



Conflicts of Interest in Medicine II:

Issues Surrounding Industry Funding of
Physician Education

FORUM SESSION
ANNOUNCEMENT

A DISCUSSION FEATURING:

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Norman B. Kahn, Jr., MD

Executive Vice President and Chief Executive Officer

Council of Medical Specialty Societies

FRIDAY, DECEMBER 11, 2009

11:45AM–12:15PM—Lunch

12:15PM–2:00PM—Discussion

LOCATION

Reserve Officers Association

One Constitution Avenue, NE

Congressional Hall of Honor

Fifth Floor

(Across from the Dirksen

Senate Office Building)

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The steady drumbeat of concern about conflicts of interest in all aspects of medicine continues—most recently with increased attention to the practice of “ghostwriting,” the unacknowledged, industry-sponsored writing of research articles. One of the latest in the long parade of new or revised policies that address the potential for conflicts of interest is the International Committee of Medical Journal Editors’ new uniform format for author disclosure.¹ Also this year, legislation to require the reporting in a public database of certain gifts and payments from drug and device manufacturers to physicians, the Physician Payments Sunshine Act of 2009, was introduced in both the Senate and the House of Representatives; provisions from both bills have been incorporated into the health reform legislation currently under consideration by Congress.² Both the Medicare Payment Advisory Commission³ and an Institute of Medicine consensus committee⁴ have also recommended greater transparency about relationships between physicians and industry.

Financial arrangements and transactions between medical industries and medical practitioners are widespread in medicine, and the practices under scrutiny are varied. The education of physicians, which extends from medical school to graduate medical experiences (residency and fellowship) to career-long continuing medical education (CME), involves much interaction with and funding from industry. Studies by Eric Campbell⁵ and others, for example, have shown that relationships with industry are ubiquitous in medical schools and teaching hospitals, with 53 percent of faculty researchers, 43 percent of institutional review board⁶ chairs, and 67 percent of departments reporting participation in one or more relationships. Also, the Accreditation Council for Continuing Medical Education (ACCME) reports that, although decreased from previous years, drug and device companies provided 1 billion dollars in funding for CME providers in 2008.⁷

As part of its comprehensive review, the Institute of Medicine Committee on Conflict of Interest in Medical Research, Education, and Practice examined the involvement of industry in medical education and “...concluded that, in general, industry financial relationships do not benefit the educational missions of medical institutions in ways that offset the risks created.” “To protect the integrity and limit the potential for undue industry influence in medical education,”⁸ this committee recommended the following:

“Recommendation 5.1: For all faculty, students, residents, and fellows and for all associated training sites, academic medical centers and teaching hospitals should adopt and implement policies that prohibit:

- the acceptance of items of material value from pharmaceutical, medical device, and biotechnology companies, except in specified situations;
- educational presentations or scientific publications that are controlled by industry or that contain substantial portions written by someone who is not identified as an author or who is not properly acknowledged;
- consulting arrangements that are not based on written contracts for expert services to be paid for at fair market value;
- access by drug and medical device sales representatives, except by faculty invitation, in accordance with institutional policies, in certain specified situations for training, patient safety, or the evaluation of medical devices; and
- the use of drug samples, except in specified situations for patients who lack financial access to medications.

Until their institutions adopt these recommendations, faculty and trainees at academic medical centers and teaching hospitals should voluntarily adopt them as standards for their own conduct.”⁹

“**Recommendation 5.2:** Academic medical centers and teaching hospitals should educate faculty, medical students, and residents on how to avoid or manage conflicts of interest and relationships with pharmaceutical and medical device industry representatives. Accrediting organizations should develop standards that require formal education on these topics.”¹⁰

“**Recommendation 5.3:** A new system of funding accredited continuing medical education should be developed that is free of industry influence, enhances public trust in the integrity of the system, and provides high-quality education...”¹¹

Many of the major organizations involved in medical education have ongoing efforts or have undertaken new initiatives to examine conflict of interest, and some have issued revised policies within the past few years. For example, the Association of American Medical Colleges (AAMC) created in 2006 a Task Force on Industry Funding of Medical Education which published, in 2008, its recommendations for medical schools and teaching hospitals to develop policies and procedures for managing relationships with industry.¹² Also, ACCME has discussed, and in 2008 called for comments regarding, commercial support of accredited continuing medical education. At its March 2009 board meeting, AACME announced that it would not be taking any action to end such commercial support, as had been called for by some influential groups,¹³ but would instead put

additional resources into ensuring the independence of continuing medical education from commercial influence. ACCME is also considering creating a central, independent entity that would accept unconditional and unrestricted donations from all sources and provide grants for continuing medical education programming. It plans to continue discussion of this option at its December 2009 meeting.¹⁴

The American Medical Student Association (AMSA) grades medical schools on their conflict of interest policies, and published its first “PharmFree Scorecard” in 2007. AMSA examines several aspects of industry-medical school relationships, including consulting, curriculum, disclosure, gifts, on-campus CME, off-campus CME, purchasing, sales representatives, samples, scholarships, and speaking.¹⁵ AMSA has assessed 149 U.S. medical schools, and its 2009 Scorecard¹⁶ had the following grade distribution:

- A:** 9 schools (6%)
- B:** 36 schools (24%)
- C:** 18 schools (12%)
- D:** 17 schools (11%)
- F:** 35 schools (23%)

According to AMSA’s grading system, 21 percent of U.S. medical schools improved their conflict-of-interest policies in the past year; the number of schools receiving an A or B grade has increased from 29 in 2008 to 45 in 2009; and approximately 30 percent of medical students in the U.S. are now studying at a school with A- or B-graded conflict of interest policies.

These AAMC, ACCME, and AMSA initiatives and others are the subject of ongoing, intense discussion and debate, with many participants concerned about whether they go far enough, and whether existing policies, even if they are well-implemented and enforced, are sufficient to prevent conflicts of interest and their consequences.

Held on May 15, 2009, the [first session in this series](#) provided a broad overview of the nature, extent, and consequences of industry funding in medicine.¹⁷ This session will continue to explore the vast and complex landscape of conflicts of interest in medicine and focus on the role of industry funding across the spectrum of physician education, from medical school through CME.

KEY QUESTIONS

The speakers for this session are highly knowledgeable about and experienced with the potential for conflicts of interest in physician educa-

tion and bring varied perspectives to the discussion. They will describe and discuss their ongoing work and address the following questions:

- How might various interactions and relationships between industry and physicians in the context of medical education influence physician development and behavior?
- How transparent are the relationships between industry and the physician education system? How effective is disclosure for preventing, or at least managing, potential conflicts of interest? How could transparency be improved? In addition to increased transparency, what would help prevent conflicts of interest?
- How are medical schools and teaching hospitals managing relationships with industry and preventing conflicts of interest? How are medical societies and other providers of CME managing relationships with industry and preventing conflicts of interest? What more might need to be done?
- How reasonable are the recommendations from the Institute of Medicine committee? Do they go far enough? Too far? What are the challenges in implementing them? What progress has been made in responding to date?

SPEAKERS

Kevin P. Weinfurt, PhD, is an associate professor in the Department of Psychiatry and Behavioral Sciences and the Department of Psychology and Neuroscience at the Duke Clinical Research Institute. He has published extensively on psychology, health outcomes research, medical decision making, and bioethics and teaches and lectures on psychology and medical decision making to undergraduates and medical students, residents, and faculty. Dr. Weinfurt will provide an overview of the science of influence.

David J. Rothman, PhD, is the president of the Institute on Medicine as a Profession, and Bernard Schoenberg Professor of Social Medicine at Columbia College of Physicians and Surgeons, and professor of history at Columbia University. His recent and current work focuses on the place of professionalism in medicine, and he has published extensively on physician-industry relations. He co-chaired a joint Institute on Medicine as a Profession and American Board of Internal Medicine Foundation task force, whose recommendations appeared in a 2006 *JAMA* article titled: "Health Industry Practices that Create Conflicts of Interest: A Policy Proposal for Academic Medical Centers." Dr. Rothman will provide an overview of transparency as a mechanism for managing industry funding of physician education.

Barbara E. Barnes, MD, is the associate vice chancellor for Continuing Education and Industry Relationships and associate dean for Continuing Medical Education at the University of Pittsburgh and the vice president of Sponsored Programs, Research Support, and Continuing Medical Education for the University of Pittsburgh Medical Center, where she has served as co-chair of the task force responsible for implementation of the industry relationships policy at the university and health system. She has led numerous state and national organizations concerned with continuing medical education. She also served on the Association of American Medical Colleges' Task Force on Industry Funding of Medical Education and is currently on the steering committee of its Forum on Conflict of Interest in Academia. Dr. Barnes will describe the current state of affairs concerning industry funding and medical schools.

Norman B. Kahn, Jr., MD, is the executive vice president and chief executive officer of the Council of Medical Specialty Societies, an umbrella organization for numerous medical specialty societies. He also chairs the American Board of Medical Specialties' National Advisory Committee of the Improving Performance in Practice project. He has served on numerous boards and committees, including the Accreditation Council for Continuing Medical Education, where he chaired the task force that revised the standards for commercial support of continuing medical education. Dr. Kahn will describe the current state of affairs concerning industry funding, medical societies, and continuing medical education.

ENDNOTES

1. See "Uniform Format for Disclosure of Competing Interests in ICMJE Journals," available at www.icmje.org/format.pdf.
2. See H.R. 3962, the Affordable Health Care for America Act, section 1451 and S. 1796, America's Healthy Future Act of 2009, section 4101.
3. See the Medicare Payment Advisory Commission, "Public reporting of physicians' financial relationships," chap. 5 in *Report to the Congress: Medicare Payment Policy*, March 2009, available at www.medpac.gov/chapters/Mar09_Ch05.pdf.
4. Information about the committee's work and its report are available at www.iom.edu/CMS/3740/47464.aspx.
5. Eric Campbell presented at the May 15, 2009, National Health Policy Forum session, "Conflicts of Interest in Medicine: What's the Problem?" and his slides can be viewed at www.nhpf.org/library/details.cfm/2739.
6. Institutional review boards (IRB) oversee medical research.

7. See Accreditation Council for Continuing Medical Education 2008 Annual Report at www.accme.org.
8. Institute of Medicine (IOM), *Conflict of Interest in Medical Research, Education, and Practice*, 2009, p. 123.
9. IOM, *Conflict of Interest*, p. 157–158.
10. IOM, *Conflict of Interest*, p. 160.
11. IOM, *Conflict of Interest*, p. 161.
12. See “Industry Funding of Medical Education: Report of an AAMC Task Force,” Association of American Medical Colleges, June 2008, available at http://services.aamc.org/publications/showfile.cfm?file=version114.pdf&prd_id=232&prv_id=281&pdf_id=114.
13. See, for example, “Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning” at www.josiahmacyfoundation.org/documents/pub_ContEd_inHealthProf.pdf.
14. See summaries of Accreditation Council for Continuing Medical Education board meetings at www.accme.org/index.cfm/fa/whatsnew.home/executive_summaries.cfm.
15. See the American Medical Student Association Scorecard at <http://amsascorecard.org/executive-summary>.
16. This includes 12 schools that either submitted policies graded as F or indicated they had no relevant policies, 8 schools that declined to participate, 10 schools that did not respond, and 5 schools that did not submit new policies or demonstrate a continuing policy development process after remaining “In Process” for one year.
17. See materials for the May 15, 2009, National Health Policy Forum session, “Conflicts of Interest in Medicine: What’s the Problem?” available at www.nhpf.org/library/details.cfm/2739.