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Continuing Medical Education

The Prescription Project promotes evidence-based prescribing and works to eliminate conflicts of interest in medicine due to pharmaceutical marketing to physicians.

It is promoting policy change by working with

- *State and Federal Policymakers*
- *Academic Medical Centers*
- *Professional Medical Societies*
- *Private Payers*

Created with The Pew Charitable Trusts, the Project is led by Community Catalyst in partnership with the Institute on Medicine as a Profession.

A Toolkit for Academic Medical Centers

I. Introduction

In 2005, commercial spending on continuing medical education (CME) totaled \$1.1 billion, accounting for 50 percent of all CME support (up from 34 percent in 1998).¹ Industry support of CME has grown in recent years as other avenues of pharmaceutical promotion have come under increased scrutiny and regulation.

However, industry influence on CME content has been extensively documented. Allowing the pharmaceutical industry to play such a role in physician education compromises clinical care and medical professionalism by, overtly or otherwise, “linking financial support of the programs to the marketing objectives of the companies that provide the funding.”² Though it is not a new concern, leaders within the medical profession increasingly question the wisdom of allowing the large industry role in CME, which includes the development of curriculum, recruitment and payment of speakers, and furnishing of materials to doctors.

According to Relman, the pharmaceutical industry often plays an inappropriate role in CME events. “Pharmaceutical companies sometimes help organize and advertise the educational event; they may prepare teaching slides and curriculum materials, and they compile lists of possible speakers and indirectly pay them. They also may subsidize practitioners, medical students, residents, and fellows to attend.”³

Pharmaceutical companies often control events indirectly through Medical Education Communication Companies (MECCs).⁴ The large MECCs industry organizes events for physicians, but serves the needs of its clients – the industry that pays the bills. MECCs receive 90 percent of their funding from commercial support.⁵

This toolkit is one in series prepared by the Prescription Project to assist medical schools and teaching hospitals developing new policies to address the conflicts of interest that arise from pharmaceutical and medical device industry marketing. For further assistance or more information, please email policy@prescriptionproject.org.

Pharmaceutical companies do not make investments for which a return is uncertain or unquantified. According to Brennan et al,⁶ companies acknowledge that they “carefully evaluate the market impact of expenditures and support only those demonstrating an increased use of their products.” Pharmaceutical funding of CME has been shown to affect the information provided, and studies have shown that physician attendance at CME events resulted in more prescriptions for the sponsors’ products.⁷

Interviews with professionals who organize CME at various medical centers clearly establish that pharmaceutical funding has a large influence on the topics that are discussed.⁸ Events covering diseases with pharmaceutical treatments will find funding, while other important topics with no pharmaceutical tie-in, such as domestic abuse or physician stress management, have a more difficult time finding support.

The Accreditation Council for Continuing Medical Education (ACCME) has established standards for commercial support (section III, below). However, ACCME does not audit individual programs and its standards have not been effective in ensuring the independence of CME events. Many programs continue to receive accreditation, despite serving primarily marketing purposes. According to Steinbrook, “given the underlying economics of CME and the small size of the ACCME, the goal of independence from commercial interests may be difficult to achieve.”⁹

With this in mind, it is critical that policies to address conflicts of interest at academic medical centers (AMCs) include provisions to maintain the independence and rigor of CME. A model CME policy for an academic medical center should aim to eliminate both real and perceived conflicts of interest derived from the involvement of pharmaceutical and device companies playing such a central role in physician education.

II. Policy Considerations

- **Funding CME solely through academic medical center support and attendance fees:**

For most AMCs the complete elimination of industry-funded CME is not financially feasible. One large regional managed care organization has started completely self-funding their CME, admittedly with a substantial budget of close to \$5 million to provide the education for 6,000 physicians. According to interviews with organizers of this CME program, the policy has allowed them to make better use of several employees who formerly spent their time hunting for grants and ensuring unbiased CMS. CME costs are kept low by using in-house experts. Additionally, because they do not require outside funding, they are free to pursue non-pharmacological topics, including domestic violence awareness, leadership courses for their departmental chairs, and promotion of generic medications. This managed care organization monitors the behavior of physicians to be sure that the CME contributes directly to improved patient care. However, this organization provides little CME for outside physicians. For some institutions, especially AMCs that provide CME for its physicians and community physicians, such a policy may be unfeasible. In this case, there are other options for ensuring the integrity of CME.

Memorial Sloan-Kettering Cancer Center (MSKCC) in New York has attempted to cut back the cost of CME, without sacrificing quality. In January 2006, the cancer center’s CME administrators banned all industry support for CME, which previously comprised 25 percent of the Center’s CME budget. The steps they took may provide a template for academic medical centers looking to maintain a vital CME program without industry backing.

MSKCC:

- moved formerly off-site events to its on-site conference centers
- drew on in-house expertise for speakers when possible, rather than inviting outside speakers who must be fed and lodged
- stopped providing catered lunches at most CME events
- cut back on direct mail and journal advertisements for CME events
- charged 10 percent more to outside participants
- proposed establishing CME donor and start-up funds to raise additional revenue for future events.

After a six month trial, MSKCC opted to make the policies permanent. Attendance at CME events remained steady, and feedback from participants remained positive.

- **Establishing a central education fund:**

AMCs may establish a central repository to which industry can contribute funding for educational purposes. The AMC has sole discretion for distributing the funds toward unbiased educational programming and scholarship support. As recommended by Brennan et al., AMCs can establish a central fund for all industry contributions.¹⁰ Industry sponsors should be prohibited from designating individual physician or departmental recipients or topics to be covered. Monies for CME will be allocated based solely on need as determined by the AMC. UMass Memorial Medical Center has established a similar policy. Although sponsors can designate particular departments to receive their funds, donors cannot assign the money to specific physicians and cannot request particular topics.

- **Reviewing CME for bias:**

Whether or not funding for educational purposes is allowed, every institution should have an independent review system for CME attendees to monitor perceived commercial bias. In the absence of a central repository or complete elimination of commercial funding, a very rigorous evaluation system may help prevent bias from emerging in CME. The CME office of the University of Wisconsin-Madison, the largest CME office in the nation, has a multilayered system to check for bias. Presenters who are deemed “high risk” based on the monetary value of their industry connections must submit all their materials for prior review. The materials are reviewed by an unbiased peer of the physician (in the case of a cardiologist, the material will be reviewed by a cardiologist). Changes made by the peer must be adopted if the event is to receive CME credit. If an entire event is designated as “high risk” because of the amount of commercial support (or if only one or two companies are providing support), all materials to be presented at that conference must undergo peer review. The CME office maintains a large group of peer-reviewers, and the officials at the CME office are constantly recruiting and training new reviewers.

- **Incorporation of ACCME standards**

ACCME standards provide a baseline for the conduct of CME activities. While ACCME accreditation is not, of itself, sufficient to ensure that CME activities are unbiased, incorporation of these standards into institutional policies may be useful. Some institutions require that ACCME standards be met, whether or not an educational event is accredited.

- **Disclosure is not sufficient:**

It is important to note that disclosure of industry support for educational events is not sufficient in the absence of further limitations on that support. This is supported by the 2006 updated ACCME standards for commercial support.¹¹ Disclosure is an important intermediate step for institutions developing guidelines, but is not adequate protection against financial conflicts of interest, and should not be viewed as such. It is important that disclosures be public, and that efforts are made to resolve the conflicts that are disclosed. The University of Wisconsin (see above) provides a good example of how this might be done.

- **Prohibiting industry-sponsored events on campus:**

A thorough policy will also prohibit industry from hosting, or earmarking funds for, specific events on campus, through either direct funding or a corporate subsidiary (such as a Medical Education and Communication Company), whether CME credit is offered or not. Policy at Memorial Sloan Kettering Cancer Center distinguishes between industry support for “professional educational activities,” which is prohibited, and support for CME, which is coordinated through a central office.

Additionally, an institution should set conditions on events for which campus space may be rented, excluding wholly industry-sponsored ‘educational’ meetings and marketing events.

The intent of all such policies is to ensure appropriate distance between industry sponsors and end users.

- **Industry support for off-campus events:**

Because most faculty, residents, clinicians, or students are required to obtain CME credits and may select off-site programs whose commercial independence is not ensured by the institution, an AMC should prohibit industry from paying faculty or trainees to attend such events or providing other financial incentives to do so.

For an institution that adopts a model policy and rejects industry support for CME, the challenge becomes replacing the funding or scaling back program offerings.

III. Example Policies

Boston University School of Medicine/Boston Medical Center

2. Provision of Scholarships and other Funds to Trainees

Clinicians should ensure that support of educational programs for trainees by the pharmaceutical or device industries is free of any actual or perceived conflict of interest. These funding mechanisms may include grants for educational initiatives, scholarships, reimbursement of travel expenses, or other non-research funding in support of scholarship or training.

Specifically, the industry funding must comply with all of the following:

- a. The trainee is selected by the Department, Program, or Section.

- b. The funds are provided to the medical school or hospital development offices, or, in the case of CME-accredited activities, to the CME office.
- c. The Department, Program, or Section has determined that the conference or training has educational merit.
- d. The recipient of the funds is not subject to any implicit or explicit quid pro quo (i.e., “no strings are attached”).

Industry Support for Educational Events

Clinicians should be aware of the Standards for Commercial Support established by the ACCME and the ADA CERP.... All continuing education events at the medical school or hospital must fully comply with ACCME guidelines (or where pertinent, to the ADA CERP) whether or not formal CME credit is awarded. In order to comply, clinicians will need to become familiar with the ACCME guidelines, and a clinician organizing a continuing education activity should consult with the BUSM Office of Continuing Medical Education for guidance.

In addition to complying with the ACCME Standards (or where pertinent, ADA CERP), educational events supported by industry at BMC or BUSM must also comply with the policies described under Sections 1 and 2.

University of Pittsburgh Medical Center and Schools of the Health Sciences

5. Support of Continuing Education in the Health Sciences

Industry support of continuing education (“CE”) in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that potential for bias is minimized and that CE programs are not a guise for marketing, all CE events hosted or sponsored by the SOHS, UPMC, or University of Pittsburgh Physicians (“UPP”) must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CE credit is awarded for attendance at the event. All such agreements for Industry support must be negotiated through and executed by the Center for Continuing Education in the Health Sciences (“CCEHS”), and must comply with all policies for such agreements. Any such educational program must be open on equal terms to all interested practitioners, and may not be limited to attendees selected by the company sponsor(s).

Industry funding for such programming should be used to improve the quality of the education provided and should not be used to support hospitality, such as meals, social activities, etc., except at a modest level. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).

SOHS or UPMC facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CE agreement for Industry support that complies with the policies of the CCEHS. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

Industry Support for Scholarships, Fellowships or Other Support of Students, Residents, or Trainees

The SOHS and UPMC may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

- a. Industry support for scholarships and fellowships must comply with all University or UPMC requirements for such funds, including the execution of an approved budget and written gift agreement through the Medical and Health Sciences Foundation, and be maintained in an appropriate restricted account, managed at the school or department as determined by the senior vice chancellor for the health sciences. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the school in which the student or trainee is enrolled or, in the case of graduate medical education, the associate dean for graduate medical education. Written documentation of the selection process will be maintained.
- b. Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be maintained under the direction of the dean or department (as specified in the funding agreement) for the relevant school. Industry may not earmark contributions to fund specific recipients or to support specific expenses. Departments or divisions may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or other trainees to attend conferences or training that have legitimate educational merit.

Attendees must be selected by the department based upon merit and/or financial need, with documentation of the selection process provided with the request. Approval of particular requests shall be at the discretion of the dean.

Yale Medical Group

Industry Support for Educational Events on the School of Medicine Campus

[...]

In addition to the aforementioned ACCME Standards, educational events sponsored by industry on the Yale School of Medicine campus should comply with the following provisions:

- a. Gifts of any type are not distributed to attendees or participants before, during, or after the meeting or lecture;
- b. Funds to pay for the specific educational activity are provided to the Department, Program, or Section and not to an individual faculty member.

Stanford University School of Medicine

Provision of Scholarships and Other Educational Funds to Students and Trainees

Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:

1. The School of Medicine department, program or division selects the student or trainee.
2. The funds are provided to the department, program, or division and not directly to student or trainee.
3. The department, program or division has determined that the funded conference or program has educational merit.
4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo."

This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

Memorial Sloan Kettering Cancer Center

III. Support for Educational Events and Activities Sponsored by MSKCC

A. MSKCC does not accept educational grants or other forms of subsidy from industry for professional educational activities. All support and funding for Continuing Medical Education events sponsored by MSKCC will be coordinated through the Continuing Medical Education Office. See the MSKCC CME policies for guidance on how to set up a MSKCC CME activity. For information on setting up continuing education events for other disciplines (e.g., nursing, technologists), please contact your department administrator.

B. Industry support for fellowships is permitted. MSKCC (and not the industry sponsor) must have complete control over the use of the funds, including the selection of individuals to be supported and the course of training the individuals will undergo.

IV. Industry Sponsored Events outside of MSKCC

A. Meals or receptions hosted by industry at professional or educational meetings are acceptable as long as they are modest, conducted in a way that is conducive to exchange of information, and there is a bona fide scientific, educational, or business purpose for the meeting. MSKCC staff should avoid industry-sponsored events that are primarily social in nature.

B. MSKCC will not participate in the promotion of meetings that are not sponsored by MSKCC (i.e. distribution of flyers announcing an industry sponsored talk held off-site).

C. MSKCC staff members may not accept gifts or compensation for listening to a sales talk by an industry representative.

*UMass Memorial Medical Center***3. Support for Continuing Medical Educational Programs**

i. **Recommended Policy:** all funding from vendors to support CME programs should be directed to the UMass Memorial Foundation where funding should be restricted consistent with the donor's request and supporting documentation. Funding may be restricted to a clinical department and overseen by the Department Chair. Funding may not be restricted to an individual physician or program. An oversight committee comprised of physician and other leaders will oversee Industry Sponsorship exceeding established thresholds (ie; \$10,000) for conflicts of interest.

b. Implications of Policy:

- i. Vendors wishing to support CME must direct contributions to the UMM Foundation. Vendors may not provide CME funding/support directly to clinical departments, divisions or individual physicians including chairs or chiefs. Vendor sponsorship contributed through the UMM Foundation may be restricted to the clinical department under the oversight of the Department Chair, but may not be restricted to any one physician, division or program.
 - 1. International/National/Regional Meetings Co-sponsored by UMass Memorial or UMass Medical School: these meetings are designed to benefit the broader community of physicians. Industry funding to support such meetings is acceptable provided such funding is exclusively for support of such meetings and, not to directly benefit UMass Memorial or UMass Medical School. Any funds provided to UMass Memorial or UMass Medical School or associated faculty associated with such meetings must fully comply with Section 4 – Consulting or Service Agreements below.
- ii. The above funds or, other departmental funds may be used to support CME programs, including speakers and, reasonable and appropriate provisions of food and facilities;
- iii. Vendors are not permitted to bring food into any UMM facility for any meetings and are prohibited from paying for such food.
- iv. An oversight committee of rotating physician leaders will review and oversee industry sponsorship exceeding established thresholds (ie; \$10,000) to assess potential conflicts of interest and, to propose approaches for management of conflicts of interest..
 - 1. Review any vendor contribution exceeding \$10,000 in support of CME, GME (fellow support), or general research support;
 - 2. Review uses of funds for consistency with restrictions and policy;
 - 3. Review aggregate vendor contributions semiannually;
 - 4. Advise Chairs, Executive Management and the Executive Management Compliance Committee regarding conflicts of interest and policy matters.

REFERENCES

- ¹ Accreditation Council for Continuing Medical Education 2005 Annual Report
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- ⁴ Editorial "Drug Company Influence of Medical Education in the USA." Lancet Vol. 356 Issue 9232. pg 781. 2001
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- ⁸ Prescription Project interviews.
- ⁹ Steinbrook, Commercial support, 534-535
- ¹⁰ Brennan, Health Industry Practices, 429-433.
- ¹¹ http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf