

NEXt *in Medical Education*

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ACCME answers questions from industry

On November 10, Murray Kopelow, MD, Chief Executive of the Accreditation Council for CME, participated in a conference call to address questions posed by industry regarding the new Standards for Commercial Support. The teleconference was hosted by the North American Association of Medical Education and Communication Companies (NAAMECC) and the Coalition for Healthcare Communications. As a charter member of NAAMECC, Nexus participated in the call. Here are the highlights:

- The explanatory documents issued by ACCME to clarify the new Standards for Commercial Support (the frequently asked questions can be obtained from www.ACCME.org) are opinions of ACCME staff and have not been reviewed or approved by the ACCME Board (parent organizations)
- ACCME has no policy governing commercial supporter attendance of planning meetings, social events, or other components of educational activities (providers are free to develop their own policies regarding the supporter's role in these events)

Educational design and content

- Providers can ask for suggestions for topics, faculty, venue, and format from supporters (and other sources) as well as request assistance with audience generation; supporters can not require that their suggestions or assistance be accepted by the provider
- For an educational activity including information about a new therapeutic agent that is first in class (for example, a new drug for a condition previously treatable only by surgery), the ACCME requirements under section 5.2 of the SCS (providing balance regarding therapeutic options) do not apply

Resolving conflict of interest

- ACCME has no comment on whether faculty with relationships with multiple supporters are less biased (less conflicted) than those with a relationship with only 1 company; many

providers are developing policies that faculty with multiple relationships have no conflict

- Peer review of content is a viable mechanism to resolve conflict; reviewers must disclose relationships, have no conflict of interest, and be qualified to evaluate the content
- "Uniquely qualified experts" (key opinion leaders, principal investigators, etc) can be allowed to participate as faculty as long as their conflicts are resolved (for example, by having peer review of their content as described above)

Disclosure

- All relationships during the 12 months prior to the activity must be disclosed (only those that are current present potential conflicts)

Management of funds

- ACCME is comfortable with the fact that commercial supporters will fund activities whose topics are related to their marketing or R&D efforts; ACCME acknowledges that this may result in increased product usage
- The term "unrestricted" as it related to educational grants comes from the FDA guidance on industry-provider relationships; ACCME does not prescribe how funds should be provided—this is a business decision between the provider and supporter

Next in NEXt

Future issues of *NEXt in Medical Education* will highlight suggestions for resolving conflict of interest and hot topics from the Alliance for CME Annual Conference.

Questions or comments?

Please send case studies, comments, or questions for future issues of *NEXt* to Karen Overstreet at next@nexuscominc.com.

CME on CME...

Plausible or pipe dream?

During the teleconference described in this issue of NEXt, Dr Kopelow stated that it is the responsibility of providers and other CME stakeholders to educate physicians—the most impacted but least consulted group affected by the new SCS—about the new rules.

This presents unique opportunities and challenges for CME providers and supporters, as it requires a complete re-thinking of traditional medical education activities. How do you provide CME on the requirements of CME? More importantly, how do you motivate physicians to become educated about CME, including their role as active participants in the CME process?

The regulatory environment has necessitated significant changes in how providers and supporters motivate physicians to participate in CME activities. Thanks to stringent anti-kickback policies, lavish incentives for participation in CME are becoming a phenomenon of the past—a necessary and overdue change.

But what are the new incentives?

Fundamentally, CME exists for the professional advancement of the medical profession. Therefore, a compelling argument could be made that physicians should be naturally motivated to:

- participate in CME because it is their professional responsibility as well as a necessity
- become active participants in the CME process as educators and mentors of other professionals
- ensure that CME activities are fair-balanced, evidence-based and practice-relevant
- learn as much as they can about the CME process, and good CME practice, so that they can be selective and discerning of CME activities
- preserve and enrich CME to ultimately improve patient care.

Nexus is very interested in beginning a forum on the role of physicians in the CME process, specifically about how to educate clinicians on the evolving guidelines. Please send your thoughts to next@nexuscominc.com. We would be happy to publish your response, or to discuss it with you individually, at your request.

Nexus is growing, expanding, and moving on down the road.....

Because of the continuing success of our business, Nexus is moving to a new, expanded office space that will better accommodate our growing staff and allow us to enhance support of our clients.

We're not going far, but in mid December Nexus will uproot operations from its current location and take up residence at **1120 Welsh Road, Suite 120, North Wales, PA 19454**.

For an indefinite period of time, you will be able to reach us by calling our existing phone number, (267) 655-5970. **Our new phone and fax numbers will be effective on December 20: 215-361-6075 (phone) and 215-361-6076 (fax).**

So, stop by and see us at our new Welsh Road (Route 63) location. We are easily accessible to Southeastern PA, and a 1- to 2-hour drive from points in NJ, NY, DE and MD.

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