

The Pharmaceutical Industry and Continuing Medical Education (ABSTRACT)

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In the U. S., most states require that practicing physicians receive a specified number of hours of approved education per year as a condition for maintaining their license to practice. This so-called “continuing medical education” (CME) must be provided by institutions certified by a private accrediting body (the Accreditation Committee for Continuing Medical Education – or ACCME) as qualified to educate physicians. The ACCME represents the American Medical Association plus six national organizations that regulate the education of doctors. Legally, any institution is free to offer physicians what it may choose to call “education,” but only those approved by the ACCME can qualify as certified providers of CME. The purpose of this arrangement is to protect the quality and independence of medical education, while still allowing commercial free speech to companies marketing their products to physicians.

Until fairly recently, only not-for-profit medical institutions, such as medical schools, hospitals, and professional societies, were certified to be providers of CME. However, the cost of the CME programs has been largely subsidized, directly or indirectly, by the pharmaceutical industry, and this has generated increasing concerns about the independence of medical education and the role of industry in determining what doctors are taught about the use of drugs. At first, industry support was mainly in the form of so-called “unrestricted educational grants” to the CME providers. What this really meant was that the pharmaceutical company would propose topics and speakers to the providers, supply educational materials, and help with the amenities at the CME meetings, including free meals. To prevent the commercial interests of the pharmaceutical companies from influencing the content of the CME programs they sponsored and to protect the independence of the providers, the ACCME promulgated guidelines, which have recently been strengthened. The providers and the pharmaceutical companies declared their willingness to comply with these guidelines, but the ACCME does not have the resources to monitor the tens of thousands of CME programs for compliance, and there is much evidence that the original guidelines were often ignored. Whether the new guidelines will fare any better remains to be seen.

Greatly complicating matters, the pharmaceutical companies have recently chosen to provide their support of CME through contracts with a new and rapidly growing industry known as “medical education and communication companies” (MECC’s). At first, MECC’s simply acted as intermediaries for the pharmaceutical industry in

supporting the professional CME providers the way the industry had. But new problems arose when the MECC’s began to ask the ACCME for accreditation as independent CME providers themselves. Now over 100 MECC’s have been granted such approval. To date, to the best of my knowledge, most of these accredited MECC’s still collaborate with accredited medical professional institutions and associations, which share responsibility with the MECC’s for meeting the ACCME guidelines. But as fully accredited CME providers themselves, the MECC’s are not required to collaborate with any other accredited providers and can take full responsibility for CME themselves. And yet, since MECC’s are paid agents of the pharmaceutical companies, allowing MECC’s to provide CME independently is in effect accrediting the companies themselves. Remarkably enough, the new ACCME guidelines, which were intended to diminish any possible influence of the industry on the content of CME, say nothing about this problem or even mention the existence of MECC’s.

I see all this as clear evidence of the need for more regulation. Given that the industry depends for its livelihood on shaping the opinions of practicing physicians, one would hardly expect the regulation to come from the industry itself. The primary responsibility rests with the medical profession, because the profession should be in charge of its own education. Professional medical educators should never have allowed themselves to become dependent on the industry for support of CME, and the ACCME should never have permitted MECC’s to become accredited as independent providers of CME. I suspect the drug companies endorsed this latter development, because it removes them from direct involvement with CME, while still allowing them to influence CME through their agents, the MECC’s.

If the pharmaceutical companies had really wanted only to support medical education, without any commercial objectives, they would have given charitable grants to educational institutions and avoided any other involvement with educational programs. Regulation from outside the industry is needed to separate medical education from pharmaceutical marketing, and this initiative should come from the medical profession. Public awareness of this problem is growing, and if the profession fails to do its job, cynicism about both the profession and the industry will increase. Industry would be well advised to retreat to its own domain – marketing – and to leave the education of physicians to the profession.