



COUNCIL OF MEDICAL SPECIALTY SOCIETIES

COMMITTED TO EXCELLENCE IN PROFESSIONALISM, EDUCATION AND QUALITY OF CARE

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John W. Spurlock MD, Chair
Reference Committee on Amendments to Constitution and Bylaws

November 2, 2009

Dudley M. Stewart Jr. MD, Chair
Council on Ethical and Judicial Affairs

American Medical Association

Dear Drs. Spurlock and Stewart,

The Council of Medical Specialty Societies (CMSS) appreciates the opportunity to comment on CEJA Report 1-I-09, "Financial Relationships with Industry in Continuing Medical Education." The timing of this report occurs as CMSS approaches its discussion of the draft CMSS Code on Interactions of Specialty Societies in Relationships with Industry, to occur November 20, 2009. The CMSS draft Code addresses relationships between societies and industry, including support of CME, and encourages societies to adopt policies and procedures for the disclosure and management of relationships between physicians and industry that comply with the Code.

We agree with CEJA that "medicine has an ethical obligation to ensure that the profession itself sets the agenda and defines the goals of physician education; controls what subject matter is taught; determines physicians' educational needs; and takes steps to ensure the objectivity of educational content and of those who teach it." (p. 2, lines 27-30)

We further agree with CEJA in that there is strong evidence linking relationships between individual physicians paid by industry to influence of those physicians.

We also agree with CEJA that while "there is growing concern within and outside of medicine that industry funding can have undesired effects on CME, at present there is no clear evidence to settle the question whether such concerns are borne out empirically." (p. 3, lines 42-46)

That said, *the Council of Medical Specialty Societies does not support CEJA report 1-I-09 in its current form, as the report is internally inconsistent and flawed.*

Recommendation 1:

CMSS 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" for the following reasons:

1. Commercial support of CME is not unethical.
 - Influence, rather than support by commercial supporters of CME is unethical, and should be prohibited by CEJA, as it is by the Accreditation Council for Continuing Medical Education (ACCME), in its "Standards for Commercial Support: Standards to Ensure the Independence of CME Activities" (SCS). Adherence by providers to the ACCME SCS succeeds in separating industry support from influence.

2. The AMA should unequivocally support the ACCME Standards for Commercial Support.
 - The AMA, representing the profession, and a member organization of ACCME, should support the profession's voluntary self-regulation through the ACCME SCS. Failure to support the ACCME SCS sends the message that the profession does not support its own voluntary self-regulation, opening up the profession to the natural consequence of external regulation of CME.
3. Calling for the elimination of commercial support of CME is not an evidence-based recommendation.
 - The evidence linking influence of individual physicians to direct financial support by industry is extensive, convincing and generally recognized. The same is not true of commercial support of CME (Cervero 2005, AHRQ 2007, Cochrane 2009). The CEJA report violates its own warning by justifying its concerns about the influence of commercial support by referencing literature which pre-dates the first edition in 1991 of the ACCME SCS (Bowman 1986, CEJA reference 25). Concluding that commercial support should be eliminated, in the absence of up to date peer reviewed and accepted evidence that such support biases CME, gives the appearance of establishing ethical guidance without the evidence necessary to draw such conclusions.
4. The Institute of Medicine's recent report on Conflict of Interest in Medical Research, Education and Practice (April 28, 2009) does not call for an end to commercial support of CME.
 - Recommendation 5.3 of the IOM report calls for "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 education." The extensive, interdisciplinary IOM review of relationships between medicine and industry concluded, as does ACCME, that influence, not support, should be avoided.

Recommendation 3:

5. Recommendation 3 is inconsistent with Recommendation 1.
 - Two unique related mechanisms of support would be prohibited by adoption of recommendation 1: pooled funding from multiple sources, and in-kind use of expensive equipment from multiple vendors. Pooled funding is attractive in that it separates a perceived influence of a single company on a CME activity. Similarly, the use of expensive equipment, provided in-kind by multiple vendors for training physicians in important procedures, would be prohibited through the adoption of Recommendation 1, despite its apparent permission in recommendation 3.
 - CMSS would support Recommendation 3 with the elimination of lines 41-42 and the first word of line 43, to begin this recommendation with the phrase "Funding or in-kind support may be provided by industry sources under the following conditions", and with the addition of a new a. "the provider adheres to the ACCME Standards for Commercial Support; Standards to Ensure the Independence of CME."

Summary:

CMSS believes that it is the profession's responsibility to society to voluntarily regulate itself, in this case in its relationships with industry. We are seriously concerned about the potential unintended consequences of undermining the profession's own standards through adoption of CEJA Report 1-I-09.

Both CMSS and AMA are member organizations of ACCME. We invite AMA to join us in reinforcing our support for the profession's voluntary self-regulation through the ACCME Standards for Commercial Support.

The Conjoint Committee on CME (CCCME), of which both CMSS and AMA are members, has accepted the challenge of IOM Recommendation 5.3. The 15 national organizations of CCCME are early in a 24 month process, called for by IOM, to convene the national dialogue leading to a system of CME support which is free of industry influence and enjoys the public trust. We look forward to working with AMA through the Conjoint Committee on CME, as the profession responds to the challenge to ensure that continuing medical education is free of industry influence.



Norman Kahn MD
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