


## Rebuttal: Is CME a drug-promotion tool?

YES

Michael A. Steinman MD Robert B. Baron MD MS

Dr Marlow highlights the many safeguards the College of Family Physicians of Canada has developed to root out bias in the programs they accredit. He and the College have reason to be proud of their work. They have instituted an impressive set of standards consistent with our short-term recommendations, including close scrutiny of continuing medical education (CME) providers applying for accreditation and ongoing review of new programs.

We disagree, however, with Dr Marlow's contention that these safeguards guarantee that programs are "unquestionably balanced, free of bias, and not being used by pharmaceutical companies to market their products." There are many subtle yet potent forms of bias and marketing that can escape even the most stringent regulations and vigilant reviewers. For example, a CME provider can choose speakers who tend to have more favourable views of a company's product or tend to see a more expansive role for a class of drugs in which a company has major market share. Unless a speaker's opinions fall well outside the mainstream, it can be very difficult to assess whether conscious or unconscious industry influence led to such a speaker being chosen over equally qualified but more sceptical candidates.

The issue is not one of "bad" doctors or CME providers blatantly trying to curry favour with industry sponsors. Rather, the pervasive reach of industry in education, research, and practice yields a subtle yet cumulatively powerful influence on how doctors learn and think about drugs and devices. Industry employs the brightest minds in marketing. It spends many billions of dollars each year—including funding CME—to convince doctors to use its products. In this light, it is unwise to believe that even the best-intentioned regulations and reviewers can fully eliminate commercial influence and bias in CME. It is for this reason that we recommend more sweeping long-term changes in CME funding. 

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**Dr Baron** is a Professor of Medicine and Associate Dean of Graduate Medical Education and Continuing Medical Education at the University of California, San Francisco.


NO

Bernard Marlow MD CCFP FCFP

Drs Steinman and Baron make a cogent argument for the presence of bias in continuing medical education (CME) programs in the United States and for the fact that these programs have been used for marketing purposes. The Accreditation Council for Continuing Medical Education has adopted several policies in the last 3 years, which Drs Steinman and Baron did not address in their references, that have made these practices less likely.<sup>1</sup>

Industry does play a major role in funding CME in Canada. An unpublished study conducted in 2004 at the College of Family Physicians of Canada revealed 70% of our accredited programs had pharmaceutical company funding, either by direct sponsorship or through exhibit fees. I do not believe that this is a troubling finding.

The end product we all strive for in CME is needs-based, relevant, accessible education that is balanced and unbiased and improves health care outcomes. Our goal is to provide that both in unsponsored and industry-sponsored programs. In Canada, industry funds CME that does not promote products and is increasingly willing to support programs on continuing professional development, such as counseling skills and physician health and well-being. Where educational grants are directed toward specific topics, the sponsorship fees from these sessions are used by providers to create programs on "orphan topics" (ie, those without sponsors). We do have for-profit medical education and communications companies in Canada, but unlike those in the United States, these companies cannot accredit their own programs.

The program accreditation process that we have in place, which includes peer and expert review of content and process along with ethical review, ensures that our programs cannot be used for drug promotion. 

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### Reference

1. Accreditation Council for Continuing Medical Education. *ACCME standards for commercial support*. Chicago, IL: ACCME; 2007. Available from: [http://www.accme.org/dir\\_docs/doc\\_upload/68b2902a-fb73-44d1-8725-80a1504e520c\\_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf). Accessed 2007 Oct 4.

These rebuttals are responses from the authors who were asked to discuss whether continuing medical education is a drug-promotion tool in the Debates section of the October issue (*Can Fam Physician* 2007;53:1650-3 [Eng], 1654-7 [Fr]). Statements of competing interests and acknowledgments can be found in the original debate articles.