

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 1-I-12

Subject: Amendment to Opinion E-9.011, “Continuing Medical Education”

Presented by: H. Rex Greene, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws
(Richard L. Stennes, MD, Chair)

1 Ethics policy relating to continuing medical education (CME), Opinion E-9.011, “Continuing
2 Medical Education,” was last updated in 1996. Since then, CME has evolved substantially, as have
3 standards for the conduct of CME providers, such as those of the Accreditation Council on
4 Continuing Medical Education. In addition, CEJA Report 1-A-11, “Financial Relationships with
5 Industry in Continuing Medical Education,” adopted in June 2011 and subsequently Opinion E-
6 9.0115 of the same title bears on these matters.

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8 In light of these developments, the Council on Ethical and Judicial Affairs has reviewed prior
9 policy and concluded that E-9.011 should be updated.

10
11 KEY REVISIONS

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13 The Council reviewed E-9.011 with the goal of ensuring consistency among Opinions in the *Code*
14 *of Medical Ethics*, avoiding unnecessary repetition of guidance set out in AMA policies and other
15 standards for CME, and providing succinct ethical guidance that physicians can readily apply
16 across the evolving spectrum of CME. Revisions, developed in consultation with the Council on
17 Medical Education, are directed toward clearly focusing on ethical guidance for physician-
18 attendees of certified CME activities and eliminating ethical guidance specifically directed to other
19 audiences.

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21 Guidelines for physician-attendees (section one of current E-9.011) have been edited for clarity,
22 including replacing cross-references to E-8.061, “Gifts to Physicians from Industry,” with explicit
23 guidance regarding subsidies for expenses of attending CME activities.

24
25 Guidelines for faculty (section two of current E-9.011) overlap with requirements established
26 elsewhere, including:

- 27 • Opinion E-9.0115, Financial Relationships with Industry in Continuing Medical Education;
- 28 • Accreditation Criteria, Standards for Commercial Support and related policies of the
- 29 Accreditation Council on Continuing Medical Education;
- 30 • Guidance on industry-supported educational activities from the U.S. Food and Drug
- 31 Administration; and

* Reports of the Council on Ethical and Judicial Affairs are assigned to the reference committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

- 1 • Code on Interactions with Healthcare Professionals of Pharmaceutical Research and
2 Manufacturers of America.

3 The guidelines in this section, including specific references to guidance from other entities, have
4 therefore been removed from the opinion.

5
6 Similarly, guidelines for sponsors (section three of current E-9.011) overlap with requirements
7 established in other policy, including:

- 8 • Opinion E-9.0115, Financial Relationships with Industry in Continuing Medical Education;
9 • Accreditation Criteria, Standards for Commercial Support and related policies of the
10 Accreditation Council on Continuing Medical Education;
11 • Code for Interactions with Companies from the Council of Medical Specialty Societies;
12 • Guidance on industry-supported educational activities from the U.S. Food and Drug
13 Administration; and
14 • Code on Interactions with Healthcare Professionals of Pharmaceutical Research and
15 Manufacturers of America.

16 The guidelines in this section, including specific references to guidance from other entities, have
17 therefore been removed from the opinion.

18

19 RECOMMENDATION

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21 Given these considerations, the Council recommends that E-9.011, “Continuing Medical
22 Education” as set forth in appendix attached hereto, be amended by substitution as follows and that
23 the remainder of this report be filed:

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25 Physicians should strive to further their medical education throughout their careers, to ensure
26 that they serve patients to the best of their abilities and live up to professional standards of
27 excellence.

28

29 Participating in formal continuing medical education (CME) activities is critical to fulfilling
30 this professional commitment to lifelong learning. As attendees of CME activities, physicians
31 should:

32

- 33 (a) Select activities that are of high quality and are appropriate for the physician’s educational
34 needs.
35 (b) Choose activities that are carried out in keeping with ethical guidelines and applicable
36 professional standards.
37 (c) Claim only the credit commensurate with the extent of participation in the CME activity.
38 (d) Decline any subsidy offered by a commercial entity other than the physician’s employer to
39 compensate the physician for time spent or expenses of participating in a CME activity.

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41 (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500 to implement.

APPENDIX

E-9.011, "Continuing Medical Education"
Issued December 1993. Updated June 1996.

1 Physicians should strive to further their medical education throughout their careers, for only by
2 participating in continuing medical education (CME) can they continue to serve patients to the best
3 of their abilities and live up to professional standards of excellence.
4 Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's
5 ethical obligation to maintain his or her medical expertise.

6
7 *Attendees.* Guidelines for physicians attending a CME conference or activity are as follows:

- 8 (1) The physician choosing among CME activities should assess their educational value and select
9 only those activities which that are of high quality and appropriate for the physician's
10 educational needs. When selecting formal CME activities, the physician should, at a minimum,
11 choose only those activities that (a) are offered by sponsors accredited by the Accreditation
12 Council for Continuing Medical Education (ACCME), the American Academy of Family
13 Physicians (AAFP), or a state medical society; (b) contain information on subjects relevant to
14 the physician's needs; (c) are responsibly conducted by qualified faculty; (d) conform to
15 Opinion 8.061, "Gifts to Physicians from Industry."
16 (2) The educational value of the CME conference or activity must be the primary consideration in
17 the physician's decision to attend or participate. Though amenities unrelated to the educational
18 purpose of the activity may play a role in the physician's decision to participate, this role
19 should be secondary to the educational content of the conference.
20 (3) Physicians should credit commensurate with only the actual time spent attending a CME
21 activity or in studying a CME enduring material.
22 (4) Attending promotional activities put on by industry or their designees is not unethical as long as
23 the conference conforms to Opinion 8.061, "Gifts to Physicians from Industry," and is clearly
24 identified as promotional to all participants.

25
26 *Faculty.* Guidelines for physicians serving as presenters, moderators, or other faculty at a CME
27 conference are as follows:

- 28 (1) Physicians serving as presenters, moderators, or other faculty at a CME conference should
29 ensure that
30 (a) research findings and therapeutic recommendations are based on scientifically accurate, up-
31 to-date information and are presented in a balanced, objective manner;
32 (b) the content of their presentation is not modified or influenced by representatives of industry
33 or other financial contributors, and they do not employ materials whose content is shaped
34 by industry. Faculty may, however, use scientific data generated from industry-sponsored
35 research, and they may also accept technical assistance from industry in preparing slides or
36 other presentation materials, as long as this assistance is of only nominal monetary value
37 and the company has no input in the actual content of the material.
38 (2) When invited to present at non-CME activities that are primarily promotional, faculty should
39 avoid participation unless the activity is clearly identified as promotional in its program
40 announcements and other advertising.
41 (3) All conflicts of interest or biases, such as a financial connection to a particular commercial firm
42 or product, should be disclosed by faculty members to the activity's sponsor and to the
43 audience. Faculty may accept reasonable honoraria and reimbursement for expenses in
44 accordance with Opinion 8.061, "Gifts to Physicians from Industry."

- 1 *Sponsors.* Guidelines for physicians involved in the sponsorship of CME activities are as follows:
2 (1) Physicians involved in the sponsorship of CME activities should ensure that
3 (a) the program is balanced, with faculty members presenting a broad range of scientifically
4 supportable viewpoints related to the topic at hand;
5 (b) representatives of industry or other financial contributors do not exert control over the
6 choice of moderators, presenters, or other faculty, or modify the content of faculty
7 presentations. Funding from industry or others may be accepted in accordance with Opinion
8 8.061, "Gifts to Physicians from Industry."
9 (2) Sponsors should not promote CME activities in a way that encourages attendees to violate the
10 guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061, "Gifts to
11 Physicians from Industry," or the principles established for the AMA's Physician Recognition
12 Award. CME activities should be developed and promoted consistent with guideline 2 for
13 Attendees.
14 (3) Any non-CME activity that is primarily promotional must be identified as such to faculty and
15 participants, both in its advertising and at the conference itself.
16 (4) The entity presenting the program should not profit unfairly or charge a fee which is excessive
17 for the content and length of the program.
18 (5) The program, content, duration, and ancillary activities should be consistent with the ideals of
19 the AMA CME program.