

# Cracking the code: CME providers learn to adapt

■ *Revised Codes of Marketing Practices and Ethics bring CME back to basics of education, companies agree*

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ALTHOUGH STILL ADJUSTING to changes initiated by Rx&D's Code of Ethics for Parties Involved in Continuing Medical Education, as well as the Code of Marketing Practices, CME companies seem to agree that both codes have been, and will be, beneficial on many levels to their business, physicians, and patients.

"When they came out we all waited with anticipation, wondering what the changes were, and when I look at the code of ethics it's actually, by and large, what most of the major players in CME are already doing," said Sheila Rivest, prexy of Integrated Healthcare Communications in Toronto. "And I suspect that one of the purposes of putting it down on paper was just to make sure that everyone marches to the same tune, so to speak, and that it is in writing that you need to partner with an academic association or a medical school and you need to follow [the] proper rules of medical education."

Adherence to the specific set of rules seems to be a general consensus among all CME team players (these rules are outlined by Rx&D in section 7 of The Code of Ethics, and section 4/ of the Code of Marketing Practices).

According to Lee Marks, consultant in marketing practices for Rx&D, The Code of Ethics for Parties Involved in Continuing Medical Education ("the common code") came into effect on January 1, 2003, following discussions between Rx&D and the Conseil de l'Éducation Médicale du Québec and its member organizations. Its provisions reflect Section 4A of Rx&D's Code of Marketing Practices.

"The provisions of Section 4A were initially developed in 1988 and have been amended from time to time," Marks told THE CHRONICLE OF HEALTHCARE MARKETING. "As the Code states 'The purpose of continuing health education is to provide and promote high quality health education programs for health-care practitioners, in partnership with groups that provide accredited CME programs.' The objective of such programs is 'to

enhance knowledge and understanding of advances in health research, health sciences and clinical practice so that healthcare practitioners can, in turn, provide superior healthcare to patients."

Marks says the Code of Marketing Practices is a much more "all-encompassing" and a broader document than the Code of Ethics.

Sections 4A/B of the Code of Marketing Practices are of particular concern to CME companies this year, as they involve specific regulations and restrictions regarding international programs, honoraria, and limits on social activities as part of educational programs.

"They [indicate that] CME group activity must satisfy [certain] ethical criteria. Your budget estimates have to be realistic; and maybe it's the social activities that some people or some pharmaceutical sponsors tend to perhaps put a little too much emphasis on," said Rivest. "The social activity should really not take precedence or interfere with scientific content. And sometimes you'll get, maybe, new sales people or young enthusiastic marketers who really want to enhance their relationship with physicians. And that's good; That's a very good goal. Relationship building is important; but it shouldn't take over the prime purpose of the educational program."

Most CME programmers have become comfortable with the code changes, and suggest that some programs were leaning toward excess in the types of meetings being organized, gifts, sponsoring physicians, and sponsoring physicians' spouses during social activities linked with medical conferences.

"I think that [this part of the code] is quite appropriate. I have never been comfortable with companies paying physicians to attend conferences,"

said Camille Bacchus, vice prexy of The Medical Knowledge Group in Toronto, referring to sections 4A and 4B of the Code of Marketing Practices, which indicate that physicians attending social events during CME conferences and meetings must pay their own way.

## IMPLICATIONS ACROSS THE (ADVISORY) BOARD

"We cannot even give out a pen to a physician, even if we do an advisory board meeting. Advisory board meetings are quite different from a regular CME conference," said Bacchus. "I do a lot of advisory board meetings, and sometimes the guidelines tend to change a bit there. But even [at advisory board meetings], you can not give [anything] away any longer. And [the meetings] cannot be held outside of the country. Advisory board meetings now have to be held in Canada."

Marks says that the Rx&D Code of Marketing Practices is a document that outlines principles and practices of ethical pharmaceutical interactions which the member companies of Rx&D have voluntarily agreed to adhere to. Adherence to the Code is a condition of membership in Rx&D, and the Code has existed in one form or another for close to 30 years. It is constantly monitored and amended to ensure that it reflects the changing environment for the research-based pharmaceutical industry in Canada. The most recent amendments came into effect on January 1, 2004.

"We consider the code a living document which is constantly evolving," Marks said.

CME players may find the evolution of the codes restrictive, but if left to various interpretations, the previous generalized guidelines or codes could have, and may have, led to what some might consider excess.

"I would expect that it was probably easier to make it very clear, very cut and dried," said Ahearn. "If it's a pen, is it a Bic, or a Cross pen? Say, you can give out a pen, but then somebody gets a Mont Blanc. That's sort of how the thing can develop. If they said you can give out a pen, then there would be [the idea that] 'oh, well, we have to have the best pen.' So if it's really black and white, then there can't be any confusion around it."

But Ahearn is quick to say that no amendment to the codes could dampen anyone's spirit at The Medicine Group. She stresses that however the rules of the game change, her team will adjust. In fact, the restrictions have only spurred on a steady stream of innovation among programmers.

"Certainly the type of meetings that we have organized has changed," said Ahearn. "We've done more advisory boards now that companies can no longer pay doctors for their travel and accommodation. The type of meeting has changed, [including] the format. There are no more

large meetings going off shore; so that really has changed the whole style of meeting. But it also has allowed us to focus more on the content and look at learning objectives and outcomes.

"We've also had to look at alternate vehicles to get to a larger market, things like the Internet [and] distance learning. I think the hardest thing was understanding exactly what the guidelines were, and the interpretation of them, and working with the clients to help them to understand them. And then there's the physicians, because they're sort of the last group to come on side with it. When you have to ask doctors to pay for things, that's a whole new phenomenon to them. So now there's a lot higher acceptance of that. Life is a lot easier this year. Last year was really much more of a transition."

Dealing with the shift in programming tactics and meeting formats may have become simpler since the code of ethics was issued, which in turn paved the way for the most recent version of the Code of Marketing Practices. Companies are limited in the areas of providing gifts, honoraria or sponsorship to doctors, and only a limited number of doctors can be sent to international meetings. Despite these changes, CME leaders insist that maintaining good relationships with key opinion leaders is still possible.

"I do a lot of advisory board meetings, [and] key opinion leaders have expressed, because they're so busy and they have such chaotic lives with patients and everything else, that they much prefer having [a meeting] in the country, or, as a matter of fact, closer to the city where they live, rather than taking them away [where] they have to travel," said Bacchus. "So they are comfortable with [local meetings] now. [Relationship building is now based on sharing information], and good information, good credible information. That's what they want."

"The healthcare system is chaotic. And that [chaos] within the healthcare system has trickled down to the physicians. When they are invited to an educational event, to a CME seminar, or to an advisory board, they want it to have substance. They have to be able to take back something to their practice to make them better physicians, and again, [able to provide] better patient care."

For 2004's Code of Marketing Practices, Marks says clarifications were made to section 6, which deals with dona-

tions, and a new section called "gifts" has been implemented. The previously existing section on hospitality has also become more detailed and more definitive. Rx&D also made some changes to section 11 which deals with service-oriented items.

Rx&D members can no longer place the name of a brand on a service-oriented item, but the corporate name and logo of the donating company can stay. Such items must meet the definitions outlined in section 11.2.

Changes to section 4B are being contemplated.

"It's a living document and it constantly evolves," said Marks. "As an illustration of that we made changes on January 1<sup>st</sup> of this year, and we made changes last year. The documents that existed 20 years ago would be different from the documents today."

Marks stresses that the association, through Rx&D, and through its working groups and committees, constantly monitors the environment for the pharmaceutical industry in Canada, and globally, to ensure that code provisions reflect the changes within that environment.

"In light of what has happened with the code of ethics and with Rx&D, I think it's brought everybody back to what CME is all about," said Bacchus. "It's about educating the physicians to give better patient care. It all translates down to good patient care. It's [about] teaching physicians to 'practice best practice'. That's what CME is about."



Rivest