

This issue's letters

- Funding for continuing medical education

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I am writing on behalf of the continuing medical education and continuing professional development offices at the 17 Canadian medical schools. For many years, we have had the same concerns as those expressed by Paul Hébert and the Editorial-Writing Team in a recent *CMAJ* editorial,¹ and we have worked diligently to provide high-quality continuing education programs with minimal bias. We are actively engaged in research to determine the most effective methods to provide continuing medical education and continuing professional development and to measure and minimize bias.

Many of the programs outlined in the editorial, such as academic detailing, small group workshops and audit feedback, have been developed in Canadian medical schools and are currently part of our curriculum. We have also developed programs in multisource feedback and innovative approaches to increase access to educational programs, such as videoconferencing, podcasts and e-learning. All of the activities outlined in Box 1 of the editorial by Hébert for the proposed Institute of Continuing Health Education are currently underway at our offices. In the last few years, most of the continuing medical education offices at Canadian medical schools have also begun to develop interprofessional continuing education with local and national partners.

Each of the offices participates in a national accreditation system. The standards to which we are mutually held reflect the issues that were thoughtfully enunciated in the editorial.

In Canada, funding from the pharmaceutical industry is currently part of our revenue stream, but it is strictly controlled and represents an ever-decreasing percentage of total funding (it ranges from 5% to 50% of total funding and is in the 5%–20% range for most of our continuing medical education offices). Funding from faculties of medicine generally accounts for about 10% of the revenue. The remainder comes from program fees, contracts with governmental and non-governmental agencies and research grants.

In conclusion, we already have in place institutions similar to the proposed Institute of Continuing Health Education. We call upon funders of the health care and education systems to place the same importance on funding for continuing health education as they do on funding for undergraduate and postgraduate health education.

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Competing interests: None declared.

REFERENCE

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

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I thank Paul Hébert and the Editorial-Writing Team for *CMAJ's* courageous position statement on continuing medical education.¹ The problem of the pharmaceutical industry's influence on physicians through so-called educational activities has been glossed over for too long. Physicians are not stupid, but we are human. Studies have demonstrated that the bias introduced by drug companies influences clinical decision-making. The pharmaceutical industry is very skilled at influencing physicians in subtle ways and spends millions of dollars doing so every year. It is just plain wrong that many continuing medical education events are

sponsored by drug companies. It is time that we reclaim the integrity of our profession.

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Competing interests: None declared.

REFERENCE

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

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Paul Hébert and the *CMAJ* Editorial-Writing Team have identified an important issue concerning the sponsorship of continuing medical education in Canada.¹ As they note, a large proportion of continuing medical education is funded by the pharmaceutical industry, and physicians have become habituated to receiving such subsidized learning opportunities.

The CMA's Council on Education and Workforce recognizes the many and varied challenges that physicians face as we strive to keep our knowledge and skills current so that we can recommend and prescribe the best possible treatment for each patient. The CMA has embedded the obligation of physicians to pursue lifelong learning in its *Code of Ethics*² and has articulated the standards of ethical behaviour expected of physicians in its *Guidelines for Physicians in Interactions with Industry*.³ These guidelines provide advice to Canadian physicians who find themselves in a possible situation of conflict of interest in dealing with drug companies; they also outline requirements to ensure that continuing medical education sessions are as independent as possible of industry influence.

In January 2008, the CMA convened a meeting of national specialty societies and related medical organizations to discuss issues related to online continuing medical education. A prominent theme in the discussions was the desirability of diversifying sources of financial support for continuing medical ed-