

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.

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Competing interests: None declared.

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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).

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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.

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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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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.

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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.

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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.

Both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have established standards for efficacious, unbiased continuing education. We have gone well beyond traditional continuing medical education into continuing professional development, which encourages our members to engage in self-assessment, self-reflection and activities that allow us to measure change in the physician's behaviour and the effect of the learning program on their practice. We have introduced and promoted programs that encourage interprofessional education and a team approach to care. Our programs are based on identified needs and our credit systems reward activities that use the most effective educational measures.

We have strict rules governing commercial support that incorporate the CMA's ethical guidelines, and we mandate full disclosure and review of content for bias and balance before a program receives accreditation. In fact, the firewalls for our accredited programs are as rigorous as those of *CMAJ*.

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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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We are pleased that academic detailing was mentioned as an underutilized strategy in a recent *CMAJ* editorial on continuing medical education.¹ Academic detailing programs presently exist in 6 provinces. These programs have formed the Canadian Academic Detailing Collaboration to share expertise and resources and to promote academic detailing nationally. The group works closely with local family physicians and the Canadian Optimal Medication Prescribing and Utilization Service.

Academic detailing programs demonstrate many of the elements advocated in the editorial: they are inter-

professional (most academic detailers are pharmacists and provide education to physicians, nurse practitioners and other health care professionals); they provide accurate information free from real or perceived biases (academic detailing programs research and appraise evidence on clinical topics and present a balanced view of that evidence); and they make use of adult learning techniques that have been demonstrated to be effective in changing physician behaviour and improving health outcomes.^{2,3}

A recent report from the Health Council of Canada recommended that academic detailing be expanded in Canada.⁴ However, despite the high quality of education that academic detailing programs provide, they receive only a small portion of the resources for continuing medical education. Should the proposed Institute of Continuing Health Education be developed, the Canadian Academic Detailing Collaboration is willing to work with it and other agencies that are independent of external influences to promote evidence-based education for health care professionals.

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Competing interests: None declared.

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For those of us involved in the accreditation of continuing professional development programs, the funding provided by pharmaceutical companies for such events is an ongoing and important concern.¹ The Royal College of Physicians and Surgeons of Canada has been actively working in collaboration with the national specialty societies and the university offices of continuing medical education to establish standards for commercial support of continuing medical education. For example, the Committee on Accreditation of Continuing Medical Education, the National Committee on Continuing Medical Education of the College of Family Physicians of Canada and the Royal College's Continuing Professional Development Accreditation Committee have promoted increasingly rigorous standards that all accredited providers and programs must fulfill. The editorial's call for the creation of an arm's-length institute to provide oversight¹ would appear to be premature in light of work already under way.

The editorial incorrectly implies that the majority of accredited group events for continuing professional development are funded by pharmaceutical companies. In fact, we have seen a tremendous shift in the approach to continuing medical education, informed by growing research evidence on the effectiveness of continuing professional development. The old model of continuing medical education where experts lectured to passive participants on the latest innovations in medicine at the local Holiday Inn has been largely replaced by education that promotes interactive learning and reflection on multiple practice dimensions (clinical, administrative, research and education) and competencies. Unfortunately, the editorial makes only a pass-