer needed?

Conflicted expertise is essential in circumstances related to information ownership, access and availability. Some examples include:

- Sudden innovative or breakthrough scientific developments affecting patient care, the practice of clinical medicine, or the health of the public that occur at such a rapid pace that the sole source of information is the researcher or employee of the organization leading the innovation.
- Scenarios where the developer of a new medical device is the only expert knowledgeable about the device's application and usage and, therefore, that individual must be the educator.
- Determinations of risk and benefit where the expert's evidence-based data about the treatment being analyzed is crucial to greater physician awareness of a public health issue.
- Orphan drug treatment(s) where there is a recognized lack of funding to support independent certified continuing medical education activities.

Conflicted interests may, at some point, be avoided when the universe of experts as medical educators who are not conflicted expands, thereby negating the need to call upon those who are or may be conflicted.

What unique challenges do you as a stakeholder face regarding CME?

The Alliance represents over 2,600 CME professionals, representing virtually every sector of the healthcare spectrum, embracing those who create CME, those who benefit from CME, and those who support it. There are, however, common themes in the challenges facing today's CME professionals:

- **Administrative burden**
Paperwork and compliance requirements are time and labor intensive. There is a large volume of paperwork required and providers, specifically the smaller provider, do not have the resources to dedicate to the task; hospitals typically do not have the human resources support for compliance; and many providers are being forced to reallocate monies away from educational design and performance improvement into resources/support to meet these compliance requirements.
- **Lack of consensus on standards within the CME enterprise**
Most of our constituents agree that the lack of clear, unambiguous, uniform guidance with regard to management of conflicts of interest is a major obstacle.
- **Lack of awareness of the role and importance of CME**
The need for high quality, evidence based continuing medical education for physicians should be reinforced throughout all CME environments. Patient communities, the media and consumers need to understand the value and relevance of CME as a major contributor to improved public health.
- **Lack of physician understanding of the definition of independent CME**
The medical community has a recognized gap in understanding the relationship between commercial funding and independent CME. The Alliance and the Society for Academic Continuing Medical Education (SACME) launched the National Faculty Education Initiative, or NFEI, in the fall of '08 in response to this need. Only a few months post-launch, the online education course and the verification database have seen increased physician participation and the attention and endorsement of various professional associations.
- **Need for additional funding sources**
The CME community should begin to pursue and expand alternative sources of funding, thereby reducing the need for primary reliance on financial support from industry.

- **New programming**

CME providers and supporters are, and should continue, to explore collaborative opportunities that may result in educational activities aimed at improving the quality of education that addresses public health issues.

How can we ensure that medicine sets the agenda for CME overall so that it meets the needs of patients and physicians rather than the interests of commercial supporters?

Accredited CME providers are responsible for determining that the educational agenda meets the needs of their physician learners to address timely health concerns and, ultimately, contribute to the improved quality of care and patient outcome.

Changes introduced within the CME enterprise over the past several years have offered new definitions and established new processes and guidelines that embrace positive change. Yet, there is increasing interest in engaging public stakeholders as part of the dialogue, specifically with regard to emerging health issues and medical urgencies. CME providers and supporters are, and should continue exploring collaborative opportunities aimed at improving the quality of education that addresses public health issues.

Equally important is the urgent need to secure new, non-commercial entities as additional sources of educational funding. Pursuing and expanding alternative funding partners would, thereby, reduce the need for and reliance upon financial support from pharmaceutical companies and device manufacturers. Commitment by diverse, alternative avenues of funding would serve to broaden and strengthen the medical programming agenda overall.

Thank you for offering the Alliance this opportunity to comment on today's challenges in striving to uphold and advance the integrity of education in medicine.

Sincerely,



Jann T. Balmer, PhD.
President