AAMSE . . . Advancing Professionalism in Medical Society Management
AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES
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June 11, 2008

Raymond Christensen, MD, Chair
Reference Committee on Constitution and Bylaws
c/o American Medical Association
515 N. State Street
Chicago, IL 60610

Dear Dr. Christensen:

The American Association of Medical Society Executives (AAMSE) is the professional organization of approximately 900 medical society executives and staff specialists who represent more than 380 physician member organizations. Member organizations include county, regional, state, state specialty, national, national specialty and international medical societies, as well as affiliated healthcare organizations and industry partners.

AAMSE's mission is to advance the profession of medicine and medical society management through education, communication of knowledge, leadership development and collaboration.

The AAMSE Board of Directors read with interest the *Council on Ethical and Judicial Affairs Report 1: Industry Support of Professional Education in Medicine*. Quality physician education is integral to the mission of many AAMSE member organizations. We support, embrace and share the Council's stated goal, "To provide ethical guidance for physicians and the profession with respect to industry support for professional education in medicine."

However, we respectfully disagree with the Council's conclusions and must oppose the report's primary recommendation, specifically 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."

Medical societies have invested great effort and resources in recent years to help develop and set standards for industry support, as well as to embrace and fully comply with new and stringent standards for continuing medical education set by the Accreditation Council for Continuing Medical Education (ACCME). We believe strongly that providers and regulatory bodies have made substantial improvements in the regulation of CME in recent years. These standards have already been adopted by accredited CME providers and most, if not all, industry funders. Before drastic and wholesale changes are made in the current system, the positive and proactive progress that has been made must be given a chance for full implementation and evaluation.

Specifically, the ACCME's guidelines, standards and policies have not been taken into full consideration by the Council report, from our review. ACCME requires accredited CME providers to identify and resolve conflicts of interest and strictly prohibits commercial interests from providing input on faculty selection or educational content. Organizations that fail to comply with these standards place their accreditation at risk. ACCME has also adopted new

criteria for CME accreditation; these criteria are directly tied to identification of knowledge and practice gaps, clinical and practice needs assessment, quality and practice improvement, and outcomes measurement at the practice level.

The Council report also appears to combine CME-bearing activity with all other "professional education" practices that, in fact, bear no relationship to certified CME activities. We do not believe that this is an accurate depiction of the field, nor does it do justice to the professionalism inherent in medical education as well as CME professionals. Numerous steps have already been taken to distinguish between product promotion and certified CME.

For example, the Council reports that the makers of Oxycodone were charged with "designing seminars, trainings and educational programs for physicians" that served marketing purposes. These seminars, trainings, and programs, however, did not qualify as or in any way constitute certified CME programs. Under the new ACCME guidelines, industry is prohibited from influencing the content of any certified CME programming.

AAMSE recently convened an Advisory Council on continuing professional development and medical education. Its recommendations to medical association and specialty society leadership will encourage formation of strategic alliances between the continuing medical education and quality improvement arenas; such alliances hold great promise for ensuring the highest quality education possible resulting in improved physician competence, performance and patient outcomes.

We agree that the relationship between industry and CME providers warrants careful, thoughtful and transparent scrutiny to assess whether processes and mechanisms are working, both to prevent industry influence and improve medical education quality. We believe, however, that eliminating industry funding of certified CME in its entirety will marginalize critical roles that industry, and many physicians working in industry, play in critical medical research alliances. The practical impact of such a funding ban would greatly diminish not only the availability or quantity of certified medical education, but its quality as well. The scenario will not serve the needs or interests of patients and physicians, both striving to increase quality of care.

Progress in all endeavors is ultimately based on building strong partnerships and alliances, and building trust. The CME community and medical societies are providing outstanding leadership in building those alliances and demanding a high standard of transparency and trust. They need time to fulfill their vision of the future of CME.

Again, we urge the AMA House of Delegates not to adopt the *Council on Ethical and Judicial Affairs Report 1: Industry Support of Professional Education in Medicine*.

With great respect,

Kenneth M. Slaw, PhD, President
American Association of Medical Society Executives

cc: AAMSE Board of Directors
AAMSE Advisory Council for the Medical Education Leadership Forum
Mark Levine, MD, Chair, AMA Council on Ethical and Judicial Affairs