

THE FORUM FOR THE INDUSTRY EXECUTIVE

Volume 3 • Number 4

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Copyright 2003 by PharmaLinx LLC, Titusville, NJ Printed in the U.S.A. Volume Three, Number Four

PharmaVOICE is published 12 times per year by PharmaLinx LLC, P.O.Box 327, Titusville, NJ 08560.

Postmaster: Send address changes to PharmaVOICE, P.O. Box 327, Titusville, NJ 08560.

PharmaVOICECoverage and Distribution:

Domestic subscriptions are available at \$160 for one year (12 issues). Foreign subscriptions: 12 issues US\$330. Contact PharmaVOICE at P.O. Box 327, Titusville, NJ 08560. Call us at 609.730.0196 or FAX your order to 609.730.0197.

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CME is an educational activity based on widely accepted principles. The education activities are planned for a specific targeted audience — based on predetermined needs assessment — to teach appropriate educational content by means of effective teaching methods, and to evaluate the effectiveness of the activity based on the success of achieving stated behavioral objectives. Furthermore, the activities must meet the Accreditation Council for Continuing Medical Education (ACCME) or state medical society accreditation standards.

The ACCME's mission is the identification, development, and promotion of standards for quality continuing medical education utilized by physicians to improve quality medical care for patients and their communities. The ACCME fulfills its mission through a voluntary self-regulated system for accrediting CME providers and a peer-review process responsive to changes in medical education and the healthcare-delivery system.

The ACCME has prepared a draft of a new set of Standards for Commercial Support that is now being presented to the CME enterprise of the United States for comment.

Murray Kopelow, M.D., MSC, FRCPC, chief executive of the ACCME notes that although much of the draft remains true to the spirit of the 1992 version of the standards, there are several important additions and deletions.

One of the major themes of the draft document relates to commercial interest. The draft document states "some relationships that 'commercial interests' have with persons and organizations create conflicts of interest that cannot be addressed only by disclosure." In the proposed draft, "now a conflict of interest will exclude a person or firm from controlling the content of CME."

"We recognize that this is a major change," Dr. Kopelow says. "We expect that the interests of hospitals, medical



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schools, and academic medical centers in delivering healthcare and education will not be considered commercial interests."

Another proposed regulation states that "if a provider has a commercial interest in a clinical area — then that clinical area will need to be excluded from the CME developed and presented under the umbrella of its ACCME accreditation statement."

The ACCME acknowledges that not all relationships create conflicts of interest. But, the proposed guidelines, if adopted, would impact pharmaceutical commercial supporters.

"I have heard concerns from various groups that these new standards will result in industry pulling away from CME," says Laura Shepherd of Fusion Medical Education LLC. "However, I believe it is just the opposite. I think we'll see more industry dollars that were previously spent on promotional activities, now allocated to CME activities."

While others in the CME arena believe the ACCME draft is nothing more than a recalibration of the basic guidelines, they express concern that healthcare professionals with expertise in an area may be excluded because they may have had relationships or support from pharmaceutical companies.

"If adopted as they are drafted, the new ACCME standards will have a profound effect on CME — perhaps much of this unintentional," comment Brian Russell and Eric Peterson of CoMed Communications. "What concerns us most is the possibility that the most qualified individuals may be excluded from serving as faculty for CME activities."

Taren Grom Editor

PharmaVOICE

April 2003