



STANFORD UNIVERSITY SCHOOL OF MEDICINE

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DATE: August 19, 2008
TO: School of Medicine Executive Committee
FROM: Philip A. Pizzo, M.D. *11/17/33U*
RE: Continuing Medical Education

We began reviewing the interactions between Stanford University School of Medicine and industry regarding education in 2005 and, based on the recommendations of a task force chaired by Dr. Harry Greenberg with staff support from Dr. Kathy Gillam, we initiated our Stanford Industry Interactions Policy, which became effective in October 2006. This policy (SIIP) (see url: med.stanford.edu/coi/siip/) eliminated the acceptance of gifts and other emoluments that might bias educational activities throughout the Stanford Medical Center (i.e., the School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital). During the past two years, often based on the Stanford policy, similar policies have been enacted at medical schools and teaching hospitals across the USA. Moreover, in 2008, the Association of American Medical Colleges (AAMC) advised all medical schools to enact policies eliminating gifts from industry for educational activities.

Since the enactment of the 2006 Stanford Industry Interactions Policy, the School has also begun to assess the degree to which industry interactions might influence the clinical care practices of our faculty. As a result, in 2007 a set of questions was added to the annual conflict of interest and commitment disclosure that asks faculty to indicate personal or family ties to industry that might impact their clinical practice behavior or recommendations. These have now become part of the School Annual Disclosure; follow-up takes place through the Conflict of Interest Review Program where appropriate and, when indicated, by the two senior associate deans for clinical affairs.

In 2007, I initiated a review specifically focused on industry support for Continuing Medical Education (CME). A Task Force led by Dr. Harry Greenberg and staffed by Dr. Kathy Gillam was appointed. Members of the Task Force represented the School of Medicine and both hospitals and included Drs. Jonathan Berek (Obstetrics-Gynecology), Clarence Braddock (Medicine), Mildred Cho (Medical Ethics), Harvey Cohen (Pediatrics), Iris Gibbs (Radiation Oncology), Rob Jackler (Otolaryngology), Al Lane (Dermatology), Terri Longacre (Pathology), Ms. Pam Molano (LPCH), Drs. Norm Rizk (Medicine and Clinical Affairs), Geoff Rubin (Radiology), Jerry Shefrin (SHC), David Spiegel (Psychiatry), and Ms. Rebecca Trumbull (Institutional Planning).

The Task Force examined current policies, gathered operational and financial data for the School and Hospitals, held in-depth interviews with six clinical department chairs, had discussions with

pharmaceutical and device industry leaders, and examined the literature on industry support of CME. They also reviewed policies and recommendations from national advisory and regulatory bodies, a number of which came forth with recommendations after the work of the Task Force was initiated (including but not limited to the Council on Ethical and Judicial Affairs of the American Medical Association; the AAMC; the Accreditation Council for Continuing Medical Education; and the Josiah Macy Jr. Foundation). The Task Force presented its findings and recommendations to me in May 2008 and to the Executive Committee on July 18, 2008. Throughout this time and following the presentation, comments and opinions have been welcomed from the Stanford community including the leadership of Stanford University.

Based on the work of the Task Force on Industry Support of CME and related advisory groups, the following summarizes Stanford Medical School's Policy on Continuing Medical Education:

- First and foremost, Stanford recognizes and supports the value of Continuing Medical Education for its faculty and the communities it serves.
- The historical and traditional models of CME, based largely on lectures and discussion groups, have served a purpose, although their impact on truly enhancing medical knowledge that leads to improvements in health care outcomes is unresolved. Future CME programs should take advantage of emerging technologies and should be more focused on the professional and technical development and education of the learner. New opportunities for novel programs now exist in the Goodman Center housed at SHC as well as CAPE at LPCH and the Center for Immersive Learning and, in 2010, will be abundantly available in the Li Ka Shing Center for Learning and Knowledge. Accordingly, Stanford should take a leadership role in designing and shaping the future of CME with a greater emphasis on educational efforts that target outcomes and quality improvement.
- During the past year the School has re-invigorated its Office of Continuing Medical Education, now led by Dr. Rob Jackler as the Associate Dean for CME. Effective immediately, all CME programs and activities must be administered by the Office of CME and must adhere to the policies of the ACCME and to those of the School of Medicine. No other programs will be sanctioned by the School of Medicine and Stanford University. Permission to use the Stanford name for continuing medical education or related programs, whether ACCME accredited or not, must be approved and administered by the Stanford Office of CME on behalf of the Dean. The use of outside vendors by faculty through departments or other entities may not include the use of the Stanford name unless specifically approved by the Office of CME on behalf of the Dean.
- The guiding principle is that all CME programs must be free of commercial influence, be based on the best scientific evidence available, and be focused on improving the knowledge of learners. Effective September 1, 2008, new commercial funding for specific CME courses or programs is prohibited. Commercial support includes monetary contributions as well as "in kind" support such as a loan or donation of equipment or supplies as well as services from a commercial entity. This policy applies to both on and offsite venues and functions that propose to use the Stanford name or that are directed or initiated by Stanford School of Medicine faculty. This also includes payments for third party sources or for-profit course organizers that have received industry support. Exhibitions by commercial organizations are not permitted at CME activities whether onsite or offsite locations.
- At the same time, the School recognizes that industry may wish to provide CME program support that is not designated to a specific subject, course or program but that is intended for use

in a broadly defined field or discipline or field of study. Accordingly, if such support from industry for CME is received it must be directed to the Office of Continuing Medical Education. The Office of Continuing Medical Education will be responsible for coordinating and distributing funds for CME programs in the following general categories: medical, pediatric and surgical specialties; diagnostic and imaging technologies and disciplines; health policy and disease prevention; or other areas approved by the Office of CME. Such industry support cannot be designated for a specific course or program, but every effort will be made to direct support, as appropriate, to the specified general areas of interest, as noted above. Further, commercial support received by faculty or academic units for other purposes cannot be used to support CME. The faculty, in conjunction with the office of CME, will decide the choice of topic and content for all Stanford CME activities, and curricula will be chosen based on the educational needs of our learner populations.

This policy is effective September 1, 2008 and applies to all CME activities, whether ACCME accredited or non-ACCME accredited. However, in recognition of the fact that CME course directors, faculty and departments have existing contracts or agreements currently in hand, signed contracts will be reviewed by the Office of Continuing Medical Education and will be honored as long as they are fully compliant with the policies of the ACCME and the School of Medicine. Understanding that some courses or contracts are made well in advance of the date they are held, this umbrella will extend through June 1, 2009. Exceptional cases or arrangements will be examined on a case- by-case basis.

The goal and purpose of this policy are to provide the most effective and unbiased CME programs for our faculty and community. Thank you for your efforts and those of your faculty in Stanford's Continuing Medical Education activities.

PAP/me

Cc: CME Task Force Members
John Hennessy, President
John Etchemendy, Provost
Martha Marsh, CEO Stanford School of Medicine
Chris Dawes, CEO LPCH