

CME accreditation: separating education from promotion

Many of the continuing medical education (CME) programs attended by Canadian physicians are sponsored by industry, and though the medical bodies that accredit CME don't discourage this practice, they do attempt to ensure doctors aren't being fed veiled advertising for new drugs and medical devices.

"Our absolute, beginning obligation is to ensure that education trumps promotion," says Dr. Jamie Meuser, executive director of Professional Development and Practice Support for the College of Family Physicians of Canada, which accredits CME for general practitioners.

With that in mind, the college is collaborating with the Royal College of Physicians and Surgeons of Canada and the Collège des médecins du Québec to develop a common standard on how to treat commercial support of physician education.

Despite the risk of bias creeping into curricula, there are three potential benefits to corporate sponsorship of CME, suggests Meuser. It pays for the development of education programs that otherwise wouldn't exist. In addition, communication companies that offer CME also take care of all of the logistics involved in delivering the programs. And if corporate money were shunned, drug companies and medical device makers would likely start offering more unaccredited programs, which wouldn't be held to the same standards as those approved by accrediting bodies.

Still, acknowledges Meuser, the involvement of industry does skew CME offerings toward subjects like pharmaceutical interventions and away from topics that might arise from a pure assessment of physician needs, such as

how to improve collaboration and communication in medical practices. The goals of sponsors and corporate CME providers, after all, might not align with those of medical colleges.

"That's why we build checks and balances into the accreditation program," says Meuser.



Disclosing the financial conflicts of interest of CME presenters is a requirement for accreditation.

These safeguards include ensuring information presented at CME sessions is backed by credible evidence and requiring speakers to disclose all financial conflicts of interest. "We don't disallow people who have connection with pharmaceutical companies from participating, but we insist on knowing," says Meuser. "We don't regard it as something that is wrong. We regard it as a risk factor."

The college is also working to develop more programs itself, ones that focus solely on the educational needs of doctors, regardless of how attractive they are to drawing industry funds.

High-quality content will reach an audience without subsidies, says Meuser. "If we make it good, people will be prepared to pay for it."

CME programs are also offered by 16 of Canada's 17 medical schools (the University of Alberta has no CME office). The Association of Faculties of Medicine of Canada (AFMC) accredits

these offices, though not individual CME programs. An accredited CME office is permitted to put the stamps of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada on its programs.

To gain accreditation, a CME office must show it has policies and processes in place that enable it, as much as possible, to generate content that is free of bias. This would include clear policies on soliciting and managing grants from industry, developing curricula, hiring speakers and disclosing conflicts of interest.

"As an accrediting body, we haven't said that industry funding should go away," says Dr. José François, chair of the Committee on Accreditation of Continuing

Medical Education at AFMC. "We say that people should be careful and think strongly about what they are trying to achieve and whether industry dollars are helping them achieve that goal."

Learning about new medications and medical devices remains an important part of physician education, notes François. When talking about specific products offered by sponsors, though, it is important to explore both the pros and cons.

"You want to have an honest conversation," says François. "Sometimes new products improve patient care, yes, but they may also have a new set of risks." — Roger Collier, *CMAJ*

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This is part 2 of a series on Continuing Medical Education. Find part 1, "Addressing bias in industry-funded CME," at cmaj.ca