

## **SCCPD Position Paper on the Role of Industry in University-Based CME/CPD**

### **Preamble**

In late 2008, the Board of Directors of the Association of Faculties of Medicine (AFMC) voted unanimously to endorse the principles of the Association of American Medical Colleges' (AAMC) Task Force Report on Industry Funding in Medical Education<sup>1,2</sup>. Since that time, further reports on the topic of industry relations have been published, including the AMA Council on Ethics and Judicial Affairs' "Financial Relationships with Industry in Continuing Medical Education"<sup>3</sup>, and the Institute of Medicine's "Conflict of Interest in Medical Research, Education, and Practice"<sup>4</sup>. The AFMC's Standing Committee on Continuing Professional Development (SCCPD) comprised of CME professionals from Canada's 17 medical schools and stakeholder organizations felt that a document outlining its position on the relationship between university CME/CPD Offices ("Offices") and industry was now needed. The SCCPD realizes that while opinions vary across the country, and often within each institution, a unified policy adopted across the country is urgently needed in order to avoid confusion for both the physicians who attend our programs, CME/CPD program organizers who work with our Offices as well as the industry representatives and medical education companies who deal with our Offices.

### **Process**

An SCCPD Working Group on Industry Relations consisting of representatives from 10 Offices as well as the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada developed and distributed a survey to which all 17 medical school CME/CPD offices responded. Results revealed a diversity of opinions on the role of industry funding in continuing medical education, but also a remarkable degree of consensus on what constitutes ethically permissible practices. This document will therefore focus on the areas of agreement for our Offices' involvement with industry rather than attempt to answer whether such interactions should ever occur.

The Working Group strove for consensus. Since the working group membership was deliberately chosen to reflect divergent points of view, we defined the achievement of consensus as the culmination of a process whereby everyone felt that their opinion had been duly heard and considered, and that they could live with the expressed statements. Provision was made for the inclusion of minority opinions, but in the end, this proved to be unnecessary. The Working Group did not attempt to determine specific actions for every possible situation. Each school's unique context and challenges will require that it develop its own particular policy and guidelines. The Working Group's challenge was to develop a set of consensus statements that were general enough to be applicable across the country and at the same time specific enough to provide clear guidance and avoid being so broad as to be meaningless. We believe we have met that challenge.

## Scope

Industry is but one of several potential sources of bias in CME. Other potential funders such as governments, not for profit organizations, disease-related funding agencies and advocacy groups have their own agendas that may be equally biased, as may individual planning committee members or speakers. This SCCPD position paper only concerns itself with relationships with industry (for-profit pharmaceutical and medical device companies). Future position papers will address other sources of bias.

## Consensus Statements

- 1. Canada's university CME/CPD Offices consider the CMA Guidelines on relationships with industry (2007)<sup>6</sup> to be the minimum acceptable standard and commit to following these guidelines.**

The guidelines cannot address all nuances that may be particular to university CME/CPD Offices and for that reason, the Working Group felt a need to speak to the issues that follow.

- 2. CME/CPD Offices acknowledge the significant contribution that industry has made in supporting research and medical education, including continuing medical education.**

At the same time, it is recognized that industry's fiduciary responsibility is to its shareholders, and that industry may legitimately seek to influence physician behaviour in order to increase market share. This leads to an inherent potential to create conflict of interest and bias, but does not mean that industry involvement is inherently biased. Some companies exhibit good corporate citizenship by funding continuing medical education that is not directly related to product promotion but that is instead focused on improving practice outcomes. We support and encourage such involvement.

- 3. Financial independence from industry funding would enable university CME/CPD Offices to choose to partner with industry on a level playing field.**

The proportion of CME/CPD Office funds that come from industry is highly variable across the country. The survey showed that some Offices believe strongly that the pharmaceutical and medical device industries should have no role in continuing medical education whatsoever, while others hold an equally strong belief that CME needs their involvement in order to remain financially viable.. It is recognized that there may be times when it is appropriate for CME/CPD Offices to partner with industry, such as education related to a new drug. However, when Offices must depend on industry for their financial viability, the power imbalance in the relationship increases the potential not only for bias, but also for the perception of bias even when it may not be present. Achieving financial independence from industry would require higher registration fees, cost-cutting measures such as changes in venues and increased funding

from medical schools. Increased funding from other sources, such as governments and medical schools would be particularly important in order to support continuing education that is focused on practice performance improvement and meeting care gaps, and not simply on increasing knowledge.

For various reasons, industry funding of continuing medical education is likely to decrease over the next few years, requiring Offices to seek funding elsewhere. The November 2009 Institutes of Medicine's report, "Redesigning Continuing Education in the Health Professions"<sup>5</sup> suggests the development of an independent public-private institute to review the continuing medical education system that will include in its mandate looking at new financing mechanisms that will support broader CPD while avoiding conflict of interest. While this is an American organization, the SCCPD will be watching further developments with interest.

**4. CME/CPD Offices are in a unique position to be able to provide guidance to departments and faculty members within their respective Faculties of Medicine/Health Sciences in regards to relationships with industry (pharmaceutical and medical device companies).**

CME/CPD Offices have been engaging with this issue for many years and are familiar with the relevant literature. We are also aware of the value of university affiliation and logos and of the potential unintended consequences when these are thoughtlessly used. It is our considered opinion that:

- a) Commercial support guidelines followed by CME/CPD Offices should apply equally across the continuum of medical education and to all Faculty of Medicine/Health Sciences related activities which occur in all settings.
- b) Faculties of Medicine/Health Sciences need to develop broader Conflict of Interest policies that address such issues as whether faculty should be required to report to the university all income received from industry.
- c) Faculty should be discouraged from speaking at industry-sponsored non-accredited events
- d) Faculty should be discouraged from joining a speaker's bureau (defined as where the speaker is under contract to a company, and thus an agent of the company AND the speaker does not have editorial control of content).
- e) University logos must only be used for continuing education events or materials that meet the accreditation standards of the University CME/CPD Office.
- f) It would be desirable that all funding arrangements with industry within the university for continuing education activities be reviewed by a Faculty committee. The CME/CPD

Office would play a key role on this committee, and provide guidance to Divisions and Departments regarding appropriate industry funding arrangements.

**5. In keeping with their position as academic units, university CME/CPD Offices should strive to develop, deliver and/or accredit programs that are as free from conflicts of interest and bias as possible.**

- a) To ensure that CME activities and related enduring materials provide balance, independence, objectivity and scientific rigor, Offices must ensure that all personnel and faculty involved in the development, planning and delivery of CME activities disclose any and all potential conflicts of interest including but not limited to activities related to industry
- b) The University CME/CPD Office or planning committee should determine whether the conflict or potential conflict is such that an appropriate mechanism for resolution must be applied. Mechanisms for resolution include, but are not limited to: altering of financial relationships, altering of the control over the content, or the use of independent content validation. Furthermore, at the start of an activity, speakers are required to disclose, verbally and with a slide, any existing potential conflicts of interest to the audience.
- c) Research is needed in the area of disclosure, including the format and content of disclosure that is most meaningful for learners, as well as into the possible unintended consequences of disclosure.

**6. University CME/CPD Offices wish to follow consistently high standards for all industry funded CME events approved for continuing education credits and encourage other RCPSC accredited providers and CFPC chapter offices to join us in a common approach.**

This is particularly urgent with revalidation requirements being implemented across the country. A clear and consistent approach will avoid confusion for all parties and diminish “shopping around” for the most lenient standards.

- a) A learner registration fee should normally be required when industry funding has been received in support of a CME/CPD activity. Continuing education for physicians that is free or much less costly than that for professions of similar standing only serves to increase societal perceptions that physicians are unduly influenced by industry. Providing quality continuing education is a time and resource-intensive endeavor and must be recognized as such. Physicians should understand and value what goes into developing quality CME and be prepared to contribute to its cost. It is ethically preferred that individual CME events be sponsored by more than one industry source. Single source sponsorship might be ethically permissible provided that either a) program

development by a non-profit physician organization was completed prior to seeking sponsorship or b) a pre-event content review by an unbiased expert is available.

- b) It would be ethically preferable for CME/CPD Offices to review all content for bias for all educational events that they provide or review for CME credits. Similarly, CME/CPD Offices should have personnel available to audit and verify compliance with commercial support guidelines of educational events that they approve for CME credits. We recognize that this is not always possible given current human and fiscal resources, but wish to affirm that this would be preferable and is a goal to work towards.
- c) The term “unrestricted educational grant” can be problematic. Specific educational topics that receive industry funding must be congruent with the identified needs of the University CME/CPD Office. The term “unrestricted” should be eliminated; instead, there should be a statement along the lines of “Funds in support of this CME activity were provided by \_\_\_ as an Educational Grant to \_\_\_\_\_. The funds were independently allocated and disbursed in accordance with current CMA guidelines.” The planning committee must decide content and speakers. It is ethically permissible for industry to suggest a therapeutic area provided that the learning needs are determined by the Office.
- d) University CME/CPD Offices must not approve CME credits for programs developed by industry or other for-profit organizations and individuals. The term “satellite symposium” is open to various interpretations. The University CME/CPD Offices have agreed to utilize the Royal College definition and to consider satellite symposia developed by industry as non-accredited events that must not be advertised with, or considered part of, the accredited event.

## Conclusion

Relationships between University CME/CPD Offices and industry have changed over the past few years and are continually evolving. Some practices which were once considered ethically permissible are now deemed unethical, and others considered ethically preferable are now merely permissible. Research has increased our understanding of the subtleties of influence, for example, that the size of the gift may have minimal correlation with the degree of influence, or that it is the nature of the relationship that matters<sup>7,8</sup>

Our relationship with industry is but one of several tides of change sweeping the CME/CPD world. Revalidation based on lifelong learning and continuous practice improvement is being implemented across the country. There is a need to consider systemic issues in CME, CME effectiveness directed at improving quality of care, practice performance and patient safety as well as CME for inter-professional teams. This means that ministries of health, regional health authorities, medical associations, universities and other stakeholders outside of CME/CPD Offices are developing a greater interest in effective, balanced, and objective CME which will hopefully be translated into a greater willingness to

help fund it. In the meantime, Canada's university CME/CPD Offices are working together to ensure that our relationships with industry meet the highest ethical standards.

## Glossary

Ethically permissible: A practice that is in accordance with currently accepted guidelines for physician-industry relationships

Ethically preferable: A practice that would be preferable but that may not be possible at the moment, either because the appropriate structures are not yet in place or because it would cause undue hardship to the Offices. While what is ethically preferable may not yet be common practice, the term "preferable" implies that the practice is a goal to work towards.

## REFERENCES

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