



Continuing Medical Education: Best Practices for Academic Medical Centers*

The Problem:

Many academic medical centers (AMCs) depend on commercial support to finance their continuing medical education (CME) programs. While industry can be a valuable source of funding, its influence can also threaten the integrity of the educational content of these programs.

Industry-funded courses may focus on the sponsor's product while excluding or marginalizing other treatment options. Such programs may also neglect to address non-pharmacological treatment strategies.¹ Attendance at industry-sponsored CME events is associated with a subsequent increase in prescribing of the sponsor's product, indicating possible bias within these presentations.² AMCs should place boundaries on industry funding in order to maintain the independence and rigor of CME programs.

Best Policy Practices:

CME programs must be conducted in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support.

ACCME standards provide a baseline for the conduct of CME activities. While ACCME accreditation is not in itself sufficient to ensure that CME activities are unbiased, it is nonetheless useful to incorporate these standards into institutional policies.

AMCs that choose to accept industry funding for CME must establish a central repository for donations. All grants must be unqualified; the donor cannot earmark funds for specific divisions, programs, or individuals. AMCs must have sole discretion for distributing funds.

Model Policy

University of Massachusetts:

The University of Massachusetts Memorial Medical Center Policy on Vendor Relationships requires funding for CME activities to comply with ACCME Standards for Commercial Support. All donations must be directed to the UMass Memorial Foundation, and "funding may not be restricted to a clinical division, a specific program or an individual physician. An oversight committee comprised of physician and other leaders will oversee Vendor sponsorship exceeding established thresholds...to ensure potential conflicts of interest are appropriately managed".

<http://www.umassmemorial.org/File%20Library/files/UMMHC/1143-Vendor-Relationships.pdf>

*These recommendations come out of an ongoing study by Columbia University's Center on Medicine as a Profession. The researchers will update their recommendations regularly to incorporate new policies and findings. These materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

For more information, contact IMAP at CCOI-database@columbia.edu or 212-305-6914.

Implementation:

AMCs that choose to entirely prohibit industry funding for CME can employ a variety of methods to reduce or offset costs. Some strategies include: required attendance fees, the use of on-site conference centers, the use of in-house speakers, the coverage of non-pharmacological topics, the elimination of catered food, and reduced advertising. ■

References

1. Lo B, Field MJ, eds. Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: *The National Academies Press*; 2009.
2. Cervero RM, He J. The Relationship between Commercial Support and Bias in Continuing Medical Education Activities: A Review of the Literature: Accreditation Council on Continuing Medical Education;2008.
Chimonas S, Kassirer JP. No More Free Drug Samples? *Plos Medicine*. May 2009;6(5).

Figure 1.

