

**The National Task Force on CME Provider/Industry Collaboration
Testimony for the Reference Committee on Amendments
to Constitution and Bylaws
June 15, 2008**

The National Task Force on CME Provider/Industry Collaboration (Task Force) appreciates the opportunity to participate in today's consideration of the *Industry Support of Professional Education in Medicine* report by the Council on Ethical and Judicial Affairs. As you may know, the Task Force is an organization of nearly 50 senior professionals in CME who represent themselves, but have distinguished careers and vast experience with CME in medical schools, specialty and other societies, accrediting agencies, state medical groups, CME providers, grantor companies, and other industry organizations.* Our members, our organizations and the Task Force itself are recognized as leaders on the topic of industry grant support for Continuing Medical Education (CME).

While the Task Force profoundly agrees with the goal of the report to improve CME and patient care, we believe the recommendations referring to certified CME require the report to be rejected.

Most importantly, while we agree that issues of bias and conflict of interest require intensive management, we disagree with the conclusion that the solution lies in the elimination of industry support.. This denigrates both the professional judgment of individual members of the AMA and the value of industry support in the management of patient care.

Specifically, we note the following issues with the current report that must be addressed before the House of Delegates (HOD) can have a significant discussion on how best to move forward:

1. The report (and related Q & A included in the HOD material) does not sufficiently distinguish between certified CME, a completely independent process, and industry- directed education which is regulated by the FDA and handled by completely separate organizers. Nor does the report give sufficient recognition to the decade of progress in management of conflicts led by government and industry, as well as the significant new requirements of the Accreditation Council for Continuing Medical Education (ACCME).

2. While the report recognizes possible bias and conflict issues arising from the pharmaceutical and medical device industries, it ignores all other sources of bias and conflict. It does not address financial and other conflicts faced by doctors working in medical centers and private practice that must manage conflicts presented by the demands of insurers, managed care providers, government programs, and an increasing litigious public. Indeed, the report fails to recognize its own biases, as demonstrated by its limited scope, myopic selection and inappropriate use of data, and sweeping conclusions.

3. The report is not based on scientifically rigorous and relevant contemporary data. The data largely predate existing conflict of interest management programs, and do not provide a scientific basis for the subsequent conclusions. Any CME professional can recognize that this report would not pass the current CME requirements for evidenced-based content.

4. While the report would effectively eliminate over one billion dollars of commercial support for certified CME, it offers no plausible substitute for that support. The Q & A suggests some additional institutional sources for certified CME funding, but these are meager in the face of the

billion dollar effect of the recommendations. Moreover, proponents of public sector funding must recognize that while the consensus of Washington health policy makers is that FDA has a current billion-dollar-per-year short fall, Congressional leaders from both parties are struggling to increase next year's budget by 275 million dollars. The AMA HOD must recognize there is not a billion dollars per year of public funds available to support the recommendation.

5. The AMA need not seek to eliminate industry support while significant government, industry and other stakeholders – including those supported by existing AMA programs – are effectively improving the quality and effectiveness of CME and improving on the management of potential bias and conflicts. AMA should encourage the progress, and redouble its efforts to enable that progress. Destroying much of the enterprise that improves physician competence and saves lives would not benefit physicians, patients nor the AMA, Indeed, the recommendations in this report are significantly out of step with the current and evolving law at the FDA, the HHS-OIG, and the states; the current and evolving ethical standards of PhRMA and AdvaMed; and even the current and evolving standards of AMA, ACCME, and other medical associations and societies, including the recent report of the Association of American Medical Colleges (AAMC).

6. We agree with the suggestions in CEJA recommendation #4 that focus on patient care and encourage more effective models of education, more attention to educationally underserved physicians or areas, and a balance of funding less reliant on industry. However, we believe that elimination of industry support actually undermines these goals.

In short, while ethical lapses have occurred and need to be fully addressed by individual doctors and the community, the certified CME enterprise has and is making significant progress on conflict of interest issues. The current heightened sensitivity to regulatory and public scrutiny and evolving guidelines—as well as a deep and genuine desire to create effective practice-

based learning and improvement—are enabling both providers and supporters to create education that better supports practicing clinicians and their patients. The CEJA Report does not fully recognize this progress, and must be rejected .

Thank you for this opportunity.

** This document was adopted by the members of the Task Force acting as individuals, not as representatives of their institutions. The Task Force members serve a full spectrum of organizations and companies in the CME enterprise, including commercial interests and CME providers that receive commercial support. Moreover, while two members of the Task Force have staff positions at AMA, these members did not participate in the development or vote on this statement.*