

CME BRIEFING

NEWS, OPINIONS, AND PERSPECTIVES IN CONTINUING MEDICAL EDUCATION ~ WINTER 1998

A Service of Professional Postgraduate Services®, a division of Physicians World Communications Group

Gifts to Physicians From Industry

The question of industry gifts to physicians has long been the subject of controversy in the CME community. Recently, posts on the Continuing Medical Education Discussion List (CMEDED-L@LISTS.WAYNE.EDU), an Internet forum for CME professionals, included angry messages describing lavish dinners and gift certificates given to physicians as an inducement to attend industry-sponsored “educational” programs. Given that the AMA, ACCME, and PhRMA all have rules that either state explicitly or imply that physicians should not accept gifts from industry, many CME professionals wonder how adherence to well-established standards could become so lax.

The ACCME Essentials and Standards are very clear about the separation of programs from the source of funding. Nevertheless, some respondents on the list noted

that this has unintentionally given some companies and programs the idea that they can circumvent ethical issues involved in gifts simply by not having their programs certified. “It’s like there are two kinds of continuing education going on in this country,” one correspondent wrote. “One is ACCME-monitored and awards CME credit. The other is pharmaceutical-controlled and [there are no rules so] docs are offered perks to attend.”

Other correspondents pointed out that the ACCME has no control over industry, only over its own accredited providers. Some observers therefore feel that, as long as CME credit is not offered, industry is free to give physicians whatever encourages them to attend programs. They assert that physicians should be able to discriminate between bona fide education and promotional programs that do not qualify for CME

certification. The creation of a de facto two-tiered system for certified and noncertified “education” does not, however, make everyone happy. “Does it bother anybody to hear a pharmaceutical rep state openly that if there is no credit, that commercial standards are irrelevant?” asked one participant rhetorically.

In the Internet exchange, another correspondent complained that physicians who are not members of the AMA do not feel they must abide by the association’s ethical standards. However, as Dennis Wentz of the AMA pointed out, the association standards are accepted by state licensing boards, which means that physicians caught in violation could, at least theoretically, lose their state licenses. He wrote: “For the state licensing boards, dealing with violation of the Gifts Opinion is probably a matter of priorities. [The boards] of course must deal with all of the issues involved in physician discipline

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FDA Policy Struck Down

A District of Columbia federal court judge ruled this summer that Food and Drug Administration (FDA) marketing restrictions on drug companies must comply with the Supreme Court’s First Amendment commercial speech limits. In so doing, the judge struck down key restrictions in the FDA’s final “Guidance for Industry” regarding commercial support of scientific and educational activities that was issued last winter (see the Spring 1998 issue of *CME BRIEFING* for a summary of the provisions of

the Final Guidance). While the FDA has no direct authority over CME providers, its mandate does include regulation of pharmaceutical labeling and advertising—and, by extension, any drug company activity that the agency perceives as promotional.

In his ruling, the judge concluded that several aspects of the FDA’s restrictions on the pharmaceutical industry violated First Amendment protection of free speech. Specifically, the court

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CME BRIEFING

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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.

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We are proud of our 25-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 address your comments or questions about this newsletter to CME BRIEFING Editor, Professional Postgraduate Services® Division, Physicians World Communications Group, PO Box 1505, Secaucus, NJ 07096-1505.

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enjoined the agency from restricting dissemination and distribution of any previously published drug information—including off-label uses of the manufacturer's products—as long as it had originally appeared in a peer-reviewed journal or textbook.

The court also said the FDA could not restrict pharmaceutical companies from suggesting content or speakers to independent CME providers. The judge in the case was quick to point out, however, that the agency still has the authority to regulate material that is "false or misleading," and affirmed the FDA's right to require full disclosure of any financial relationship between industry and either publishers or CME providers.

Future Challenges Likely

The ruling in this case is likely to be only another step in what has already been a long court struggle. The suit was initially brought over 4 years ago by the Washington Legal Foundation (WLF), a nonprofit group representing pharmaceutical industry and advertising interests, which has said that it was gratified by the ruling. The FDA, however, while not immediately announcing further legal plans, is likely to appeal the ruling, and many observers of the case believe it will not be settled until it goes to the Supreme Court.

The WLF's challenge developed in large part as a response to the FDA's increased initiatives early this decade to regulate the advertising and promotion of off-label uses for drugs. The agency sought to restrict pharmaceutical companies from distributing material that promoted unapproved uses for drugs. The WLF argued that those rules were too restrictive, especially given the difficulty of attaining FDA approval for even widely used off-label indications.

According to attorneys for WLF, information disseminated on off-label uses of pharmaceutical products should enjoy the same protection as ordinary "free" speech (as opposed to "commercial" speech, which does not have the same broad Constitutional protections as noncommercial free speech). The court ruled against the WLF contention that discussion of off-label uses should be considered free speech—but it nevertheless found that the FDA's rules violated even the lesser protection applied to commercial speech.

In addition, the WLF argued against the agency's attempts to prevent drug and medical device companies from influencing the content of CME programs they support. The court ruled that those restrictions were also unconstitutional, as long as the CME provider is accredited and independent from the industry's corporate structure. While the short-term practical effects of the ruling are not immediately clear, many in the medical community believe that the ruling may indicate a significant shift in the role of the FDA.

CME Professionals Discuss Impact

The likely impact of the ruling was discussed at length at the recent 9th Annual Conference of the National Task Force on CME Provider/ Industry Collaboration (1998 CPIM) held from September 16–18 in Washington, DC. Speaking on the ramifications for both providers and industry, David G. Adams, JD, formerly an attorney for the FDA who now advises industry on regulation, outlined what he considered the most significant implications.

"The significance to the FDA," he said, "is that the court has created a gaping hole in the FDA's purported authority, under the First Amendment." According to Mr Adams, the ruling may make it difficult for the agency to carry out key parts of its responsibilities, as dictated to it by Congress. "It puts the FDA in a rather significant quandary," he said.

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Gifts to Physicians

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and thus focus on the most serious transgressions." In other words, physicians who violate AMA ethical opinions risk running afoul of their state licensing boards, even if the boards do not have the resources to regulate every ethical infraction.

While many in the CME community believe that the resources pharmaceutical companies provide are invaluable for their programs, they worry that continued violation of ethical rules will result in a backlash. They cite a worst-case scenario in which companies are prohibited from providing support at all. At least one correspondent felt that the entire debate illustrates a general problem in CME. He argued against pharmaceutical funding for *any*

The sense that CME providers and industry are policing themselves with regard to ethics may be crucial if industry is to continue supporting CME.

CME-certified activity, no matter how unbiased that activity appears to be.

This may be a minority view in the field, but it raises a serious issue for both providers and industry—especially in light of the recent debate over the role of the FDA in industry-supported educational activities (see article on front page). The sense that CME providers and industry are policing themselves with regard to ethics may be crucial if industry is to continue supporting CME. It is not clear what steps CME providers may take to curb these abuses in the future, but the position of various accrediting and regulatory bodies regarding these practices is unequivocally clear. Following are summaries of the positions taken by various accrediting and regulatory bodies regarding inducements to attend CME programs. ~

Ethical Guidelines on Gifts to Physicians

Accreditation Council for Continuing Medical Education (ACCME)

The ACCME Essentials and Standards govern proper procedure for any accredited provider. One of the main recurring themes expressed is the importance of objectivity and independence from commercial sponsors. Any assistance received from a commercial sponsor is to be documented and disclosed to all participants.

In addition, Standard 8a explicitly prohibits gifts to physicians. It reads: "In connection with an educational activity offered by an accredited sponsor, the sponsor may not use funds originating from a commercial source to pay travel, lodging, registration fees, honoraria, or personal expenses for non-faculty attendees. Subsidies for hospitality should not be provided outside of modest meals or social events that are held as part of the activity."

American Medical Association (AMA)

As the largest physician's association in the country, the focus of the AMA is not limited to CME but incorporates all physician activity. In this capacity, the AMA's Ethical Opinion 8.061, issued on December 3, 1990, explicitly prohibits "inappropriate" gifts to physicians. "Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted."

The AMA opinion mirrors ACCME Standard 8a in what is explicitly prohibited: "Subsidies from industry should not be accepted directly or indirectly to pay for cost of travel, lodging, or other personal expenses of physicians who are attending conferences or meetings, nor should subsidies be accepted to compensate for the physician's time."

Unlike the ACCME rules, however, the AMA Ethical Opinions are binding for all physicians at all times (not just for participation in certified activities). The AMA Opinions are used by state licensing boards as part of their procedures, so even physicians who are not active members of the AMA may be subject to its rules.

Pharmaceutical Research and Marketing Association (PhRMA)

As the main organization representing the pharmaceutical industry, PhRMA does not have extensive written policies regarding CME. Instead, it refers to the ACCME Essentials and Standards in a statement that reads, in part: "The funding for CME activities often is provided as an educational grant. The terms and conditions of the grant must be specified in a written agreement that incorporates the ACCME standards." By extension, any gifts to physicians outside of what is allowed by the ACCME would not be acceptable to PhRMA. Furthermore, PhRMA has adopted the AMA Opinion on Gifts to Physicians From Industry (Opinion 8.061).

Food and Drug Administration (FDA)

Last year, the FDA issued its final "Guidance for Industry" regarding commercial support of scientific and educational activities. The portion of the Guidance that relates to discussion of off-label uses of pharmaceutical products has been interpreted by the federal court as a restriction of free speech. Nevertheless, the FDA retains its mandate to investigate any promotional activities that contain false and misleading information about the company's products. Also, since it is likely that the court's ruling will be appealed, many CME observers feel that not all elements of the Guidance should be dismissed as irrelevant.

In the Guidance, the agency notes that it "is concerned that companies may influence the content of educational programs both directly and indirectly." While the FDA has recognized that industry-sponsored CME is valuable for physician education, the Guidance emphasizes the importance of objectivity and independence for CME providers. Although the Guidance does not explicitly prohibit gifts to physicians, it does emphasize the need for CME to maintain independence from industry. Gifts given as incentives for physicians to attend in the interest of promoting a particular product would then implicitly be prohibited.

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Ethical Guidelines on Gifts to Physicians

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Office of the Inspector General (OIG)

On December 19, 1994, the OIG published a "Fraud Alert," which included a warning about gifts to physicians. An OIG fraud alert is designed to provide general guidance to the health care industry on violations of federal law, as well as to provide additional insight into identifying health care fraud schemes. According to the report, certain kinds of gifts to physicians from industry may constitute fraud and are, therefore, subject to investigation by the OIG.

OIG fraud alerts generally address practices in health care that could violate the Medicare and Medicaid anti-kickback law. However, because patients covered under Medicare/Medicaid often receive prescription drugs, the OIG has an interest in various activities that relate to physician prescribing practices. "Traditionally, physicians and pharmacists have been trusted to provide treatments and recommend products in the best interest of the patient," the alert reads. "In an era of aggressive drug marketing, however, patients may now be using prescription drug items, unaware that their physician or pharmacist is being compensated for promoting the selection of a specific product."

The alert lists several categories under which a gift to a physician could therefore be considered improper. These include any gift made to a person in a position to generate business for the paying party or any related to volume of business generated. The OIG may investigate any prize, gift or cash payment, coupon, or bonus offered based on prescribing or providing specific products, according to the alert, and anything offered for changing a prescription to a competitor, or recommending such a change.

Most CME activities clearly do not fall into these categories. But if an educational program crosses the line into promotion and offers inappropriate gifts to physicians as well, there is a risk for both physicians and industry that the OIG could consider it fraud. ~

FDA Policy Struck Down

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At the same time, Mr Adams said, the ruling may not greatly affect the activities of accredited CME providers one way or another. "At a practical level," he said, "it's not particularly clear that the ruling is going to be that significant with regard to continuing medical education." The reason, he asserted, is that accredited providers still must abide by the rules of their accrediting organizations—the ACCME and others—and those rules are in general as strict as or stricter than the FDA's Guidance for Industry.

"Generally, the accreditation guidelines are not terribly different,

Accredited providers still must abide by the rules of their accrediting organizations... which are... as strict as or stricter than the FDA's.

—David G. Adams, JD
(former FDA attorney)

at least conceptually and in substance, from the FDA's own policies in the arena," Adams observed. "If these activities are going to be certified, and the accreditation process is going to be a serious one, there's not going to be a great deal of activity that the FDA would worry about." He pointed out that the agency's draft policy statement on industry-supported CME, issued in 1992, specifically deferred to accrediting organizations. Although that statement was removed from the final Guidance issued in December 1997, Mr Adams stated that it indicated the agency was comfortable with the idea of having accrediting bodies be largely responsible for the regulation of CME.

By this logic, the WLF ruling may actually have the short-term effect of encouraging more pharmaceutical companies to support CME activi-

ties. The court's ruling specifically stated that it applies only to accredited organizations and activities; the FDA retains authority to monitor activities conducted by pharmaceutical companies or groups that are not accredited providers of CME. A movement toward certified CME, then, might be seen as even more attractive to those in the pharmaceutical industry who wish to disseminate information about off-label uses of their products.

In addition, Mr Adams stated, the ruling takes away any legal restrictions on the influence of content by the pharmaceutical industry, as long as the CME provider is independent from the corporate structure of the company. "The court's opinion, if anyone didn't understand that before now, essentially provides a blessing of sorts to certified programs and allows drug and device companies to actually go in and negotiate things like speakers and program content as long as you do it in the context of an accredited program." Mr Adams continued, "Clearly, if anyone is paying any attention at all to this opinion, they're going to want to move in that direction."

Undue Influence on Content?

The idea that pharmaceutical companies may now be allowed more influence on the content of CME programs was not wholeheartedly welcomed by all CME professionals attending the CPIM meeting. After Mr Adams' presentation, a panel of experts representing various constituents of the CME community responded to queries from the audience. Several audience members, while expressing their support for free speech and open discussion, wondered if there might be negative consequences in allowing industry too much influence over CME content.

Victor Marrow, PhD, of Johns Hopkins University, remembered questioning the FDA's purported authority over academic speech in a similar meeting several years ago. But, he said, even he has concerns

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Eligibility for Accreditation Hot Topic of the 1998 CPIM Meeting

Should eligibility for ACCME accreditation be limited to academic institutions and other organizations that are responsible for undergraduate medical education and postgraduate resident training as well as patient care? Or is it appropriate for independent commercial companies whose mission is the communication of medical information to physicians for the enhancement of the public health and well-being also to be eligible for accreditation?

The question has recently generated some controversy in the CME community. In fact, although the topic was not on the official meeting agenda, it was raised—directly and indirectly—throughout the recent meeting of the 9th Annual Conference of the National Task Force on CME Provider/Industry Collaboration (1998 CPIM).

Historically, the Accreditation Council for Continuing Medical Education (ACCME) has extended accreditation to all providers who meet their rigorous criteria—regardless of whether the provider is a medical school, hospital, clinic, medical society, or nonacademic commercial CME provider. But according to some observers, the objectivity of commercial organizations (primarily independent communications and publishing companies) is inherently compromised by their dependence on financial support from pharmaceutical companies.

Others argue that, by definition, there can be no intrinsic difference between CME programs certified by commercial providers and those certified by academic providers. These

defenders of the current standards for eligibility point out that ACCME regulations require all certified activities to be equally objective—regardless of the source of financial support. Most commercial providers, therefore, take significant steps to separate certified activities from any promotional activities within their organization.

This issue came to the fore several months ago, when several members of the Society of Directors of Continuing Medical Education (now

The [ACCME] has taken the suggestion under consideration... but the position of the council is to judge all providers by the same standards.

—Murray Kopelow, MD (ACCME)

the Society for Academic CME) submitted a “White Paper” to the ACCME, suggesting that the council should no longer allow commercial companies to be eligible for accreditation. The paper outlined the members’ arguments for limiting eligibility, which stem from their conviction that commercial companies are subject to undue influence from drug manufacturers. Further, the paper questioned the ability of commercial companies to maintain high academic standards for their programs.

The White Paper was not, however, proposed for ratification to the general membership of the SDCME and it did not receive any official endorsement from the organization or its directors. This point was

affirmed by several reliable sources, including participants in a *Meet the Experts Session* at the 1998 CPIM. Speaking off the record, some members of the society doubted the paper would have been endorsed in its existing form.

Rather than being circulated to the CME community at large, the White Paper was directed to Murray Kopelow, MD, Executive Director of the ACCME. Dr Kopelow, however, made it public by inviting representatives of the accredited communications companies to discuss the authors’ concerns with him. According to Dr Kopelow, the Council has taken the suggestion under consideration. But in response to a question about ACCME’s eligibility requirements, Dr Kopelow reiterated that the position of the Council is to judge all providers by the same standards.

Meanwhile, several representatives of commercial companies noted that they would welcome the opportunity for an open dialogue on the topic among *all* members of the CME community. As one conference participant asserted, disparaging fellow accredited organizations could weaken all providers. “If there are weaknesses among members, it is unlikely that they reside within only one class of providers. The bottom line is that we must be vigilant to ensure that all our programs meet ACCME standards.”

Another participant observed, “We should look for areas where academic and nonacademic providers can work together to improve quality of certified CME. Every organization has its strengths and weaknesses. We should acknowledge that and move on to our real business—how can we all work together to accomplish our common goal—that is, to enhance the public health.” ~

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about the current ruling. "I recognize—and I think we all do, even in the pharmaceutical industry—that the industry cannot promote products that are unapproved willy-nilly," he said. "If it is the case that the pharmaceutical companies want to promote unapproved drugs or unapproved uses, now that accredited bodies are allowed to speak freely,

We don't have to change our policies.... we will make our own independent decisions as providers.

—Murray Kopelow, MD (ACCME)

what prevents the pharmaceutical companies themselves from gaining accreditation, and then promoting [their products in the context of certified CME activities] as accredited entities?" asked Dr Marrow, noting that a number of pharmaceutical companies already are accredited CME providers, while others employ accredited communications agencies to produce CME-certified programs.

In response, Mr Adams pointed out that the court ruling specifies that the FDA loses jurisdiction *only* when the accredited institution is *outside* of the corporate structure of the drug company. He conceded, however, that it would be fairly easy for a drug company to contract an outside group (as many currently do) or to establish a CME program technically outside of its corporate structure.

Murray Kopelow, MD, Executive Director of the ACCME, who was present for the discussion, was quick to step in to clarify the role of accrediting organizations, which have clear rules governing the question of content. "I want to underscore how important it is that people understand what our regulations are," he said. According to the ACCME, he

said, "drug companies cannot influence content. We don't have to change our policies. If you read the Standards for Commercial Support, it says that we will engage with people who have lists [of speakers], who have ideas, but we will make our own independent decisions as providers."

Konrad Retz, PhD, a panel member with the American Osteopathic Association (which both accredits CME providers and certifies CME activities within the osteopathic medical community), spoke on behalf of accrediting organizations other than the ACCME. His comments largely reflected the views of Dr Kopelow and reinforced the importance of accrediting agencies maintaining strict standards. In addition to warning against the unintended consequences of loosening regulations, Dr Retz emphasized the importance of full disclosure of any financial relationships between a provider and industry, requirements that the ruling leaves in place. Nevertheless, he said, "I think that we all agree that freer communication, as recommended by this judicial ruling, is clearly consistent with the essentials of professional practice.... [Educated physicians] should have the ability to discern the merit of the content presented to them."

View From Industry

Jack E. Angel, a panel member representing a coalition of advertising and public relations agencies, medical publishers, and medical communications companies, expressed his group's fundamental agreement with the court's ruling. "Our mission," he said, "while recognizing the government's duty to protect the public against false and misleading material, is to preserve the right of our members to communicate truthful information." CME and scientific exchange, he said, is adequately governed by the members of the CME community and the accrediting bodies. "We see no role in it for government."

Harvey Sussman, from Bristol-Myers Squibb, spoke from the audience in favor of the ruling, and said

that it may mean that the ACCME needs to take a more "realistic" approach to what constraints should apply to the negotiation between industry and providers regarding the content of CME programs. "It seems to me that now we're looking at an even more important role for the ACCME to ensure that those providers that are accredited are truly providing objective medical education, but with now more negotiation of content," he said.

Frederic S. Wilson, a panel member from Procter and Gamble, took a more positive view of the FDA's prior involvement in regulating CME, however. Mr Wilson said that he did not foresee significant changes in drug company policy in the wake of the recent ruling. "The United States," he said, "enjoys the broadest, most effective and safest pharmaceutical armamentarium in the world, in large part due to regulation by the FDA. The FDA's initial interest in regulating CME (Draft

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—Harvey Sussman
(Bristol-Myers Squibb)

Policy in November 1992 and Final Guidance in December 1997) has, among other beneficial effects, added considerable credibility to accredited CME providers and the programs they certify."

Mr Wilson continued, "Given practicing physicians' decreasing discretionary time, we believe that many look for CME certification to help sort out the wheat from the chaff." The FDA's interest in CME, he said, has benefited pharmaceutical companies as well. "So from my point of

view and that of those in the industry with whom I have spoken, we currently see the situation as a net positive, and we do not see inherent changes that would do anything but increase our support of CME.”

Letters of Agreement

Another questioner expressed concern about what he perceived as a trend away from the signing of letters of agreement by industry supporters of CME. In its initial draft guidance to industry, the FDA stated that providers and industry supporters should draft letters of agreement that would clearly delineate each side’s responsibilities. With the court’s dismantling of the FDA’s regulation in this arena, according to Adams, there may be a trend toward avoiding letters of agreement by some in the pharmaceutical industry.

As an attorney for pharmaceutical companies, Mr Adams said that he had begun advising his clients to consider seriously whether they should sign their names to anything that wasn’t required. “One has to have a good reason for writing things down and signing one’s name to something,” he said. “That’s not the default position anymore.” Asked if

the ruling would encourage a movement away from letters of agreement, he added, “I think to the extent that there’s a trend away from written agreements, it will probably be exacerbated or increased, depending on how you want to describe it.”

Several of the panelists, however, were quick to point out that they continued to support letters of agreement, and that their groups

The burden of ensuring unbiased, independent, and objective CME is going to fall even more heavily on the shoulders of the ACCME and other accrediting organizations.

would insist on them. Both Marcia J. Jackson, PhD, and Shelley L. Hicks, representing specialty societies and physician assistants respectively, said they foresaw no change in their groups’ respective policies. In addition, from the ACCME’s perspective, written agreements are still mandatory. Mr Wilson said that he thought letters of agreement had been useful

for both sides, and planned to continue using them.

Continuing Importance of the ACCME

Although the panel discussion touched on some ways in which CME policy could change in the wake of the ruling, in the end most panel members did not seem to either advocate or fear big changes in the relationship between providers and the pharmaceutical industry. Given that the court’s ruling applies only to accredited providers, the FDA still retains indirect authority to regulate information that has not met the test of certified programs; it also can restrict “false and misleading” information wherever it appears. But it is clear that the burden of ensuring unbiased, independent, and objective CME is going to fall even more heavily on the shoulders of the ACCME and other accrediting organizations.

Dr Kopelow indicated that the ACCME would rise to the challenge. While insisting that the role of the council is not to be “a set of barriers,” he defended the rules they have in place. “We stand pat,” he said. “I think we’ve got a really good set of rules, and they look like they’re going to work.” ~

ACCME Announces Two Awards:

Honors to George D. Oetting, EdD; Washington State Medical Association

On September 3, the ACCME announced that George D. Oetting, EdD, would receive the 1998 Willard M. Duff Recognition Award, which recognizes volunteers who have provided exemplary and long-time service to the ACCME or its committees. The award is named after the late Willard M. Duff, PhD, a long-time volunteer for the ACCME who was instrumental in the organization’s growth in its early years.

Currently retired, Dr Oetting served for over 20 years as Director of Education for the Medical Association of the State of Alabama. He is well known for his development of educational activities for physicians and staff in Alabama and for his

great efforts to promote accreditation of local CME providers in the state. He also served on the ACCME Committee for Review & Recognition for 6 years (as Chair for 4) as well as on the External Monitoring Committee.

In his nomination letter for Dr Oetting, Robert R. Raszkowski, MD, PhD, wrote: “He is certainly remembered as the champion of the recognition process [who] spearheaded this component in the ACCME’s long-range plan. In short, much of the progress, consistency and... political success of the recognition process is the result of Dr Oetting’s work.” The Willard M. Duff Award was presented to

Dr Oetting on November 12 at a special awards luncheon held as part of the November ACCME business meeting.

In addition, on September 18, the ACCME awarded the Rutledge W. Howard, MD Award for Meritorious Achievement in Continuing Medical Education to the Washington State Medical Association. The Award recognizes state/territory medical society excellence in maintaining high standards in overall accreditation processes. The Award was named for Rutledge W. Howard, MD, a long-time staff member of the American Medical Association who, in the 1970s, worked with every state and four US territories to establish a system of accreditation for intrastate providers of continuing medical education. ~

FOR YOUR CALENDAR— *Upcoming CME Meetings*

Alliance for Continuing Medical Education

24th Annual Conference

“Reaching Out—Making Connections in CME Linkages for the 21st Century”

January 27–30, 1999—Atlanta Hilton and Towers, Atlanta, GA

1999 Spring Institute

“CME: The Basics”

May 14–15, 1999—The Westin Hotel, Tabor Center, Denver, CO

“CME: The Basics”

September 9, 1999—Hotel Inter-Continental Chicago, Chicago, IL

NOTE: Stand-alone program held one day prior to ACCME Accreditation Workshop

For more information, contact: Bernie Halbur, Alliance for CME, 1025 Montgomery Hwy., Southcrest Building, Suite 208, Birmingham, AL 35216, Phone 205-824-1355; Fax 205-824-1357

Accreditation Council for Continuing Medical Education

ACCME Workshops:

“Understanding ACCME Accreditation”

April 16–17, 1999—Chicago, IL

September 10–11, 1999—Chicago, IL

December 10–11, 1999—Chicago, IL

For more information, contact: Delores Hill, Meeting Coordinator, ACCME, 515 North State Street, Suite 7340, Chicago, IL 60610-4377, Phone 312-464-2500; Fax 312-464-2586

Society for Academic CME

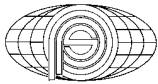
Annual Spring Meeting

April 15–18, 1999—San Antonio, TX

For further information, contact: Society for Academic CME, 2450 N Street NW, Suite 477, Washington, DC 20037, Phone 202-828-0560; Fax 202-828-1125

Research in CME (RICME) Day

For information about submitting an abstract, contact: John Parboosingh, FRCS, FRCOG, Director, Professional Development, The Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8, Phone: 800-461-9598; Fax: 613-730-0500; e-mail: john.parboosingh@rcpsc.edu



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