



COUNCIL OF MEDICAL SPECIALTY SOCIETIES

COMMITTED TO EXCELLENCE IN PROFESSIONALISM, EDUCATION AND QUALITY OF CARE

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June 5, 2008

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

Dear Drs. Levine and Christensen:

The Council of Medical Specialty Societies (CMSS), with 32 medical specialty society members, representing more than 500,000 physicians, appreciates the opportunity to express our opinion on AMA CEJA Report 1-A-08. There is much of value in this report. CMSS agrees that medicine must ensure that the values and core commitments of the profession build and maintain the integrity and trust of the public.

We will confine our remarks to recommendation 1 b). CMSS does not support the recommendation that medical specialty societies "must not accept industry funding to support ... live or web-based continuing medical education activities."

The report, unfortunately, fails to distinguish between promotional activities and certified CME. Certified CME programs are those educational programs produced by CME Providers which are accredited by one or more of the three national accreditors of CME, the American Academy of Family Physicians (since 1948), the American Osteopathic Association (since 1973) and the Accreditation Council for Continuing Medical Education (since 1980). ACCME accredited providers are authorized to award AMA PRA credit, which has been available to physicians since 1968.

All three national CME accreditors have adopted, implemented and enforce the *ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities*. These standards require that CME providers, in this case medical specialty societies, clearly and completely separate educational content from commercial support.

CME providers may offer and physicians may claim CME credit for participating in certified CME activities.

Recognizing incomplete enforcement of the separation of commercial influence, in 2004 the ACCME made significant changes to its standards to require significantly tighter procedures by professional organizations to effectively exclude bias from certified CME. CME providers are now being judged by those tighter standards. The attention of the Senate Finance Committee to tighter adherence has similarly made the national CME accreditors attend to tight enforcement of the separation of industry influence from certified CME.

Since 2002, the pharmaceutical and device manufacturers have similar guidelines to separate product promotion from certified CME, in the *PhRMA Code on Interactions with Health Care Professionals* and the *Advanced Code of Ethics on Interactions with Health Care Professionals*. Enforcement by the OIG has put teeth into compliance by industry, as the penalties for non-compliance include very large fines and potential incarceration.

In contrast, promotional educational programs, sponsored by industry, are not governed by enforcement of the *ACCME Standards*. Rather, the FDA enforces compliance with promotional activities, including company sponsored educational activities, for which CME credit is not and cannot be offered or claimed.

CMSS is concerned about a potential unintended consequence of adoption of CEJA recommendation 1 b). The elimination of commercial support for certified CME will significantly reduce the availability of certified CME, produced by accredited CME providers, such as medical specialty societies. We expect the funds previously devoted to this support will be channeled by industry to promotional activities, including promotional educational activities for physicians. Not only are these activities not governed by standards to separate promotional bias from education, these activities are intended to promote products, and are designed to bias the learner toward increased use of a specific product. CEJA Ethical Opinion 8.06, on Gifts to Physicians, permits physicians to participate in promotional educational activities sponsored by industry.

In short, the result of adoption and implementation of CEJA recommendation 1 b) will likely be a rebalancing of education for

physicians, with significantly less unbiased certified CME and significantly more biased promotional education.

The Vision Statement of the Council of Medical Specialty Societies is to be recognized and valued as a leading advocate for professionalism, including lifelong learning of physicians. CMSS Societies implement this vision in part through unbiased certified CME, utilizing both commercial and non-commercial support. As such, CMSS does not support recommendation 1 b) of CEJA Report 1-A-08, and therefore cannot support adoption by the AMA House of Delegates of AMA CEJA Report 1-A-08 in its current wording.

Sincerely,

A handwritten signature in black ink that reads "Norman Kahn MD". The signature is written in a cursive, flowing style.

Norman B. Kahn, Jr., MD
Executive Vice President
Council of Medical Specialty Societies