

**NAAMECC and the Coalition for Healthcare Communication  
Testimony for the Reference Committee on Amendments  
to Constitution and Bylaws  
June 15, 2008**

The North American Association of Medical Education and Communication Companies, Inc. (NAAMECC), the trade association for medical education and communication companies, and the Coalition for Healthcare Communication, a coalition of associations and companies with significant medical education membership, appreciate this opportunity to participate in today's discussion of the AMA's *Industry Support of Professional Education in Medicine* report of the Council on Ethical and Judicial Affairs. Our members are an integral part of the health care system, providing quality education to thousands of physicians each year, ultimately affecting millions of patients.

As you will see from our more extensive written comment, we support several of the summary statements contained in the report, especially those with respect to improving competence and clinical knowledge, but we believe acceptance of the Council's recommendations would serve to undermine the stated goals of the report.

While we agree that conflicts and bias exist in CME and must be managed, we do not believe that effective management requires elimination of the commercial support that enables nearly half of the certified CME that informs today's patient care. This recommendation would likely:

- Hamstring the capacity of academic institutions, hospitals, medical education companies, and professional societies to provide certified CME.

- Diminish education quantity and quality, potentially resulting in increased clinical mistakes and misjudgments that could compromise patient care.
- Adversely affect major constituencies of the AMA.

**Importantly, the report ignores the dramatic differences between certified CME and other non-certified “education” and thus overlooks the significant advances in the management and resolution of conflicts of interest mandated in the last several years by government, industry and the Accreditation Council for Continuing Medical Education (ACCME).** For example, the ACCME Standards now expressly require the identification and resolution of personal conflicts of interest in CME and eliminate the ability of commercial interests to provide advice or guidance on topics and faculty selection or review and comment on CME content prior to its delivery to learners. The egregious “professional education” practices at which the report takes aim are either specifically prohibited under ACCME guidelines or have no relationship to a certified CME activity.

**Additionally, the report’s conclusions are not based on current and scientifically relevant and rigorous evidence in the context of certified CME and do not respect dramatic progress in the past decade.** The report relies on so-called “evidence” about negative CME impacts from 1986 and 1988, well before the 1997 FDA Final Guidance on Industry-Supported Scientific and Educational Activities, the 2003 Health and Human Services Office of Inspector General Compliance Guidance and the revised 2004 ACCME Standards. Indeed, the report fails to address its own bias, including failure to demonstrate fair balance in the articles it cited and arguments it made.

While mistakes have been made in the past, the certified CME enterprise has and is making significant progress on issues of conflict of interest. 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. Respect current progress and participate in it. But do not destroy the enterprise to save it.

**Finally, the report lacks a plausible, detailed plan to ensure that the proposed elimination of \$1 billion in certified CME funding would improve the quality of certified CME and patient care.** While some certified CME can and should be developed without industry funding, the reality is that industry support is both valid and necessary to improve physician competence, performance and patient outcomes. In fact, we believe that collaborations with industry are a fundamental part of modern medicine and that these interactions are neither inherently nor universally bad. With the absence of evidence-based data, critics have yet to demonstrate that industry funding results in education that is not clinically relevant or scientifically objective. Here are the facts:

- Financial relationships with industry (both personal and institutional) are ubiquitous and have both positive and negative outcomes.
- Bias in its many forms (e.g., intellectual, scientific, commercial) cannot be entirely prevented.
- There are no credible published data documenting that industry support leads to commercial bias in CME.

In summary, the report mistakenly combines certified CME with “marketing” under the umbrella of “professional education” and calls for elimination of industry funding of CME based on data that largely pre-dates the ACCME Standards, federal government guidance requirements, industry reforms, and the support of the entire enterprise for self-regulation under the standards of education, spirit of independence and management of conflict of interest. These improvements have lead to the offering of more effective, high quality, industry supported education that should be encouraged, not eliminated. Moreover, the report relies on substandard data and does not provide a tenable plan or evidence-based support for the transition it proposes. In short, this report’s conclusions should be rejected. Thank you for your attention.