

# CME BRIEFING

NEWS, OPINIONS, AND PERSPECTIVES IN CONTINUING MEDICAL EDUCATION ~ JULY-SEPTEMBER 2002

A SERVICE OF THOMSON PROFESSIONAL POSTGRADUATE SERVICES®, SECAUCUS, NEW JERSEY

REPORT FROM THE HEALTHCARE MARKETING AND COMMUNICATIONS (HMC) COUNCIL'S MAY MORNING SEMINAR AND LUNCHEON PROGRAM

## Cutting the Strings on Gifts and Other Questionable Marketing Practices: PhRMA Takes a Stand

*The interactions between representatives of the pharmaceutical industry and healthcare professionals were in need of change, said the Pharmaceutical Research and Manufacturers of America (PhRMA), whose Executive Committee adopted a new marketing code in April 2002, effective July 1. The PhRMA Code on Interactions with Healthcare Professionals (the Code) provides guidelines for how sales representatives and other marketing personnel should interact with healthcare professionals—in other words, how the industry should conduct this part of its business. Explaining the Code was part of the May Morning Seminar and Luncheon Program of the HMC Council.*

Concerns and questions—and some blatant accusations—have been raised over time about the influence a pharmaceutical company has on a healthcare professional. At issue is how, where, and when the interaction transpires, and the overall relationship or message being delivered. Under debate is whether the very nature of the exchange itself could prompt a healthcare professional to alter what he or she normally would do—or should do.

PhRMA, the organization that represents research-based pharmaceutical and biotechnology companies, is looking to eliminate concerns by putting some boundaries around what can and cannot happen when pharmaceutical marketing personnel

*Continued on page 6*

### IN THIS ISSUE

*Aiming to change for the better the interactions between industry and the healthcare professional, in both the United States and Canada*



THOMSON  
PROFESSIONAL  
POSTGRADUATE SERVICES

IN DEPTH WITH: 2002 RECIPIENT OF THE ALLIANCE OUTSTANDING COLLABORATION AWARD

## Consortium in Canada Working to Help Reps

Collaboration is at work in Canada, where a program for pharmaceutical company representatives is gaining momentum. The collaborators are from the Consortium for Continuing Health Education (the Consortium), a working group representing the pharmaceutical industry, academia, medical schools, continuing health education (CHE),\* and medical societies (see Box). Their program is helping representatives better understand the regulations and guidelines under which they must operate for CHE

\*In Canada, continuing health education (CHE) is provided to physicians, pharmacists, nurses, and any other health professional.

programs. Given the need and the undertaking, it is no surprise that the Consortium is the 2002 recipient of the Alliance for CME (ACME) Outstanding Collaboration Award.

### Alliance Award Honors a Leader in Medicine

ACME's Outstanding Collaboration Award, made possible each year through an educational grant from Thomson Professional Postgraduate Services® (PPS), honors the late Richard Gorlin, MD. Chief of Medicine at Mount Sinai Hospital, New York, Gorlin was a world-renowned cardiologist and researcher; but his

*Continued on page 4*

# CME BRIEFING

CME BRIEFING is published by Thomson Professional Postgraduate Services® (PPS), a division of Thomson Physicians World. The mission of this newsletter is to disseminate news and information about CME and to foster dialogue among the concerned parties, including the medical profession, government, industry, and CME sponsors.

PPS is dedicated to health-related education for physicians, para-professionals, and patients.

Thomson Professional Postgraduate Services® is accredited by the ACCME to provide continuing medical education for physicians.

We are proud of our 30-year history of medical publishing, and feel a responsibility to enhance medical education by improving communication among interested parties. Our proactive relationship with the government, the medical profession, industry, and CME sponsors will benefit from the input of our readers. Please send comments or questions about this newsletter to the CME BRIEFING Editor.

## PUBLISHING STAFF

**Martin E. Cearnal**  
*President and CEO*  
*Thomson Physicians World*  
*President, PPS*

**Mark H. Schaffer, EdM**  
*Publisher*

**Yvonne Small**  
*Editor*

**Chris McMorrow**  
*Contributing Editor*

**Pamela K. Johnson**  
*Production Manager*

**Sybil S. Preisler**  
*Circulation Manager*

**Jack Wisniewski**  
*Art Director*

**Judith Bogнар**  
*Web Master*

**THOMSON**

PROFESSIONAL  
POSTGRADUATE SERVICES

Copyright © 2002 Thomson  
Professional Postgraduate  
Services®. All rights reserved.

## NEW POLICIES FROM ACCME

# CME on the Internet

The Strategic Plan Implementation Task Force of the Accreditation Council for Continuing Medical Education (ACCME) has approved final policies on delivery of CME on the Internet (Policy 2002-A-11). Are you ready to go on line with your program?

## Guidelines for Accredited Providers

According to ACCME, as with any CME program, providers are expected to plan and implement online CME programs in compliance with the Essential Areas, Elements, and policies. The online environment and the nature of the Internet, however, prompted additional considerations by the Task Force:

- Online CME programs from an accredited provider cannot be housed on a pharmaceutical or device manufacturer's product website.
- Links to these other websites are permitted before or after the educational content of the activity, but they cannot be embedded within the educational content portion of the program.
- At these links, there must be clear notification to learners that they are leaving the educational website.

- Advertising of any type (banners, pop-up boxes, subliminal ads) is prohibited within the educational content.

## Assisting Learners On Line

The new ACCME policies regarding CME on the Internet serve double duty in helping the learner while on line. New policies require the following:

- Indication of hardware and software needed to view a program completely
- Mechanism in place that allows the learner to contact the provider with questions about the activity
- Institution of a privacy and confidentiality policy by the provider, including notification of the policy to the learner
- Documentation of copyright law compliance

## Timing on New Policies

ACCME understands that it takes time to implement new policies; therefore, although the new policies are effective immediately, accredited providers have until October 1, 2002, to bring all of their online CME activities into compliance.

Visit [www.accme.org](http://www.accme.org) for this and other ACCME policies.

# More on Moves

Not only has *CME Briefing* moved to a new online location but the publishers of the newsletter have also moved. Thomson Professional Postgraduate Services® (PPS) has relocated to:

150 Meadowlands Parkway  
Secaucus, New Jersey 07094  
201-271-6000 (Phone)  
201-430-1000 (Fax)  
[www.ppscme.org](http://www.ppscme.org)

The move reflects the growth of both PPS and Thomson Physicians World. PPS develops medical education activities designed to meet the needs of practicing physicians. It was one of the trailblazers of its type in seeking and receiving accredita-

tion from the Accreditation Council for Continuing Medical Education, and since then it has conducted countless CME activities. Included among these are broad-scale health-care initiatives that have contributed to changing opinions, perspectives, and patient management approaches in widespread diseases such as dyslipidemia and diabetes.

PPS is the publisher of *CME Briefing*, now in its twelfth year of publication. *CME Briefing* can now be found on line by visiting [www.ppscme.org](http://www.ppscme.org) and clicking on CME Briefing.

Pass the word: *CME Briefing* on line is free to subscribers and keeps them posted on important CME issues. Tell your friends and colleagues to sign up today!

# The Medical Science Liaison: Examining the Role

“The medical science liaison is no longer a side issue,” says Scott Bass, Esq., of Sidley, Austin, Brown, and Wood, Washington DC, meaning that recent legal cases are bringing the role, its function, and its boundaries under the microscope for a better look. For pharmaceutical companies, the issue begs the question: Are our medical science liaisons (MSLs) truly operating within an information function, or is it more of a promotional, marketing function? Bass, as a presenter at the February 2002 Drug Information Association Meeting, and during a subsequent interview with *CME Briefing*, spoke about the legal and regulatory concerns at play here, the situations MSLs should avoid, and the framework within which pharmaceutical companies should be operating.

## MSLs: Who They Are, What They Do

The medical science liaison is an extension of the pharmaceutical company’s medical director. As such, the person is permitted to provide off-label information in response to unsolicited medical-type questions. “The careful caveat to this,” said Bass, “is that it is not intended to be promotional.”

In fact, the MSL is definitely considered a nonsales position. The function is fully utilized within the industry, but to date, there does not seem to be a standardized makeup or requirement of the MSL position, for example, not all those in the position have medical degrees.

The types of nonpromotional information that can be provided include:

- General education
- Report of a clinical study
- Follow-up to a question originally posed to a sales representative
- Advice for formularies

The problem is when MSL actions performed under these headings really fall outside the intent and boundary of the position.

## How Issues Come to Light

For the most part, concerns about questionable MSL practices arise in three ways. The most frequent way is during a company’s compliance audit. A compliance audit is a chance for a company to review its policies and procedures and self-correct to get back on course, if needed. Audits often are conducted internally, or may be handled by a company’s legal or consulting firm. “It is important to have objectivity,” noted Bass, “even after developing policies and procedures, to ascertain whether a company is following its policy of having medical directors and liaisons perform an ‘unsolicited, information only’ function.” Bass also notes that an audit is a good time for a company to look at the MSL reporting structure—whether they report to the head of sales or the head of medical affairs.

External sources also may raise concerns about MSL practices. Bass explained, “Competitors can complain directly—when a general counsel of one drug company contacts the general counsel of another—or complaints may come up through the FDA.” Concerns also may be raised directly by government inquiry, or may be reported to the government by a whistle-blower.

## Examples of the Regulatory and Legal Concerns

Just two examples of questionable practices that may challenge Food and Drug Administration (FDA) law and/or regulation are when an MSL responds to inquiries that are not really unsolicited, or when they give formulary advice that borders on preapproval promotion (seeding) for a new product.

More serious are those practices

that allege or imply false claims or kickbacks. In terms of false claims, these are situations that take the off-label promotion aspect one step further by encouraging the submission of false claims to the government. According to Bass, “Off-label promotion is butting up against healthcare fraud and abuse.” On the kickback side, cases have been brought to trial where grant money is provided for unnecessary studies, or educational grants are awarded for noneducational needs.

What can companies do to stay on the right side of the line? To start, they need to know some of the hot issues that may prompt inquiry or investigation.

The *qui tam* provision of the False Claims Act encourages private citizens to bring to the attention of the government any allegation of fraud, including healthcare fraud. Those who bring forward a case are potentially entitled to a significant percentage of a financial recovery.

The anti-kickback statute addresses those who knowingly and willingly offer to pay remuneration to any person to induce them to obtain any good, service, or item.

## The Red Flags

Bass described today’s obvious targets for concern regarding MSL activities (Table, page 5). One such practice is “teaming” of an MSL with a sales representative when visiting a physician’s office, making discussions of unapproved uses certainly easier, more likely, more frequent, and in time, possibly not really unsolicited. According to Bass, “Introducing the MSL for the first time is appropriate, but taking them along repeatedly is not,” although riding along on a representative’s circuit of calls is not prohibited outright. And there is a general feeling by Bass that a number of physicians are becoming sensitive to this tactic.

*Continued on page 5*

## Consortium in Canada Working to Help Reps

*Continued from page 1*

dedication to the advancement of medicine went well beyond that. Gorlin probably will be best remembered as a mentor, teacher, and physician educator, who took the time to educate his peers and colleagues across the United States and around the world. He also served as Chairman of the Thomson Professional Postgraduate Services® Board of CME Advisors, where he continued to guide and worked to improve continuing medical education for physicians.

---

***ACME's Outstanding Collaboration award honors the late Richard Gorlin, MD—cardiologist, researcher, mentor, teacher, and physician educator.***

---

Martin E. Cearnal, President and Chief Executive Officer of Thomson Physicians World and President of PPS, spoke about why the award was set up. "Throughout his career, Dr Gorlin was involved in collaborative educational efforts with medical schools, industry, and clinical practices. He was a true innovator committed to producing first-class results through education."

An award in the amount of \$2,500 is given each January at the ACME Annual Conference to recognize the CME provider organization(s) that has made a unique contribution to collaboration in a CME activity or the CME community. Undoubtedly, the Consortium is a deserving recipient of this award.

### **A Strong, Clear Need Guides the Way**

"There is a common goal for all the groups in the Consortium," said Gilles Lachance, General Manager, Council for Continuing Pharmaceutical Education (CCPE), and Consortium spokesman. "One goal is to improve

the quality and ethics of CHE."

Despite a greater level of trust and confidence between industry and physicians over the years, the Consortium was all too aware of infractions and complaints that were stemming from pharmaceutical representative practices regarding promotion versus education. "It is quite clear that there was a tendency to go around the Code," said Lachance, referring to R<sub>x</sub>&D's Code of Marketing Practices, specifically the section on CHE. "We needed to improve our partnership," he continued.

R<sub>x</sub>&D is the association governing research-based pharmaceutical companies in Canada. Any complaint reported to R<sub>x</sub>&D prompts an inquiry by a special committee of the association. Pharmaceutical companies that violate policies and codes are fined, as well as written up for an R<sub>x</sub>&D publication.

### **Changing Behavior—One Rep at a Time**

The mission of the Consortium, established in 1999, is to improve the CHE competencies within the pharmaceutical industry. "A first step in that process was a CHE course for pharmaceutical representatives, based on adult learning principles," explained Lachance.

The program provides informa-

tion for the representative on how to organize and implement CHE programs that are educational versus promotional in nature. The representative is instructed through a home-study program containing five modules on topics such as adult learning techniques, learning objec-

---

***The mission of the Consortium, established in 1999, is to improve the CHE competencies within the pharmaceutical industry. A first step in that process was a CHE course for pharmaceutical representatives.***

---

tives, needs assessment, and a review of the Code of Marketing Practices. The program also includes a CD-ROM of the forms that are used in developing a CHE program, as well as reference sources for further information. Participants take an email examination upon completion.

The activity is getting far reach. A copy of the program has been sent to every university CME department and pharmaceutical company in Canada. "It was very well received," noted Lachance. So far, 200 representatives have registered for the program and taken the

## The Consortium for Continuing Health Education

- R. Thivierge, MD, FRCPC, Associate Dean, CME, University of Montreal
- J. Tipping, Educational Consultant, University of Toronto
- C. Campbell, MD, FRCPC, Director of CME, University of Ottawa
- L. Snell, MD, FRCPC, Director of CME Research & Development, McGill University
- J. Sargeant, Director, Program Development & Evaluation, CME, Dalhousie University
- P. Davis, MD, Associate Dean & Professor of Medicine, CME, University of Alberta
- F. Goulet, MD, FCMFC, Assistant Director, Practice Enhancement Division, Collège des médecins du Québec
- C. Monette, Co-Chair, CHE Working Group, R<sub>x</sub>&D
- G. Lachance, General Manager, Council for Continuing Pharmaceutical Education (CCPE)/CFPC (Conseil de formation pharmaceutique continue)
- J. Dairon, CCPE Consultant

examination. A small percentage of pharmaceutical companies have even made the program a requirement for their representatives.

Speaking to the Consortium's makeup, Ronnie Davidson, EdD, said, "How interesting that the collaborators include physicians and the medical schools. The mandate for behavior change is coming from the medical schools, and is supported through this Consortium." Davidson, Senior Vice President, CMEinfo.com, and Executive Director, The National Center for Advanced Medical Education, Cherry Hill, New Jersey, chaired the subcommittee that reviewed the Consortium's nomination application for the ACME award, along with the applications of other nominees.

#### **Consortium Efforts Continue**

With the early phase of the Consortium program in full swing, the group can concentrate on assessing the long-term outcomes of program participation. Discussions are just starting on a study that will assess the impact of the course over time and whether physicians are indeed seeing a difference. However, it is still too early to discuss the specifics of this study in terms of methods, populations, and timing.

The Consortium group stays involved in program activities on a regular basis, both for day-to-day tasks and future offshoots. One such possibility is special training sessions held at different universities for the representatives in that particular area. It is likely the Consortium group founders will serve as group leaders at these activities.

About the Consortium, Lachance concluded, "The ultimate common goal is always the well-being of the patient, so we have to work together." Collaboration indeed worthy of an award.

To learn more about the ACME Outstanding Collaboration Award, visit [www.acme.assn.org](http://www.acme.assn.org).

For additional information about The Consortium for Continuing Health Education, visit [www.ccpce-cfpc.com](http://www.ccpce-cfpc.com) or call 888-333-8362.

## **The Medical Science Liaison: Examining the Role**

*Continued from page 3*

Likewise, promotional and educational booths also need to "ride separately" at trade shows. Booth proximity, strategies for directing and redirecting booth visitors, and the general nature of the information distributed at the booth all are being scrutinized more carefully, especially at "education only" booths.

---

### ***What can companies do to stay on the right side of the line? To start, they need to know some of the hot issues that may prompt inquiry or investigation.***

---

Formulary activities constitute a large role for MSLs, but perfectly acceptable MSL activities such as formulary advising are skirting the edge of preapproval promotion or "seeding" the formulary with the company's drug prior to its approval.

Also under careful watch are the MSL roles in distribution of off-label reprints, development of educational programs, and participation in clinical research activities—these areas are all potential breeding grounds for overstepping MSL boundaries. "These practices are being scrutinized very carefully," said Bass.

#### **Staying Clean**

With the MSL function coming into sharper focus, halting some of the more questionable practices is assuming greater importance for those outside the pharmaceutical industry. "Companies have to realize that structuring of their MSL programs has to take a front position right now," Bass emphasized. Helping in this task are some key strategies for keeping the MSL group aligned and in tune with their true role.

**Conducting internal audits:** Compliance audits that include assessment of MSL policies, procedures, and practices provide the opportunity to self-correct bad practices before they are brought to light by an external source.

#### ***Providing detailed policies on MSL activities and a good field guide:***

Guidelines and regulations on MSL vs sales representative roles should be in place, and a scaled-down, easy-to-read, user-friendly version of company policies should be available for use in the field.

#### ***Periodic training and refresher courses:***

MSLs should be trained separately from sales representatives, and training should focus on the science of the product, not the promotion of the product. Training together or including MSLs at an annual sales meeting is not a good practice.

**Tracing the reporting line:** Bass makes it clear that the MSL reporting structure can be a red flag issue: "Is it up the line to the head of marketing or to medical affairs?" It makes a difference for this specialized role.

Attention to these practices can help maintain the integrity and the boundaries of the important MSL role.

### **Table. Areas of Heightened Focus**

- Activities in conjunction with salespeople
- Trade show booth activities that combine approved and unapproved uses
- Formulary activities that border on seeding (preapproval promotion) for unapproved use
- Dissemination of unapproved reprints
- Influence and direction regarding educational programs
- Validity of clinical research grant awards

# Cutting the Strings on Gifts and Other Questionable Marketing Practices: PhRMA Takes a Stand

Continued from page 1

meet up with healthcare professionals during various types of activities. Abiding by the spirit of the Code can help industry reclaim the important aspects of the healthcare professional/industry encounter.

## Preserving an Important Communication Link

The communication that takes place between the healthcare professional and the pharmaceutical company provides an important avenue for learning about medicines in clinical use. It is a chance for industry to pass along scientific and educational information and product risks and benefits, as well as to encourage and

---

***“I shouldn’t have to be entertained, fed, or gifted to do my job as a physician.”***

**Dr Leonard Morse**  
*Chair, American Medical Association Council on Ethical and Judicial Affairs*  
*Physician faculty member, May Morning Program*

---

support medical research. In the other direction, the healthcare professional has a chance to address questions, discuss issues, and offer advice in an ever-widening circle of knowledge.

But bad marketing practices and questionable strategies that have been brought to light are discoloring the entire pharmaceutical industry, and the industry is looking to change this, in part through the PhRMA Code. Bound by legal requirements and committed to ethical standards, the pharmaceutical

industry intends that the Code will reinforce the principle that interactions with healthcare professionals are to benefit patients and enhance the practice of medicine.

## About the Code

The PhRMA Code, effective July 1, 2002, intends to define and specify the nature of the various interactions and scenarios that occur between industry and the healthcare professional, including:

- Informational presentations
- Third-party educational or professional meetings
- Consultant activities
- Speaker training meetings
- Scholarships and educational funds
- Educational and practice-related items

The Table (see page 7) summarizes the “do’s and don’ts of the Code.” Although each member of PhRMA is strongly encouraged to adopt the procedures of the Code, adherence is in fact voluntary, which casts some question on the probability of long-term compliance.

## Is It Worth It? Can It Work?

Ron Pantello, Chairman, Lally McFarland & Pantello EURO RSCG, and a board member of PhRMA, knows that the intent of the Code is best for the industry. It addresses the integrity and ethics with which industry should conduct its business in approaching the healthcare professional. It discourages the practices that have brought negative publicity and attention to the industry—and that carry a potential for legislation if allowed to continue. It also confirms the value of the pharmaceutical industry and of the services that it provides.

But that’s just his own opinion. Pantello also took time to poll 25 representatives of the pharmaceutical, healthcare communication, and healthcare advertising industries to get their input on the new PhRMA Code.

According to the responders to the informal questions posed by Pantello, it is still too early to accurately

judge broad industry acceptance (or certainly compliance) of the Code, but given the direction and the spirit of the document, one would be

---

***The Code is based on the principle that a healthcare professional’s care of patients should be based, and should be perceived as being based, solely on each patient’s medical needs and the healthcare professional’s medical knowledge and experience.***

---

hard-pressed to say people won’t agree with its principles and importance. There was agreement that the Code would not hinder the free flow of information or have a negative effect on the business in general, but also that the Code is not enforceable and that compliance may not last. Time will tell, but in the meantime, PhRMA has spoken!

To learn more about PhRMA and its activities, including the Code, visit [www.phrma.org](http://www.phrma.org).

The HMC Council works to provide a better understanding of the role of marketing, education, and communications in healthcare. To learn more about the HMC Council and its activities, visit [www.hmc-council.org](http://www.hmc-council.org).

---

## For Your Information!

Check out this recent 2-part series on ethics and physician-industry relationships written by Susan L. Coyle, PhD, for the Ethics and Human Rights Committee, American College of Physicians—American Society of Internal Medicine:

Physician-industry relations. Part 1: individual physicians. *Ann Intern Med.* 2002;136:396-402.

Physician-industry relations. Part 2: organizational issues. *Ann Intern Med.* 2002;136:403-406.

**Table. Industry Working Within the Code**

Areas of Interaction	Permitted	Not Permitted
<p><b>Informational presentations</b>  <i>Presentations of scientific and educational value, conducted in a setting conducive to learning</i></p>	<ul style="list-style-type: none"> <li>Occasional, modest meals</li> </ul>	<ul style="list-style-type: none"> <li>Entertainment/recreational events</li> <li>Inclusion of spouse or guest</li> <li>Take-out meals or meals without company representative present</li> </ul>
<p><b>Third-party educational (including CME) or professional meetings</b>  <i>A gathering primarily dedicated to scientific and educational activities and discourse</i></p>	<ul style="list-style-type: none"> <li>Financial support to conference sponsor</li> <li>Modest meals that do not overshadow educational aspect of program, held in a setting conducive to discussion</li> </ul>	<ul style="list-style-type: none"> <li>Financial support for nonfaculty travel, lodging, or personal expenses</li> <li>Funding for nonfaculty compensation of time to attend the program</li> <li>Responsibility for or control over selection of content, faculty, educational methods, materials, and venue</li> </ul>
<p><b>Consultant activities</b>  <i>Services for which there is:</i></p> <ul style="list-style-type: none"> <li>a legitimate need</li> <li>a contract</li> <li>valid criteria for consultant selection</li> <li>reasonable number of consultants vs need</li> </ul>	<ul style="list-style-type: none"> <li>Compensation for bona fide consulting services</li> <li>Reimbursement for reasonable travel, lodging, meals, and expenses</li> <li>Consultant meetings held in a setting conducive to services provided</li> <li>Records/documentation of consultant services</li> </ul>	<ul style="list-style-type: none"> <li>Using the term “consultant” to justify payment of travel, lodging, meals, and expenses for health-care professionals who are not serving in a bona fide consulting arrangement (token consulting or advisory arrangements)</li> <li>Selecting consultants who do not meet qualifications for the services provided, or on the basis of prescribing habits</li> </ul>
<p><b>Speaker training meetings</b>  <i>Gathering where participants receive extensive training on the company’s product and on compliance with the FDA regarding communication about the product, after which participants will provide a valuable service</i></p>	<ul style="list-style-type: none"> <li>Reasonable compensation for time</li> <li>Reimbursement for reasonable travel, lodging, meals, and expenses</li> </ul>	<ul style="list-style-type: none"> <li>Selecting participants who do not meet qualifications for the services provided, or on the basis of prescribing habits</li> </ul>
<p><b>Scholarships and educational funds</b>  <i>Financial assistance to permit medical students, residents, fellows, and other healthcare professionals in training to attend major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations</i></p>	<ul style="list-style-type: none"> <li>Selection of the individual to receive funds for a recognized educational conference must be made by the academic or training institution</li> </ul>	<ul style="list-style-type: none"> <li>Selecting individuals who will receive funds</li> <li>Developing an activity for the sole purpose of being able to provide a scholarship or educational fund for a select group</li> </ul>
<p><b>Educational and practice-related items (formerly Gifts)</b></p>	<ul style="list-style-type: none"> <li>Providing items, no more than occasionally, valued at \$100 or less that serve to benefit patients</li> <li>Providing product samples in accordance with Prescription Drug Marketing Act</li> <li>Providing items of minimal value that are practice oriented (eg, pens, pads)</li> </ul>	<ul style="list-style-type: none"> <li>Providing items of a personal benefit</li> <li>Payment of cash or cash equivalents, such as gift certificates</li> </ul>

# NAAMECC Hits the 1-Year Mark

It was just 1 year ago—in the Summer 2001 issue—that *CME Briefing* first introduced the newly founded support organization, the North American Association of Medical Education and Communication Companies, or NAAMECC. Much has happened in that year.

NAAMECC will hold its second annual meeting on September 9, 2002, just prior to the 13th Annual Conference of the National Task Force on CME Provider/Industry Collaboration (see Calendar for information on both meetings). The NAAMECC meeting is open to members and nonmembers. The first part of the meeting will focus on association business, to be followed by an education session. Anyone who attends the meeting will witness evidence of the growth the organization has undergone since its inception.

The business portion will include discussions of the NAAMECC mission statement and the nomination and election process. Charter members, of which there are now 38 (see Box), will vote for Directors to join the Board. The meeting will also address the bylaws. The Bylaws Committee is chaired by Eric D. Peterson, Executive Director, Institute for Continuing Healthcare Education, Philadelphia, Pennsylvania.

Other committees are also going strong. The Communications Committee, chaired by Carla Sherrick, Director of Accreditation, HealthStream, Denver, Colorado, is working to develop a listserv and website to facilitate communication among members. The Research Committee, cochaired by Charles Sicola, President, Sicola Communications, LLC, Suwanee, Georgia, and Michael Feeley, Director, CME Department,

Dannemiller Memorial Educational Foundation, San Antonio, Texas, is investigating several research projects to gather data of interest for members. This will help fulfill one of the organization's goals of using data to dispel misperceptions and myths surrounding accredited providers in the category of medical education and communication companies.

The meeting will utilize an interactive response system provided by Meridia Audience Response, Philadelphia. The system facilitates polling and provides instant results for group viewing and discussion.

---

**Make NAAMECC your voice!**  
**Charter membership closes August 31, 2002. Join today by contacting Mark Schaffer, EdM, at Thomson Professional Postgraduate Services® at 201-271-6205 or by email at [mschaffer@pwgc.com](mailto:mschaffer@pwgc.com).**

## CHARTER MEMBERSHIP *As of July 2002*

Academy for Healthcare

Education/The Impact Group

AdvancMed, LLC

Advantage Healthcare Inc.

Alpha & Omega Worldwide, LLC

American Academy of CME, Inc.

Bimark Medical Communications

CPE Communications

Creative Educational  
Concepts, Inc.

Dannemiller Memorial  
Educational Foundation

Discovery International

Excerpta Medica, Inc.— Elsevier  
Health Sciences

Health Learning Systems

Healthcare Management  
Television, Inc.

HealthStream

Healthways Communications, Inc.

Institute for Continuing  
Healthcare Education (CoMed  
Communications, Inc.)

International Meetings & Science  
Inc.

Jobson Education Group

Lippincott Williams & Wilkins

Medical Education Systems, Inc.

Meniscus Educational  
Institute

Meridia Audience Response

Pharmacia

Pragmaton

Projects in Knowledge, Inc.

Saber Communications of  
New York, Inc.

SCP Communications, Inc.

Sicola Communications, LLC

Slack Incorporated

Strategic Implications  
International

The Baron Gibson  
Foundation

The Center for Biomedical  
Continuing Education

Thomson Professional  
Postgraduate Services

University of Florida  
College of Medicine

University of Medicine and  
Dentistry of New Jersey

Viator Medical  
Communications, Inc.

Virginia Commonwealth  
University, Office of  
Continuing Medical  
Education

Vital Issues in Medicine

## FOR YOUR CALENDAR— *Upcoming CME Meetings for CME Professionals*

### **2nd Annual Meeting of the North American Association of Medical Education and Communication Companies (NAAMECC)**

*September 9, 2002*

*Baltimore, MD*

**For more information, contact:**

Mark Schaffer

**Phone:** 201-271-6205

**Email:** mschaffer@pwcg.com

### **13th Annual Conference of the National Task Force on CME Provider/Industry Collaboration**

***“Changing CME From Silos to Synergies: A Collaborative Vision and Mission”***

*September 10–12, 2002*

*Baltimore, MD*

**For more information, contact:**

Regina Littleton

**Phone:** 312-464-4637

**Email:** regina\_littleton@ama-assn.org

### **Duke University Office of Continuing Medical Education and Thomson Professional Postgraduate Services®**

***“CME Leadership in the 21st Century: A Case-Based Conference for Current and Future Leaders in Continuing Medical Education”***

*September 21–24, 2002*

*Durham, NC*

**For more information, contact:**

Duke University Office of Continuing Medical Education

**Phone:** 800-222-9984

**Fax:** 919-681-7462

This is a 4-day interactive session to foster professional growth in CME, with some unique features, including a dedicated mentor assigned to attendees. Because of the small setting for the program, enrollment is limited and a selection process for attendees will occur. For details on how to apply, visit either of the following websites for a program brochure:

Go to [www2.mc.duke.edu/docme](http://www2.mc.duke.edu/docme), click to enter, then click on “download a brochure” under *CME Leadership in the 21st Century*.

Go to [www.ppscme.org](http://www.ppscme.org). In Upcoming Events, click on CME Leadership Conference.

### **53rd World Medical Association**

**General Assembly**

*October 2–6, 2002*

*Washington, DC*

**For more information, contact:**

WMA Secretariat

**Email:** info@wma.net

### **Accreditation Council for Continuing Medical Education—ACCME Workshops for 2002**

***“Understanding ACCME Accreditation”***

*December 13–14, 2002*

*Chicago, IL*

**For more information, contact:**

ACCME

**Phone:** 312-464-2500

**Fax:** 312-464-2589

**Visit:** [www.accme.org](http://www.accme.org), Workshops section

### **28th Alliance Annual Conference**

*January 29–February 1, 2003*

*Dallas, TX*

**For more information, contact:**

Alliance for Continuing Medical Education

**Phone:** 205-824-1355

**Fax:** 205-824-1357

## **COMING IN THE NEXT ISSUE OF *CME BRIEFING***

An Internet-based education program has been developed to help physicians improve their clinical skills when encountering the pervasive but underrecognized problem of domestic violence. To address this growing need, the program uses a case management approach that includes patient clues, key messages, and downloadable tools.