

This issue's letters

- Funding for continuing medical education

Funding for continuing medical education

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.

Douglas Sinclair MD
Chair, Standing Committee
on Continuing Medical Education,
Association of Faculties of Medicine
of Canada, Ottawa, Ont.

Competing interests: None declared.

REFERENCE

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

DOI:10.1503/cmaj.1080042

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.

Stefanie Falz MD
Family Physician, Kimberley, BC

Competing interests: None declared.

REFERENCE

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

DOI:10.1503/cmaj.1080044

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-

ucation. An ad hoc working group was charged by participants with exploring the formation of a national alliance for online continuing medical education, one objective for which would be the identification of new models of funding. We welcome the discussion likely to be initiated by the *CMAJ* editorial¹ and are confident that Canadian physicians are capable of identifying innovative and sustainable approaches to meet the ongoing educational needs of the profession.

Susan King MD

Chair, Council on Education and Workforce, Canadian Medical Association, St. John's, Nfld.

Competing interests: None declared.

REFERENCES

1. Hébert PC. The need for an Institute of Continuing Health Education [editorial]. *CMAJ* 2008;178:805-6.
2. Canadian Medical Association. *Code of ethics*. Ottawa: The Association; 2004. Available: <http://policybase.cma.ca/PolicyPDF/PDo4-06.pdf> (accessed 2008 Apr 27).
3. Canadian Medical Association. *Guidelines for physicians in interactions with industry*. Ottawa: The Association; 2007. Available: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PDo8-01.pdf> (accessed 2008 Apr 27).

DOI:10.1503/cmaj.1080046

On behalf of the entire Board of the Canadian Association of Continuing Health Education, we wish to respond to the recent *CMAJ* editorial on sponsorship of continuing medical education.¹ Although there may be merit in exploring the need for and role of an Institute of Continuing Health Education, there is no published evidence to suggest that our current continuing professional development programs require a major overhaul. As well, we question the perception that sponsorship by the pharmaceutical industry influences the selection of topics for educational initiatives or results in sessions that embellish the positive elements of studies while downplaying the potential adverse effects of the sponsors' products.

In our extensive collective experience, we can cite numerous examples of educational programs as well as articles in peer-reviewed journals that demonstrate the value and contribu-

tion of collaborative educational and research initiatives sponsored by industry. More importantly, the Canadian landscape for health education is unique; many stakeholder groups are engaged in a collaborative model that supports improvements in our health care system and our patients' health and wellness.

Bernard A. Marlow MD

Director of Continuing Professional Development, College of Family Physicians of Canada, Mississauga, Ont.

Isabelle Mongeau BBA

Director of Continuing Health Education and Development, Pfizer Canada Inc., Kirkland, Que.

Sol Stern MD

Chairman of Palliative Care, Halton Healthcare Services, Oakville, Ont.

Suzanne Murray BComm

President and Founder, AXDEV Group International, Brossard, Que.

Competing interests: None declared.

REFERENCE

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

DOI:10.1503/cmaj.1080047

A recent *CMAJ* editorial stated that it may be difficult to overcome the "culture of entitlement" in which physicians believe that they are entitled to receive the pharmaceutical enticements that accompany continuing medical education.¹ The editorial went on to suggest that "we need to disentitle physicians and adopt a more principled approach."¹ Many physicians have long since recognized that neither we nor the pharmaceutical industry benefit from continuing medical education that in any way resembles product marketing. Most of us prefer continuing medical education opportunities that focus on a disease-related issue and that use techniques demonstrated to be effective for adult learning.

The tone of the editorial was disturbing, particularly given the clear culture of entitlement apparent on the part of medical journals that rely on the pharmaceutical industry for their existence. In the 174-page issue of *CMAJ* in which this editorial appeared, there were 79 pages of pharmaceutical adver-

tising and 42 pages of research or educational material. Perhaps it is time that medical journals recognize the necessity for "... a radical change in [their] approach to funding."¹ Would *CMAJ*'s editors be willing to argue that pharmaceutical advertising should be completely banned from the Journal to change that culture of entitlement? This represents a clear double standard. Perhaps it is time for *CMAJ* to lead by example.

Allan B. Becker MD

Department of Pediatrics and Child Health, University of Manitoba, Winnipeg, Man.

Competing interests: Allan Becker has served on advisory boards for Altana, AstraZeneca, Glaxo-SmithKline, Graceway Pharmaceuticals, Merck Frosst and Schering. He has received unrestricted education grants from Astra Zeneca, Glaxo-SmithKline and Merck Frosst Canada as well as speakers fees for continuing education presentations from AstraZeneca, Merck Frosst Canada and Nycomed.

REFERENCE

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

DOI:10.1503/cmaj.1080048

Paul Hébert and the *CMAJ* Editorial-Writing Team appear to be unaware of the current state of Canadian continuing health education.¹ Although there is always a need for improvement, the College of Family Physicians of Canada rejects the notion that continuing health education in Canada is "a truly broken system."¹ The editorialists not only selected dated studies and American statistics to support their positions but also ignored the significant changes to Canadian accreditation criteria; by using these revised criteria, existing professional organizations now fulfill many of the roles the editorialists propose for an Institute of Continuing Health Education. Perhaps most disturbingly, by suggesting that most physicians are irresponsible and greedy in their pursuit of opportunities for continuing medical education, the editorialists insulted the majority of Canadian physicians, who conscientiously and ethically pay for a substantive portion of their continuing education.