ing reference to the myriad of strategies embedded within the College of Family Physicians' Mainpro and the Royal College's maintenance of competence programs. The Royal College will continue to develop and implement standards for effective continuing professional education, promote lifelong learning, explore ways to integrate education into clinical practice and explore interprofessional education in collaboration with multiple partners.

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**Competing interests:** None declared.

**REFERENCE**

1. Hébert PC. The need for an Institute of Continuing Health Education. *CMAJ* 2008;178(7):805-6.

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In a recent editorial, Paul Hébert laments the current state of Canadian continuing education and advocates a more effective and ethical approach.[1] Many of his comments are salient indeed.

However, such an approach is already underway, at least for family physicians. The Foundation for Medical Practice Education, affiliated with McMaster University, embodies the principles espoused by Hébert, particularly through its practice-based small-group learning program. This program gives physicians the opportunity to define and engage in self-directed learning activities that are related to authentic practice problems.[2] It is accredited to issue Mainpro-C credits by the College of Family Physicians of Canada.

Hébert outlines the criteria for a "more principled approach" to continuing health education. The foundation's practice-based small-group learning program meets these criteria in a variety of ways. First, it receives no pharmaceutical sponsorship; it is funded entirely through membership fees and partnerships with other nonprofit health care organizations such as the College of Family Physicians of Canada, the Canadian Lung Association and the Heart and Stroke Foundation of Canada. Second, gaps identified between current practice and the best available evidence are the focus of all educational modules. These modules then provide practical strategies and tools to bridge the gaps and help to improve both clinical practice and patient outcomes. Third, the practice-based small-group learning program actually works. A randomized controlled trial found that involvement in the program had a positive effect on prescribing patterns for target medications.[3] Finally, the program is affordable and accessible to all communities across Canada; over 3500 family physicians are members. This demonstrates that continuing health education can be effective, ethical and enticing.

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**Competing interests:** None declared.

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DOI:10.1503/cmaj.1080062

## [*CMAJ* Editor-in-chief responds:]

In writing this editorial,[1] we aimed to ignite a public debate on an issue at the core of medical practice: industry sponsorship of continuing medical education activities. Judging from the number and diversity of views expressed in these letters and the large amount of personal correspondence I have received, we have achieved our goal.

I was heartened to hear that many of you believe that industry's influence in this regard is ubiquitous and is a cause for concern. Many of you acknowledged the need to engage in constructive dialogue with stakeholders to find a new way forward. This was best exemplified by the Canadian Medical Association, which is initiating a national dialogue with many of Canada's specialty societies and colleges. As these letters attest, Canada's institutions have made a concerted effort to improve the situation.

We still have a long way to go. I receive invitations to attend industry-sponsored academic rounds on a daily basis. I have often attended rounds where the speaker has not declared his or her conflicts of interest, have been invited to speak in symposia that were directly or indirectly sponsored by industry, and have witnessed how unrestricted educational grants can influence educational programs.

As some letters have pointed out, *CMAJ* is partly funded by industry advertising. We do, however, have extensive protective mechanisms in place to prevent industry influence on our editorial content. We will describe these in a forthcoming article.

Meanwhile, here are some questions that might push the debate forward: What proportion of the total funding of the continuing professional development enterprise should be funded by industry? How can we best minimize biases, perceived or real, that arise from pharmaceutical funding? How do we best promote educational activities involving various health professionals? Would we benefit from greater access to evidence-based resources integrated into our practices, free of real or perceived biases? And would a new, arm's-length institution be best suited to address these questions?

We must first acknowledge existing difficulties; otherwise a national dialogue will be fruitless.

Let the debate continue...

**Paul C. Hébert MD MHSc**
Editor-in-chief, *CMAJ*

**Competing interests:** See www.cmaj.ca/misc/edboard.shtml.

**REFERENCE**

1. Hébert PC. The need for an Institute of Continuing Health Education [editorial]. *CMAJ* 2008;178:805-6.

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