



COUNCIL OF MEDICAL SPECIALTY SOCIETIES

COMMITTED TO EXCELLENCE IN PROFESSIONALISM, EDUCATION AND QUALITY OF CARE

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Herb Kohl, Chairman
Mel Martinez, Ranking Member
Special Committee on Aging
United States Senate

July 23, 2009

Dear Senators Kohl and Martinez,

The Council of Medical Specialty Societies (CMSS), representing 32 medical and surgical specialty societies with an aggregate membership of over 530,000 physicians in the US, appreciates the opportunity to contribute to deliberations of the Senate Special Committee on Aging, as it examines the impact of relationships between physicians and the pharmaceutical and medical device industries with respect to medical education and research.

We would like to provide information for your committee on:

- 1) the role of CMSS as a member of the Accreditation Council for Continuing Medical Education (ACCME);
- 2) the recently adopted recommendations of CMSS to specialty societies for creating conflict of interest policies;
- 3) the current charge to the CMSS Task Force on Professionalism and Conflict of Interest, and its relationship to the recent report of the Institute of Medicine (IOM) on Conflict of Interest in Medical Research, Education, and Practice; and
- 4) the role of CMSS as the convener of the sixteen national organizational members of the Conjoint Committee on Continuing Medical Education (CCCME) as it addresses the future of commercial support of continuing medical education (CME).

CMSS as a member of ACCME:

The Council of Medical Specialty Societies (CMSS) is one of the seven Member Organizations of the Accreditation Council for Continuing Medical Education (ACCME). CMSS fully supports the ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities, and enthusiastically champions the 2004 revision. These Standards require that CME providers clearly and completely separate educational content from commercial influence, which may be perceived as resulting from commercial support.

The ACCME has current and relevant criteria requiring all CME providers to focus the goals of CME toward improvement of physician practice, thus improving the quality of patient care. These criteria include stronger guidance on complete independence from influence associated with commercial support, as well as stronger procedures for the identification and resolution of conflicts of interest. ACCME is assuming a position to strictly enforce its criteria, ensuring that the system of professional voluntary self-regulation works well.

CMSS recognizes that the perception of the incorporation of commercial influence into CME is real. We applaud ACCME for requiring accredited providers to identify and resolve all conflicts of interest prior to the education activity being delivered to learners. We believe that the creative experience of accredited providers can be generalized to prevent the incorporation of commercial influence into CME, and thereby protect not only the education of the learner, but the integrity of the CME enterprise.

CMSS recommendations to specialty societies regarding conflict of interest policies:

In 2008, CMSS convened a Task Force on Professionalism and Conflict of Interest, to address how specialty societies should manage and resolve their conflicts of interest and those disclosed among their members. In November, 2008, CMSS adopted the following recommendations to specialty societies for core principles to be included when creating organizational conflict of interest policies:

- a. Definitions of conflict of interest, including financial and fiduciary, whether considered “real” or “perceived”;
- b. Clarification of who is addressed in the society’s policy, including elected leaders, volunteers, representatives, members, staff, and the society itself;
- c. Delineation of activities addressed in the policy, including governance; undergraduate, graduate and continuing medical education; research; and clinical practice guideline development;
- d. Examples of conflicts of interest addressed in the policy;
- e. Disclosures of relationships addressed in the policy, including criteria for disclosure, and manner of disclosure (written, verbal, web, other);
- f. Consequences for failure to disclose relationships with a “real” or “perceived” conflict of interest;
- g. Management and resolution strategies for disclosed conflicts of interest;
- h. Clarification of circumstances requiring recusal, removal from participation or from the disclosed relationship; and
- i. Adherence to external standards and guidelines, such as the ACCME Standards for Commercial Support of CME, the AMA Ethical Opinion on Gifts to Physicians from Industry, and potentially others.

Charge to the re-constituted 2009 CMSS Task Force on Professionalism and Conflict of Interest:

Since adoption of the CMSS recommendations in late 2008, the environment has moved steadily toward further addressing the impact of relationships between physicians, their societies and industry. Interest of the Senate Committees on Finance and Aging, media accounts of outlier relationships between physicians and industry, the April 1 JAMA article by Rothman et al challenging specialty societies on their relationships with industry, the April 28 publication of the Institute of Medicine (IOM) report on Conflict of Interest in Medical Research, Education and Practice, and more have created a timely opportunity to take the critical next steps.

In 2009, CMSS has reconstituted its Task Force on Professionalism and Conflict of Interest with the following charge:

Develop and recommend a Code of Conduct for specialty societies, to enhance professionalism and to disclose, manage and resolve conflicts of interest in relationships with industry.

The task force has had its first meeting, and is addressing many areas of conflicts of interest challenged by the IOM report, including:

- guiding principles for society-company interactions
- charitable gifts
- dues, subscriptions, publications, and registrations
- educational grants and continuing medical education
- exhibit hall, sponsorships, and advertising
- satellite symposia

- individual relationships, including governance, and institutional relationships
- clinical practice guidelines
- research grants
- awards

Interim recommendations of this task force will be presented at the annual meeting of CMSS in November, 2009, with final approval at the April, 2010 CMSS meeting.

Conjoint Committee on CME (CCCME):

Since 2002, CMSS has served as convener of the Conjoint Committee on CME (CCCME), the members of which include:

Accreditation Council for Continuing Medical Education (ACCME)

Accreditation Council for Graduate Medical Education (ACGME)

Alliance for Continuing Medical Education (ACME)

American Academy of Family Physicians (AAFP)

American Board of Medical Specialties (ABMS)

American Hospital Association (AHA)

American Medical Association (AMA)

American Osteopathic Association (AOA)

Association for Hospital Medical Education (AHME)

Association of American Medical Colleges (AAMC)

Council of Medical Specialty Societies (CMSS)

Federation of State Medical Boards (FSMB)

Joint Commission (JC)

Journal of Continuing Education in the Health Professions (JCEHP)

National Board of Medical Examiners (NBME)

Society for Academic Continuing Medical Education (SACME)

In 2008-9, the organizations represented in CCCME went through a strategic planning process, resulting in a bold goal and three strategies:

Goal:

To utilize the CME system to contribute to improvements in US health system performance, as measured by international benchmarks (such as World Health Organization statistics, etc.);

Strategy 1:

To facilitate the integration of performance and quality improvement into continuing medical education;

Strategy 2:

To explore the development of curricula for CME at the system, specialty and practice levels;

Strategy 3:

To convene the national organizations to focus on assuring a system of financing CME that is free from the influence of commercial support, and which therefore responds to recommendation 5.3 of the Institute of Medicine (IOM) Report on Conflict of Interest in Medical Research, Education and Practice. It is anticipated that this process, begun in 2009, will take approximately two years, as predicted by the IOM.

The mission of the Council of Medical Specialty societies focuses on promoting adoption of policies that will improve the United States' healthcare system and health of the public. A core strategic priority of CMSS in 2009 is that CMSS and its member specialty societies are seen as role models of Professionalism, as measured by Altruism (putting patients' interests first), Voluntary Self-regulation, and Transparency. It is in the spirit of this priority of Professionalism that we submit the information herein to you.

We would be happy to testify at your hearing, should you be interested. Thank you for your consideration.

Sincerely,



Norman Kahn MD
Executive Vice-president and CEO

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