As industry funding for medical education fades, new opportunities for improvements arise

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Public scrutiny and the threat of government regulation are leading to a decline in industry-sponsored funding of accredited continuing medical education (CME) for physicians, and this decline represents an opportunity to make CME more relevant, cost-effective and less open to bias, wrote a group of physicians from the San Francisco VA Medical Center and the University of California, San Francisco.

In a "Perspective" in the March 22 issue of the New England Journal of Medicine, the authors predicted the decline will continue, with a "sea change toward greater restriction" on commercial funding of CME courses, which doctors take to maintain competence and professional certification and to keep up with new developments in the medical field.

"There is a long history of the pharmaceutical and medical device industries supporting CME," said lead author Michael A. Steinman, MD, a physician at SFVAMC and an associate professor of medicine at UCSF. "This started out with practices in the 1970s and 80s that today would be considered highly abusive, such as junkets to Caribbean islands under the guise of education."

While such overt abuses are now much rarer, he said, the medical industry today provides about half the funding for CME in the United States each year, through sponsoring educational events put on by independent educational organizations.

"Even though the practices are less egregious," Steinman said, "there is still concern that this financial support has the potential to bias the content that learners receive, and therefore change the practice of medicine in a way that serves the interests of industry."

However, wrote the "Perspective" authors, new restrictions on funding have been put in place by both the pharmaceutical industry and physicians' organizations, and several universities have totally banned commercially sponsored CME.

"The train has left the station," said Steinman. "It's not a question of if industry funding will be restricted, but of how and how much."

In their "Perspective," Steinman and his co-authors wrote that this steady decrease in commercial support represents an opportunity to improve the quality of CME while making it more relevant to physicians' day-to-day professional needs.

"There's increasing evidence that the traditional, high-cost method of bringing in people to hear a lecture in a hotel ballroom is not the best way to get doctors to learn and to change their practice," said Steinman. "CME providers are moving to more interactive forms of medical education, such as online learning and practice improvement activities at the point of patient care."

Besides being more cost-effective, he said, "these methods make the information more relevant and more likely to stick."

In addition, Steinman said, such methods are less open to conflicts of interest: "Under the current system of program-based courses, if I'm a more traditional CME provider, I know that some courses are going to be more attractive for a pharmaceutical manufacturer to support than others – such as a lecture on the latest treatments for a particular disease

that happens to feature a medication made by that company."

In contrast, the newer, interactive model of CME often involves "going back and auditing your own practice, finding out how you're doing and figuring out ways of doing it better. Not only are we minimizing potential biases, we're more directly learning how to take better care of patients."

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