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CME Update

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CME Update

Past columns have talked about various players in CME: The Accreditation Council for Continuing Medical Education (ACCME), the American Medical Association (AMA), and their roles in relation to sponsors of CME like Jefferson.

This time, the focus is on the participant in CME, and what these and other organizations define as the participant's responsibilities.

Why? With increasing frequency, CME administrators find themselves explaining some of the rules to participants. Example: we recently certified a course for credit that had significant commercial support (a grant from a single pharmaceutical company). One registrant submitted his registration with a note saying, "Drug company X is going to send you a check to pay for this registration." The physician, certainly an educated professional looking to improve his knowledge for the benefit of his patients, was unaware that the AMA and ACCME rules forbid a drug company from paying any fees for participants, and for making payments to anyone outside the grant for the conference.

It occurs to me that this is not uncommon, and that it might be a good idea to bring the relevant guidelines to a wider audience.

There are three major sets of guidelines that participants should be aware of and apply in their pursuit of continuing professional development. The AMA has contributed two "Ethical Opinions" (which can be found in the Physician Recognition Award Information Booklet¹ and is also available on the AMA website at <http://www.ama-assn.org>). The ACCME *Standards for Commercial Support*² have relevant clauses that apply, and finally the Association of American Medical Colleges (AAMC) booklet, *Guidelines for Faculty Involvement in Commercially Supported Continuing Medical Education*³ has a section devoted to participant responsibilities.

The AMA was first, issuing two Ethical Opinions in the early 1990s. AMA Opinion 8.061, *Gifts to Physicians from Industry*, was issued by the AMA Council on Ethical and Judicial Affairs in December 1990. This document acknowledges the value that can be added by appropriate relationships between industry (pharmaceutical, device and equipment companies) and the individual physician, yet seeks to limit the scope and intent of 'gifts' from industry. Its goal is reduce both the appearance of and actual presence of influence. Therefore, its guidelines emphasize that gifts accepted by physicians should be related to patient benefit or the physician's work, and be 'modest' in nature. So pens, medical textbooks, and modest meals are within guidelines; cash or subsidies toward conference registration, travel or personal expenses are not. There is a specific admonition: "*No gifts should be accepted if there are strings attached.*" If you happen to be a 'high prescriber' of drug X, and its manufacturer, Company Y, wants to reward you, "Just say no."

AMA Opinion 9.011, *Continuing Medical Education*, speaks to participant responsibility in the selection of CME activities, and offers criteria to be considered. The first criterion: use the presence of an ACCME/AAFP approved sponsor as a quality indicator. Other criteria to be considered when determining if an activity should be attended include that the activity's content should be relevant to participant educational needs, its faculty should be qualified, and the activity must

conform to the AMA's earlier Opinion, "*Gifts to Physicians from Industry*." Additionally, this Opinion emphasizes educational aspects (i.e., content) over 'social amenities.' Participants' ethical behavior under this Opinion also includes claiming credit only for the actual time spent, so if beeped out of a conference not to return, it is the participant's responsibility to adjust the certificate record to reflect reality.

The ACCME's *Standards for Commercial Support*, while primarily directed at sponsors of credit (like universities, hospitals and medical societies), contain sections relating to appropriate social functions, handling of funds (as mentioned above) and award of "scholarships" that participants should be aware of.

The ACCME *Standards for Commercial Support* highlight the same themes as the AMA: funds should not be paid by a corporate sponsor directly to a participant, and expenses of participants cannot be paid utilizing funds "originating from a commercial source" (i.e. travel, lodging, registration fees, honoraria/stipends, personal expenses or "subsidies for hospitality"). "Scholarships" should be limited to those individuals *selected by the CME sponsor*, not the commercial supporter. The *Standards for Commercial Support* reiterate the emphasis on the educational aspects of an activity, and stress that the social events, while certainly recognized as a normal part of many CME activities, cannot take precedence of the educational aspects.

Of particular note are the AAMC *Guidelines for Faculty Involvement in Commercially Supported Continuing Medical Education*. Physician-participants are the catalysts in CME as the consumers of education, they are the ones who may translate educational experience into clinical practice, and, ultimately to patient outcomes. The AAMC Guidelines split evenly between "DO's" and "DON'T's."

DO be critical when participating in educational events. Look for evidence of bias; analyze what's been included/excluded in the information presented.

DO require disclosure information from the CME sponsor, commercial supporter, course director and faculty, and evaluate the disclosure information for potential influence on content.

What are the "DON'T's?"

DON'T accept inappropriate gifts or inducements in relation to attendance at CME events.

DON'T go to activities that are not truly educational, yet are offered under the guise of educational sessions. Vote with your feet.

There is no doubt that many different parties are accountable for maintaining educational quality of CME activities, especially at a time of increased relationships between traditional non-profit CME sponsors and for-profit companies. Just as the increase in direct-to-consumer (DTC) advertising requires patient-consumers to critically examine their choices, the physician-consumer of continuing medical education becomes responsible for making similarly informed selections in education.

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References

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2. ACCME: Standards for Commercial Support (Issued March 20, 1992). ACCME's Accreditation Handbook. August 1999. Section II, pages 7-10. (website: <http://www.accme.org/>)
3. Executive Council of the Association of American Medical Colleges: Guidelines for faculty involvement in commercially supported continuing medical education. Association of American Medical Colleges. 1992 (Washington DC)

About the Author

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