

Both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have established standards for efficacious, unbiased continuing education. We have gone well beyond traditional continuing medical education into continuing professional development, which encourages our members to engage in self-assessment, self-reflection and activities that allow us to measure change in the physician's behaviour and the effect of the learning program on their practice. We have introduced and promoted programs that encourage interprofessional education and a team approach to care. Our programs are based on identified needs and our credit systems reward activities that use the most effective educational measures.

We have strict rules governing commercial support that incorporate the CMA's ethical guidelines, and we mandate full disclosure and review of content for bias and balance before a program receives accreditation. In fact, the firewalls for our accredited programs are as rigorous as those of *CMAJ*.

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We are pleased that academic detailing was mentioned as an underutilized strategy in a recent *CMAJ* editorial on continuing medical education.¹ Academic detailing programs presently exist in 6 provinces. These programs have formed the Canadian Academic Detailing Collaboration to share expertise and resources and to promote academic detailing nationally. The group works closely with local family physicians and the Canadian Optimal Medication Prescribing and Utilization Service.

Academic detailing programs demonstrate many of the elements advocated in the editorial: they are inter-

professional (most academic detailers are pharmacists and provide education to physicians, nurse practitioners and other health care professionals); they provide accurate information free from real or perceived biases (academic detailing programs research and appraise evidence on clinical topics and present a balanced view of that evidence); and they make use of adult learning techniques that have been demonstrated to be effective in changing physician behaviour and improving health outcomes.^{2,3}

A recent report from the Health Council of Canada recommended that academic detailing be expanded in Canada.⁴ However, despite the high quality of education that academic detailing programs provide, they receive only a small portion of the resources for continuing medical education. Should the proposed Institute of Continuing Health Education be developed, the Canadian Academic Detailing Collaboration is willing to work with it and other agencies that are independent of external influences to promote evidence-based education for health care professionals.

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For those of us involved in the accreditation of continuing professional development programs, the funding provided by pharmaceutical companies for such events is an ongoing and important concern.¹ The Royal College of Physicians and Surgeons of Canada has been actively working in collaboration with the national specialty societies and the university offices of continuing medical education to establish standards for commercial support of continuing medical education. For example, the Committee on Accreditation of Continuing Medical Education, the National Committee on Continuing Medical Education of the College of Family Physicians of Canada and the Royal College's Continuing Professional Development Accreditation Committee have promoted increasingly rigorous standards that all accredited providers and programs must fulfill. The editorial's call for the creation of an arm's-length institute to provide oversight¹ would appear to be premature in light of work already under way.

The editorial incorrectly implies that the majority of accredited group events for continuing professional development are funded by pharmaceutical companies. In fact, we have seen a tremendous shift in the approach to continuing medical education, informed by growing research evidence on the effectiveness of continuing professional development. The old model of continuing medical education where experts lectured to passive participants on the latest innovations in medicine at the local Holiday Inn has been largely replaced by education that promotes interactive learning and reflection on multiple practice dimensions (clinical, administrative, research and education) and competencies. Unfortunately, the editorial makes only a pass-