

The National Task Force on CME Provider/Industry Collaboration is committed to fostering, furthering and enhancing quality Continuing Medical Education (CME).

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Continuing Medical Education: Providing Valid and Independent Evidence for Clinical Decisions

- Physicians in practice and as health care team leaders must make clinical decisions based on valid and independent evidence that is recognized within the medical profession as being the result of generally accepted practice, personal knowledge, technical skills, standards of experimental design, data collection and analysis. When practice decisions are not evidence-based or customary, they must not be dangerous or proven ineffective. It is expected within the profession that this is the type of information to be presented at CME activities.¹
- Decisions on CME content and the provision of medical care must be made in the best interests of patients and the public health, and constitute appropriate medical practice. The recipients of health care must be confident that clinical decisions are based on validated evidence and accepted standards of care.² Clinical decisions based on independent CME content protect the public health.
- The Accreditation Council for Continuing Medical Education (ACCME) sets Standards for Commercial Support (SCS)³, which describe conduct expected of accredited CME provider organizations in the process of designating activities for *American Medical Association (AMA) PRA Category 1 Credit™*, *American Academy of Family Physicians (AAFP) Prescribed and Elective Credit*, and *American Osteopathic Association (AOA) Category 1-A Credit Hours*. The ethical standards and regulations adopted and promulgated by the medical profession through organizations such as the American Academy of Family Physicians (AAFP)⁴, the American Medical Association (AMA)⁵, and the American Osteopathic Association (AOA)⁶ also have essential roles in setting standards and expectations for the medical profession and the CME community. Funding of CME activities by commercial organizations is permitted but within the ethical and regulatory constraints that, if faithfully followed, insure independent performance and behavior.
- Commercial bias in CME activities diminishes the public trust in the health care system. There is no more important value in CME than the obligation of accredited providers to assure that clinical care education is supported by the highest available level of evidence and free of commercial bias.

(1) Definition of CME, page 2, The AMA's Physician's Recognition Award and credit system booklet, 2006 revision: <http://www.ama-assn.org/ama1/pub/upload/mm/455/pra2006.pdf>

(2) AMA Principles of Medical Ethics: <http://www.ama-assn.org/ama/pub/category/2512.html>;

(3) http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf

(4) AAFP activities not eligible for CME credit: <http://www.aafp.org/online/en/home/cme/mea/cmeapplying/requirements/noteligible.html>; AAFP Principles of Medical Ethics: <http://www.aafp.org/online/en/home/aboutus/governance/medicaethics.html>

(5) AMA Ethical Opinion on Gifts to Physicians from Industry (CEJA 8.061): http://www0.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/E-8.061.HTM&s_t=&st_p=&nth=1&prev_pol=policyfiles/HnE/E-7.05.HTM&nxt_pol=policyfiles/HnE/E-8.01.HTM&; AMA Ethical Opinion on Continuing Medical Education (CEJA 9.011): http://www0.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/E-9.011.HTM&s_t=&st_p=&nth=1&prev_pol=policyfiles/HnE/E-8.21.HTM&nxt_pol=policyfiles/HnE/E-9.01.HTM&

(6) AOA position paper on gifts to physicians from industry: http://www.osteopathic.org/pdf/aoa_positiong-n.pdf; AOA Accreditation Manual for CME Sponsors (this has information about how to interact with pharmaceutical companies when producing CME activities): http://www.osteopathic.org/pdf/acc_cmespo.pdf; AOA Code of Ethics: http://www.osteopathic.org/index.cfm?PageID=aoa_ethics

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