Henry A. Nasrallah, MD
Editor-in-Chief

Sponsored CME
Do drug companies influence the content?

Continuing medical education (CME) has grown into a thriving educational 'business' whose success is highly dependent on educational grants.

The notion of a "quid pro quo" has grown among observers because the pharmaceutical industry provides most funding for CME programs in psychiatry and other specialties. Evaluations completed at that end of CME programs sometimes reflect attendees' perception that the content has been "slanted" in favor of the sponsor's proprietary drug(s).

Medical schools have practically no internal funds to cover the cost of CME programs

Congress weighs in. The issue of potential influence by pharmaceutical industry sponsors on the content of CME programs is heating up. Congress has decided to hold hearings to investigate allegations that drug companies may be using CME programs to skew doctors' treatment decisions or to circumvent laws against promoting off-label uses of medications. Congress wants to investigate whether a conflict of interest exists when pharmaceutical companies sponsor CME programs, especially when the speakers have received research grants, speaking honoraria, or consulting fees from the pharmaceutical sponsors.

Realities of CME. CME is required for the license renewal of physicians and nurses in all states. It is rigorously regulated by the Accreditation Council for Continuing Medical Education (ACCME), whose parent is the American Medical Association. Several thousand CME providers (including all medical schools) solicit educational grants from sponsors and offer programs in the form of grand rounds at teaching institutions, symposia, or dinner programs, etc.

Most teaching institutions have practically no internal funds to cover CME program costs, such as administrative expenses, speakers' travel and honoraria, refreshments and meals, venue charges, printing, parking, etc. Without grants from external sponsors, CME programs would shrink

To comment on this editorial or other topics of interest, contact Dr. Nasrallah at henry.nasrallah@currentpsychiatry.com or visit CurrentPsychiatry.com and click on the "Contact Us" link.

drastically, and the cost of CME credits for licensure renewal would skyrocket.

'Hands-off' policies. Over the past 3 years, the ACCME has tightened procedures for CME content development, and drug companies are complying with these "hands-off" requirements. All have adopted a similar process whereby a grants committee reviews applications and makes decisions devoid of marketing influences. As an applicant for CME grants, I find the process to have become more elaborate and the rate of funding lower than in the past.

Expert speakers. Most CME speakers are experts in psychopharmacology and have financial relationships with more than one pharmaceutical company. Because these companies produce drugs that are in vigorous competition, it would be difficult for the speakers to assume a conflict of interest. Only good science will stand the test of competing interests.

CME programs' depth and scope might decline and learning objectives might not be met if the speakers were not researchers or experts in the published literature of psychopharmacology.

Balance, not bias. Many CME symposia are sponsored jointly by several competing pharmaceutical companies, which reduces the likelihood that content could be skewed in favor of any particular one. At the University of Cincinnati department of psychiatry, for example, no specific drug company ever sponsors our grand rounds, and no sponsor recommends any speaker. Rather, every week we simply express our appreciation for the support of several industry grant providers listed on a slide at the beginning of each grand rounds program. In post-meeting evaluations, attendees' perception of bias in the presentations has been close to zero since we moved to multiple sponsorship.

Ongoing evaluation of educational content for balance is absolutely essential and is required of all major CME providers. Physicians and nurses would lose a valuable component of CME programs if excessive restrictions were to shackle the free exchange of the latest basic, clinical, and translational research data. That may include controversial issues such as emerging uses of drugs for other than their approved indications.

Discussions about off-label uses of FDA-approved medications are highly relevant to medical practice and can lead to a more critical, evidence-based approach to patient care—the ultimate goal of CME programs.

Henry A. Nasrallah, MD
Editor-in-Chief