

Family Medicine Updates



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AAFP POLICIES ON INDUSTRY RELATIONS WELL ESTABLISHED, WELL MANAGED

Many AAFP members have had questions about recent reports and opinion pieces that call on medical professionals to keep their distance from pharmaceutical companies in terms of industry support—particularly for CME.

The so-called Macy Report from the AMA's Council on Ethical and Judicial Affairs; a special communication in the *Journal of the American Medical Association (JAMA)*; and an exhaustive (and exhausting) 360-page report from the Institute of Medicine addressing "conflicts of interest in medical research, education and practice," all lead members to ask, "What is the position of the AAFP regarding interactions with pharmaceutical companies?"

These reports and opinions start from a basic premise that any engagement with the pharmaceutical industry is a conflict and must be eliminated. But the AAFP does not accept this "good money/bad money" hypothesis, and neither do most professional associations. Pharmaceutical and other companies have a significant role to play in informing health care professionals about the availability and proper use of medications and other therapies.

As the nation's first recognized accreditor of CME, and as a medical specialty society with an established membership and renewal criteria requiring accredited CME, the AAFP has consistently demonstrated its dedication to supporting physicians in their obligation to learn and advance scientific knowledge by engaging in lifelong learning. Long experience has shown that potential conflicts of interest and relations with industry can and must be managed consistently and effectively.

To the extent that an industry's products are based on solid medical science and best clinical practices, physicians and physicians-in-training have the right and the responsibility to be trained in the appropriate use of such products so as to provide appropriate quality care for their patients.

The AAFP has many policies in place to manage relationships between CME providers and funders,

beginning with full disclosure. In addition, the Academy takes the necessary steps to create firewalls between content and funding and to resolve conflicts as needed. The AAFP has done this very successfully for more than 60 years. Why would the Academy suddenly believe that this approach is insufficient? Is there evidence?

To the contrary, a study performed by the Accreditation Council for Continuing Medical Education, or ACCME, in 2007 demonstrated that there is *no* difference in the level of bias between pharmaceutical company-funded CME and nonfunded CME, as long as the CME is accredited according to the ACCME Standards for Commercial Support.

The AAFP continues to build on its belief in transparency by undertaking additional steps to resolve conflict. For example,

- staff members are working to ensure that the AAFP's conflict of interest forms for leaders and CME are standardized, consistent, and clearly understood
- the AAFP is enhancing its faculty database reporting and searching functionality to prepare for organization-level reporting of faculty with industry relationships
- faculty and staff members involved in AAFP CME are expected to complete the educational National Faculty Education Initiative program offered by the Alliance for CME and the Society for Academic CME that clarifies the differences between promotional and educational activities
- the Academy is pursuing ways of incorporating patient, practice, and clinical data into the needs assessment and outcome evaluation of AAFP-produced CME

Each of these initiatives demonstrates that the AAFP is committed to a model of continuous process improvement in the quality of the CME it provides.

In the interest of full disclosure, the AAFP does receive funds from pharmaceutical companies for an array of activities, from advertising in its journals to exhibits at the annual Scientific Assembly to grants for CME. When you extract the first 2 categories, as the *JAMA* article recommends, the AAFP's level of pharmaceutical industry funding is 11%, which is well below the "acceptable threshold" of 25% proposed by the authors of the *JAMA* article.

In addition, Academy staff members go to great lengths to keep the Board of Directors, commission members, and the Congress of Delegates apprised of all

the Academy's funding activities, particularly the relationships the AAFP has with pharmaceutical companies.

The AAFP has confidence in the structure that it and others have put in place over the years, including the ACCME's Standards for Commercial Support, which are designed to ensure and reinforce independence in CME activities. The Academy also has a high degree of confidence in the ability of the overwhelming majority of our 94,000 members to know right from wrong and to refuse to let their professional judgment be influenced by trivial contacts that some individuals and government types now seek to criminalize.

If industry support is lost or reduced, who will pay for continuing medical education? Two words—physicians will. Individual learners or organizations, such as the AAFP, already pay more than 50% of CME costs, but the burden will have to shift even more. That may be fine for physicians in academic medical centers, but it will be an added stress on family physicians in clinical practice. In fact, we could be headed for the worst of both worlds if less CME is available to practicing physicians and more funds are shifted to promotional spending, such as direct-to-consumer ads.

The AAFP supports a heightened sense of professionalism in industry relations, which could be a good outcome of this current debate. And the organization reaffirms its pledge to promote high-quality, innovative education for physicians, residents and medical students that will improve professional practice and patient outcomes and encompass the art, science, evidence and socioeconomic of family medicine.

"As We See It: Voices of the AAFP" Staff



From the American Board of Family Medicine

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2009 PISACANO SCHOLARS

The Pisacano Leadership Foundation, the philanthropic arm of the American Board of Family Medicine (ABFM), recently selected its 2009 Pisacano Scholars. These 5 medical students follow in the footsteps of 71 scholar alumni who are practicing physicians and 15 current scholars who are enrolled in family medicine residency programs across the country. The Pisacano Leadership Foundation was created in 1990 by the ABFM in tribute to its founder and first executive director, Nicholas J. Pisacano, MD (1924–1990). Each

Pisacano Scholar has demonstrated the highest level of leadership, academic achievement, communication skills, community service, and character and integrity.

Bethany Enoch, a 2009 Pisacano Scholar, is a 4th-year medical student at the University of Kansas School of Medicine. She graduated summa cum laude from MidAmerica Nazarene University with a Bachelor of Arts in Biology and Music Performance. As an undergraduate, Bethany received a number of honors and awards, including the President's Award, a half-tuition scholarship based on ACT scores.

As a medical student, Bethany has continued to receive numerous awards and has achieved significant leadership positions. At Kansas, she served as the president of the Family Medicine Interest Group and the vice president of the Kansas Alpha Omega Alpha chapter. Bethany also served as a student representative to the Kansas Academy of Family Physicians Board of Directors, and at the national level was elected as the student chair of the American Academy of Family Physicians' National Conference of the Family Medicine Residents and Students.

After moving to Kenya at the age of 10 with her parents who became missionaries, and witnessing the disadvantages that so much of the world endures, Bethany decided in 6th grade that she wanted to become a doctor. At a very young age, she served children of AIDS victims who were living in orphanages and delivered food and blankets to victims of tribal violence near her school. Bethany is confident that her experience as a child is what led her to medical school. As a doctor, Bethany plans to provide full-spectrum care from delivering babies to providing end-of-life care. She plans to be active in her community and work for her patients by helping to implement healthy measures in the community.

Pamela Ferry, a 2009 Pisacano Scholar, is a 4th-year medical student at Baylor College of Medicine. A National Merit Scholar, she graduated from Stanford University with a Bachelor of Arts in Human Biology. She also received a Master of Health Science with a major in International Health from Johns Hopkins University. As a Liberty Hyde Bailey fellow at Cornell University, Pamela completed doctoral coursework for her PhD before deciding to pursue her medical degree.

From 1992-1996, Pamela served as a missionary with the Mennonite Central Committee in Yapacani, Bolivia working as a regional coordinator and health educator. After returning from Bolivia, Pamela joined Baylor, where she is currently the assistant director for the Center for Educational Outreach and assistant professor of Allied Health Sciences. Pamela was instrumental in the development of the Texas Joint Admission Medical Program (JAMP), which is now a well