Debate – The Canadian Association of Gastroenterology should follow Canadian Medical Association guidelines for maintenance of certification: Disagree

Michael Gould MD FRCPC

At first glance, how could anyone debate the issue that the Canadian Association of Gastroenterology (CAG) should support the Canadian Medical Association (CMA) guidelines governing industry involvement in continuing medical education (CME) events? The issue, which encouraged this debate, is whether an educational program that fulfills all of the CAG guidelines, with the exception of providing travel and/or accommodation support, should be accredited. The guidelines state that if travel and/or accommodation support is provided, then the program, regardless of its merits, will not receive Mainport accreditation. Before we accept those guidelines, we must examine the various interactions between industry, physicians and organizations, and also look at the educational merits of meetings.

The motivation behind the development of some aspects of the CMA guidelines is questionable. The CAG's ethics committee, together with board input, recommended the adoption of those guidelines. Unfortunately, the policy was adopted without full input and discussion with the membership. While the guidelines are generally good, we can accept the guidelines without accepting 100% of the constituent elements. Guidelines are not rules and they must be evaluated and tailored for each setting.

The CMA guidelines may not represent the best interest of all members of all groups. It is not clear how the direct connection between the Royal College of Physicians and Surgeons (RCPS) criteria for Mainport accreditation and the CMA ethical guidelines occurred. It may be the way in which these two guidelines were combined that produced this unfortunate conflict. If the intents of the individual points in question were different, then the adoption of the combined guidelines may have caused the CMA guidelines to negatively impact on the educational goals of the RCPS.

One frequently used argument regarding industry support for physicians attending meetings is that physicians are all well paid, and thus, they should look after their own education. While no one should have a tag day for physicians, if you look at the change in the cost of living over the last 20 years and the

corresponding increases in physician remuneration, it is clear that physicians have fallen very far behind – in Ontario the lag is greater than 20%. The costs of education are increasing, not to mention the lost income while attending CME events. Most courses require travel and hotel stays and these costs are clearly rising faster than any fee increases. We must ensure that education costs do not rise to an unacceptable percentage of income.

Specialists are relatively few in number. To create a critical mass, travel to national or international meetings is often required. The cost of these meetings is significant and often these meetings are the major source of Type 1 credits. Community-based specialists do not have means (such as educational allowances or research accounts) to offset educational costs. One of the aims of the Canadian Digestive Diseases Week (CDDW) conference was to attract community-based practitioners, and it has done so to some extent. One of the major limitations to even further participation is the cost of attending these meetings. Significant and rising costs will negatively affect the educational opportunities and limit the important collegial interactions that occur at these meetings.

The CMA code of ethics lists as one of its responsibilities, "the engagement of lifelong learning, to teach and be taught and to collaborate with other health professionals in the care of patients and the improvement of health services." We must endeavor to create opportunities to ensure that these fundamental responsibilities are encouraged and obtained.

It is important to stay current in our rapidly changing field. Thus, we must continue to encourage the pursuit of knowledge beyond the minimum expected by the RCPS. We must create opportunities and advocate for support to ensure that physicians acquire as much unbiased education in as many formats as possible. We must ensure that we don't limit educational opportunities to one program (such as the CDDW only), because this limits the wide range of educational experiences obtained from the multitude of educational formats available.

Without industry's contributions to the health care industry we would be far behind in education, research, university lead-

ership and medical training. In all these areas industry partners with other funding sources to ensure that patients, physicians and science benefit.

Just as research or fellowship training requires industry support, so to do educational opportunities. While creating these excellent learning and teaching opportunities, we must avoid conflicts and develop methods to encourage attendance at these programs. We must separate the rules designed to prevent a conflict of interest from those that are open to debate (the issue of financial support, for example). We must not create an environment in which attempts are made to circumvent unrealistic rules. We must, as part of our educational mandate and commitment, learn to critically appraise educational events and information to ensure that ANY presented material does not bias us. Just as the CAG and industry have cosponsored symposia with unbiased content during the CDDW, meetings organized by other groups must be assessed for conflicts of interest and bias. Educational merit and content should govern the acceptance for credit of any meeting.

The issue, which drove this debate, is whether a program should be accredited if accommodations are provided. Before we discuss this, we need to identify the different types of educational sponsorship. First, there is sponsorship to attend national and international meetings run by large organizations. These meetings, interestingly enough, always rely on industry funding. Without sponsorship, cost alone may prevent some members from attending these meetings. Second, there are meetings run through smaller organizations, universities or other independent groups such as gut clubs. These meetings run completely independently from industry but are funded by unrestricted industry grants. They do not promote any specific product and by all accounts often provide the most useful education. The third type of meeting is one solely sponsored and run by industry. The contents of these programs are directly aimed at marketing their products and there is no argument that these should not be accredited.

We must set out to create the greatest opportunities for education. If the Mainport criteria are met, it should not matter whether there is assistance to attend meetings if the curriculum is unbiased and independently set. Upholding these stringent criteria disproportionately affects the community physicians who provide the lion's share of clinical care. We risk jeopardizing patient care in the future if we create an atmosphere that limits not only educational opportunities but also the broader interaction of the gastroenterology community.

The CMA ethical guidelines should not be able to supersede the benefits and credits of independent quality educational programs. Sponsorship provides the opportunity for physicians to acquire more than the bare minimum of required CME, which is fundamental to professional development and good patient care.

Industry is intimately involved in many aspects of academic medicine. Many of our brightest and most skilled fellows are educated only through direct industry-sponsored fellowships, and many faculty chairs are the result of industry endowments; national organizations such as the CAG could not exist without industry sponsorship. Is it not hypocritical for the Royal College to give fellowships to those who train in industry-sponsored fellowship programs, not question the biases of industry-sponsored academic chairs, base university promotions on the production of industry-sponsored clinical research, or finally, assign the accreditation rights to an organization who could not exist (in its current fashion) without industry sponsorship? Adoption of these rules may be doing a disservice, from an educational point of view, to the very GI members we hope to educate. It also holds education to a higher standard than all other discussed industry interactions.

In conclusion, the provision of financial support in any form to attend excellent quality educational events has nothing to do with the educational content or the benefits of the educational program. To withhold Mainport accreditation, based solely on this benefit, ignores the merits of the program, and the valuable learning opportunities. It punishes and disadvantages certain physicians for the wrong reasons while turning a blind and hypocritical eye to necessary industry involvement in the rest of the health care industry and the support of the CAG and its educational endeavors.

I believe that the CAG has made an error in adopting this one part of the CMA guidelines and is not serving its members well. This is just one reason that contributes to the less than optimal membership participation. We must do whatever is possible to ensure that we provide excellent and ethical educational opportunities for our members.

I move that the CAG membership re-evaluates the issue of industry sponsorship and its relationship to Mainport accreditation.

ACKNOWLEDGEMENT: Special thanks to the editing expertise of Drs David Morgan and Brian Murat