Editorial

AAFP Policies on Industry Relations Well Established, Well Managed

By "Voices" Staff
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Many AAFP members have had questions about recent reports and opinion pieces that call on medical professionals to keep their distance from pharmaceutical companies in terms of industry support -- particularly for CME.

The so-called Macy Report (243-page PDF; About PDFs); a report (1-page PDF; About PDFs) from the AMA's Council on Ethical and Judicial Affairs; a special communication in the *Journal of the American Medical Association*, or *JAMA*; and an exhaustive (and exhausting) 360-page report from the Institute of Medicine addressing "conflicts of interest in medical research, education and practice," all lead members to ask, "What is the position of the AAFP regarding interactions with pharmaceutical companies?"

These reports and opinions start from a basic premise that any engagement with the pharmaceutical industry is a conflict and must be eliminated. But the AAFP does not accept this "good money/bad money" hypothesis, and neither do most professional associations. Pharmaceutical and other companies have a significant role to play in informing health care professionals about the availability and proper use of medications and other therapies.

As the nation's first recognized accreditor of CME, and as a medical specialty society with an established membership and renewal criteria requiring accredited CME, the AAFP has consistently demonstrated its dedication to supporting physicians in their obligation to learn and advance scientific knowledge by engaging in lifelong learning. Long experience has shown that potential conflicts of interest and relations with industry can and must be managed consistently and effectively.

To the extent that an industry's products are based on solid medical science and best clinical practices, physicians and physicians-in-training have the right and the responsibility to be trained in the appropriate use of such products so as to provide appropriate quality care for their patients.

The AAFP has many policies in place to manage relationships between CME providers and funders, beginning with full disclosure. In addition, the Academy takes the necessary steps to create firewalls between content and funding and to resolve conflicts as needed. The AAFP has done this very successfully for more than 60 years. Why would the Academy suddenly believe that this approach is insufficient? Is there evidence?

To the contrary, a study performed by the Accreditation Council for Continuing Medical Education, or ACCME, in 2007 demonstrated that there is *no* difference in the level of bias between pharmaceutical company-funded CME and nonfunded CME, as long as the CME is accredited according to the ACCME Standards for Commercial Support (3-page PDF; About PDFs).

The AAFP continues to build on its belief in transparency by undertaking additional steps to resolve conflict. For example,

- staff members are working to ensure that the AAFP's conflict of interest forms for leaders and CME are standardized, consistent and clearly understood;

- the AAFP is enhancing its faculty database reporting and searching functionality to prepare for organization-level reporting of faculty with industry relationships;
- faculty and staff members involved in AAFP CME are expected to complete the educational National Faculty Education Initiative program offered by the Alliance for CME and the Society for Academic CME that clarifies the differences between promotional and educational activities; and
- the Academy is pursuing ways of incorporating patient, practice and clinical data into the needs assessment and outcome evaluation of AAFP-produced CME.

Each of these initiatives demonstrates that the AAFP is committed to a model of continuous process improvement in the quality of the CME it provides.

In the interest of full disclosure, the AAFP does receive funds from pharmaceutical companies for an array of activities, from advertising in its journals to exhibits at the annual Scientific Assembly to grants for CME. When you extract the first two categories, as the *JAMA* article recommends, the AAFP's level of pharmaceutical industry funding is 11 percent, which is well below the "acceptable threshold" of 25 percent proposed by the authors of the *JAMA* article.

In addition, Academy staff members go to great lengths to keep the Board of Directors, commission members and the Congress of Delegates apprised of all the Academy's funding activities, particularly the relationships the AAFP has with pharmaceutical companies.

The AAFP has confidence in the structure that it and others have put in place over the years, including the ACCME's Standards for Commercial Support, which are designed to ensure and reinforce independence in CME activities. The Academy also has a high degree of confidence in the ability of the overwhelming majority of our 94,000 members to know right from wrong and to refuse to let their professional judgment be influenced by trivial contacts that some individuals and government types now seek to criminalize.

If industry support is lost or reduced, who will pay for continuing medical education? Two words -- physicians will. Individual learners or organizations, such as the AAFP, already pay more than 50 percent of CME costs, but the burden will have to shift even more. That may be fine for physicians in academic medical centers, but it will be an added stress on family physicians in clinical practice. In fact, we could be headed for the worst of both worlds if less CME is available to practicing physicians and more funds are shifted to promotional spending, such as direct-to-consumer ads.

The AAFP supports a heightened sense of professionalism in industry relations, which could be a good outcome of this current debate. And the organization reaffirms its pledge to promote high-quality, innovative education for physicians, residents and medical students that will improve professional practice and patient outcomes and encompass the art, science, evidence and socioeconomics of family medicine.