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 interprofessional (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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1. Hébert PC. The need for an Institute of Continuing Health Education [editorial]. *CMAJ* 2008;178:805-6.
2. O'Brien MA, Rogers S, Jamtvedt G, et al. Educational outreach visits: effects on professional practice and health care outcomes. *Cochrane Database Syst Rev* 2007;(4):CD000409.
3. Grimshaw JM, Thomas RE, MacLennan G, et al. Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technol Assess* 2004;8:1-72.
4. Health Council of Canada. *Safe and sound: optimizing prescribing behaviours*. Summary of main themes and insights. Toronto: The Council; 2007.

DOI:10.1503/cmaj.1080060

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 oversight[1] 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 been 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-

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 non-profit 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...

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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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