

Health professionals appear concerned about bias in commercially funded continuing medical education

9 May 2011

Commercial funding of continuing medical education (CME) and the potential for bias appear to concern many health care practitioners and researchers, but many reported being unwilling to pay higher fees to eliminate or offset commercial funding sources, according to a report in the May 9 issue of *Archives of Internal Medicine*.

Although over the past several years, the role of pharmaceutical and medical device manufacturers in directing CME has been reduced, these entities still fund a substantial proportion of costs. Organizations such as the Institute of Medicine, the American Association of Medical Colleges and the [American Medical Association](#) have called for further decreases in or the elimination of commercial support for educational activities. However, such a change might shift costs to attendees, and little has been known of their attitudes.

From January through June 2009, Jeffrey A. Tabas, M.D., from the University of California San Francisco, and colleagues surveyed attendees at live CME courses delivered by the International AIDS Society - USA (IAS-USA), a nonprofit organization that pools the support it receives from industry so that no one company funds any particular program. In total, 770 attendees (a 57% response rate) completed the 22-item survey, which focused on beliefs about commercial funding and potential for bias, willingness to offset the cost of commercial support, knowledge about the costs of producing CME programs, and demographic information. Participants included physicians, nurses, nurse practitioners, physician assistants, and persons with Ph.D.s or other academic degrees. "Our two main outcome variables were dichotomized as follows: (1) agreed or strongly agreed that raising the registration fees is an effective way to decrease commercial support vs.

not, and (2) agreed or strongly agreed that commercial support for live CME should be eliminated vs. not," the authors explain.

The majority of respondents (88 percent) reported that commercial support of a CME activity introduced the potential for bias. This perception of bias was also directed toward CME faculty who receive support from industry. Fewer than half (46 percent of physicians, 41 percent of other health professionals) thought that raising event-registration fees would help reduce commercial support. Most of those surveyed were unaware of the actual cost of running a CME program, with 75 percent (577 of 770) overestimating the amount of funding derived from attendee registration fees.

Overall, participants who suspected industry [bias](#) in CME were more likely to favor reducing or abolishing such funding. But the majority of the group would opt against raising registration fees or offering fewer topics or speakers, among other measures. "These results highlight the complexities of eliminating or decreasing commercial support for CME at this time," note the authors. "Given the reality that CME learners underestimate the actual costs of live CME activities, the impact of decreases or changes in funding sources needs to be further clarified, and an understanding of the perceptions of these learners and efforts to better inform these clinicians of the true costs of CME needs to be taken into account in the implementation of any policy change."

More information: Arch Intern Med. 2011;171[9]:840-846.

Provided by JAMA and Archives Journals

APA citation: Health professionals appear concerned about bias in commercially funded continuing medical education (2011, May 9) retrieved 18 June 2019 from <https://medicalxpress.com/news/2011-05-health-professionals-bias-commercially-funded.html>

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