

**Continuing medical education and  
pharmaceutical industry involvement:  
An evaluation of policies adopted by 60 Canadian  
professional medical associations\***

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# Acknowledgements

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# Context (1)

- Professional medical associations (PMAs) play an essential role in providing accredited continuing medical education (CME) to physicians
- Accredited CME = important and required
- US 2014 data: Commercial support = ~25% total income reported by CME providers

# Context (2)

- Intention of funding – 2 arguments:
  1. **Industry argument:** intention of their CME funding contributions is to help provide up-to-date information to doctors
  2. **Critical argument:** financial support from industry is used to advance sponsors' marketing interests
    - Funding for CME is generally paid out of companies' marketing budgets

**Relman.** *J Am Med Assoc.* 2001; **Steinbrook.** *J Am Med Assoc.* 2008; **Rodwin.** *Conundrums Controv Ment Heal Illn.* 2010:

# Purpose of study

- Current tools evaluate the potential for bias within CME presentations
- No tools to evaluate policies that set the standards for CME programs
- Therefore, we present
  1. An original scoring tool for evaluating PMAs' policies on industry involvement in their CME
  2. A systematic evaluation of Canadian PMAs' CME policies

# Methods – Creation of the scoring tool

- Items in the scoring tool based on:
  - Barnes and colleagues
  - Dyck and Kvern
  - Takhar and colleagues
  - Kassirer
  - Rothman and colleagues
- 4-point rating system for each item = 0, 1, 2, 3
- 3 experts (Drs. David Menkes, Barbara Mintzes, Ray Moynihan) independently reviewed the items and draft scoring tool
- AS + JL pilot tested and modified the scoring tool based on:
  - a) 10 Australian PMAs' policies on CME
  - b) Expert reviewers (above)

# Final scoring tool

- 21 items, 2 questions, 3 enforcement measures
- Each item is rated on a 4-point scale, where:

Score	Strength	Meaning
0	No policy found	No policy found
1	Permissive policy	Item may be mentioned, but no restriction on industry involvement
2	Moderate policy	Where industry involvement in CME planning or program is permitted, PMA retains ultimate authority
3	Stringent/restrictive policy	No commercial involvement and no financial ties with industry regarding CME

- Highest attainable score = 63
- Q1, Q2 → PMAs' general and CME funding from industry
- EA, EB, EC → Enforcement measures
- 5:1 policy analysis

# Scoring tool items

1. Commercial involvement in planning CME activities
2. CME committee members' involvement in CME activity planning decisions
3. Presence of a review process for topics of CME activities
4. Control over CME activity speakers
5. Speakers FCOI disclosures at CME activities
6. CME committee members and officers: FCOI disclosures at CME activities
7. Review of educational materials by committee: (A) Content review for balanced information
8. Review of educational materials by committee: (B) Origination of content
9. Funding for CME activities
10. Disclosure and transparency for CME activities
11. Responsibility of distribution of funds
12. Awards
13. Industry personnel, representatives, and employees
14. Distribution of industry-funded educational materials at CME activities
15. Distinction between marketing and educational events
16. Branded items
17. Exhibit halls and booths
18. Use of brand name or trade names
19. Promotion of off-label indications
20. Sharing attendee information
21. Satellite symposia



# Policy collection

- 60 Canadian PMAs
- Searched the websites of the associations for publicly accessible English-language policies, guidelines, or interpretive documents on CME
- Importance of publicly accessible policies
- Search bars + manual searches
- Primary policy collection: 30 June 2015 – 4 July 2015
- Secondary policy collection: 1 December 2015 – 7 December 2015

# 60 Canadian PMAs

1. Association of Medical Microbiology and Infectious Disease Canada
2. Canadian Academy of Child and Adolescent Psychiatry
3. Canadian Academy of Geriatric Psychiatry
4. Canadian Academy of Psychiatry and the Law
5. Canadian Academy of Sport and Exercise Medicine
6. Canadian Anesthesiologists' Society
7. Canadian Association of Emergency Physicians
8. Canadian Association of Gastroenterology
9. Canadian Association of General Surgeons
10. Canadian Association of Interventional Cardiology
11. Canadian Association of Medical Biochemists
12. Canadian Association of Medical Oncologists
13. Canadian Association of Neuropathologists
14. Canadian Association of Nuclear Medicine
15. Canadian Association of Paediatric Surgeons
16. Canadian Association of Pathologists
17. Canadian Association of Physical Medicine & Rehabilitation
18. Canadian Association of Radiologists
19. Canadian Association of Radiation Oncology
20. Canadian Association of Thoracic Surgeons
21. Canadian Cardiovascular Society
22. Canadian College of Medical Geneticists
23. Canadian Critical Care Society
24. Canadian Dermatology Association
25. Canadian Fertility and Andrology Society
26. Canadian Geriatrics Society
27. Canadian Heart Rhythm Society
28. Canadian Hematology Society
29. Canadian Neurological Society
30. Canadian Neurosurgical Society
31. Canadian Ophthalmological Society
32. Canadian Orthopaedic Association
33. Canadian Paediatric Society
34. Canadian Pain Society
35. Canadian Psychiatric Association
36. Canadian Rheumatology Association
37. Canadian Society for Clinical Investigation
38. Canadian Society for Transfusion Medicine
39. Canadian Society for Vascular Surgery
40. Canadian Society of Allergy and Clinical Immunology
41. Canadian Society of Cardiac Surgeons
42. Canadian Society of Colon and Rectal Surgeons
43. Canadian Society of Cytopathology
44. Canadian Society of Echocardiography
45. Canadian Society of Endocrinology & Metabolism
46. Canadian Society of Internal Medicine
47. Canadian Society of Nephrology
48. Canadian Society of Otolaryngology — Head & Neck Surgery
49. Canadian Society of Palliative Care Physicians
50. Canadian Society of Pharmacology and Therapeutics
51. Canadian Society of Plastic Surgeons
52. Canadian Society of Surgical Oncology
53. Canadian Thoracic Society
54. Canadian Urological Association
55. Occupational Medicine Specialists of Canada
56. Public Health Physicians of Canada
57. Society of Gynecologic Oncology of Canada
58. Society of Obstetricians and Gynaecologists of Canada
59. College of Family Physicians of Canada
60. Royal College of Physicians and Surgeons of Canada

# Results (1)

- Assessed 235 policies (range, 0-32 policies per PMA)

Cumulative scores	No. of PMAs that achieved cumulative score
0%	26
1.6% to 52.4%	34
Above 52.4%	0

- No policies received a score of 3 for any item
- Highest mean scores:
  - Commercial involvement in planning CME (1.1/3)
  - Presence of a review process for topics of CME (1.1/3)
  - Content review for balanced information (1.1/3)
  - Responsibility of distribution of funds (1.0/3)
- Lowest mean scores:
  - Industry personnel, representatives, and employees (0.1/3)
  - Distribution of industry-funded education materials at CME activities (0.1/3)
  - Distinction between marketing and educational materials (0.1/3)

## Results (2)

- None of the items were addressed by all PMAs
- Awards item was not addressed by any PMA policies
- 22/60 PMAs formally adopted Canadian Medical Association(CMA) policy on interactions with industry
- 15/60 PMAs formally adopted RCPSC guidelines

# Results (3)

- **Q1:** 23/60 (38%) PMAs publicly disclosed receiving general funding from industry
- **Q2:** 49/60 (82%) PMAs publicly disclosed receiving funds specifically for CME from industry
- **EA:** 33/60 (55%) identified party responsible
- **EB:** 17/60 (28%) identified sanctions for noncompliance
- **EC:** 0/60 (0%) stated that results from investigations into noncompliance would be made accessible on website

# Conclusion

- Generally weak policies on industry involvement in CME hosted by PMAs in Canada indicates that there are opportunities for industry involvement at all levels of CME planning, logistics, and programming
- Alternative mechanisms for funding CME activities
  - Modest increase in membership dues
  - Accepting anonymous funding
- Canadian PMAs should take the leadership position and set high standards re: industry funding of CME for their physician members

**Pellegrino & Relman.** *J Am Med Assoc.* 1999; **Marlow.** *Can Med Assoc J.* 2004; **Task Force on the CFPC's Relationship with the Health Care/Pharmaceutical Industry (HPI).** *The CFPC's Relationship with the Health Care/pharmaceutical Industry.*; 2013.

# Future directions

- Future study should include the following items:
  - Industry authority over CME program moderators
  - Peer selling
- Analysis of policies alongside CME planning process and program in practice in order to determine policy enforcement

# *The Politics of Prescribing*



**Thank you**



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