



June 9, 2008

Southcrest Building, Suite 105  
1025 Montgomery Highway  
Birmingham, Alabama 35216-2856  
Phone: 205/824-1355  
Fax: 205/824-1357  
Email: [acme@acme-assn.org](mailto:acme@acme-assn.org)  
Website: [www.acme-assn.org](http://www.acme-assn.org)

Mark Levine, MD, Chair  
Council on Ethical and Judicial Affairs  
Raymond Christensen, MD, Chair  
Reference Committee on Constitution and Bylaws  
American Medical Association  
515 N. State Street  
Chicago, IL 60610

RE: CEJA report (1-A-08)

Dear Drs. Levine and Christensen:

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The Alliance for Continuing Medical Education (Alliance) is an international membership organization of more than 2,500 professionals from medical schools, hospitals, specialty societies, state medical societies, medical education communication companies, pharmaceutical and medical device companies, and related organizations devoted to designing and implementing continuing medical education (CME) activities for physicians. The Alliance provides professional development opportunities for CME professionals, advocates for CME and the profession, and strives to improve patient health care outcomes.

The Alliance acknowledges that the intent and ongoing dialogue necessary to improve the quality of continuing medical education was the impetus for the CEJA report. On behalf of our membership, the Alliance strongly recommends that this report be referred back to the CEJA for reconsideration.

The Alliance sets forth in this document its response to the CEJA report (1-A-08). The Alliance applauds the fourth recommendation that states, "The medical profession must work together to: a) identify the most effective modes of instruction and evaluation for physician learners, then; b) more efficiently develop and disseminate educational programming that serves the educational needs of all physicians, especially for those who have difficulty accessing continuing medical education (such as those who practice in rural areas); and c) obtain more non-commercial funding of professional education activities." The constituency of the Alliance is dedicated to developing new and innovative educational opportunities aimed at assisting physicians to practice in a manner that leads to improved patient outcomes; the fourth and final recommendation is in line with this shared commitment.

The Alliance does not, however, support recommendation (1) (b) which states that "Individual physicians and institutions of medicine, such as medical schools, teaching hospitals, and professional organizations (including state and medical specialty societies) must not accept industry funding to support professional education activities. Examples of such activities include, but are not limited to, industry support for (1) (b) didactic educational programs, such as live or web-based continuing medical education activities."

**Mission**

The Alliance for CME is a membership organization that provides professional development opportunities for CME professionals, advocates for CME and the profession, and strives to improve health care outcomes.

Our first concern with (1) (b) is the clear lack of distinction between certified educational activities and promotional activities. Certified educational activities, which may be funded by commercial interests through educational grants, are developed and implemented in compliance with the Accreditation Council for

Continuing Medical Education (ACCME) Essentials, Standards, and Policies; and accrediting policies of the American Academy of Family Physicians and American Osteopathic Association. Promotional education refers to those activities developed or provided by commercial interests that are designed to market health care products or services and provide information on the proper therapeutic usage within FDA guidelines.

In addition to the above mentioned policies guiding certified educational activities, relationships with commercial interests are also guided by the Department of Health and Human Services - Office of the Inspector General (OIG), Food and Drug Administration (FDA), American Medical Association (AMA), PhRMA, and AdvaMed to help ensure independence, transparency and the integrity of medical educational activities. Recommendation (1) (b) would potentially negate the impact of these existing regulatory and advisory codes, each of which has been notably strengthened and enforced over the past four years.

In reference to the report's recommendation regarding live or web-based didactic programs, the Alliance does not endorse the premise that commercial support is inherently problematic. As an example, web-based learning opportunities are particularly effective in reaching out to physicians in remote or rural areas.

The Alliance also questions recommendation (2) that states device manufacturers may support professional education "when new diagnostic or therapeutic devices and techniques are introduced." This recommendation suggests that at some undefined point in the existence of a device or technique, industry support of education must be discontinued when the device is no longer new. This recommendation begs the question as to who or what organization is to be the arbiter in determining when a device is supposedly no longer "new."

Advancements in medical technologies are not stagnant. Indeed, offering ongoing education about a device and its usage enhancements is a core responsibility of the medical community. Providers of continuing medical education rely on the support of industry to provide such ongoing education throughout the lifecycle of a device as new physicians begin their practices and new uses are developed for devices. Without access to viable commercial funding to providers of certified continuing medical education, the industry would need to fill the educational void, thus increasing industry influence over content. This result would be in direct contradiction to the apparent goal of this recommendation aimed at decreasing industry influence

There is no existing evidence that supports the far-reaching premise that the elimination of commercial support for certified educational activities would eradicate bias in CME. The Alliance endorses the ACCME's requirements whereby all commercial relationships must be disclosed and managed appropriately. It is the responsibility of accredited CME providers to ensure that certified educational activities are free from commercial bias and are based on the highest available level of evidence.

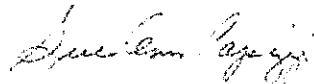
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The Alliance shares the belief expressed in the CEJA report that certified continuing medical education should be independent and free of commercial bias. The Alliance recently established its position on conflicts of interest and adopted its own Conflict of Interest Principles that aim to ensure transparency, thereby creating a stronger barrier between commercial interests and the content of certified continuing medical education. These principles are:

1. The content of CME activities must be based on evidence that is accepted by the medical profession. This evidence may be drawn from research, performance guidelines, epidemiological data and current practice.
2. All financial relationships between commercial entities and providers of certified continuing medical education must be disclosed to both the planners and the participants. The CME provider must ensure that the planning and implementation of CME activities are accomplished with no influence from commercial entities. CME providers must disclose the process by which they manage conflicts of interest with commercial entities, as well as individuals and organizations.
3. All financial relationships between commercial entities and individuals responsible for planning, implementing and presenting educational activities must be disclosed both to the accredited CME provider and to the participants of the educational activities, and managed appropriately.

Thank you for the opportunity to comment.

Sincerely,



Sue Ann Capizzi, MBA  
President  
Alliance for Continuing Medical Education