

Regulatory Oversight of Commercial Support and Independence of CME: The Role of Faculty



A Note from the President

As a CME provider, AONA is responsible for the regulatory oversight of its CME activities. We are striving to keep our faculty informed of the changing landscape of CME compliance, while providing materials to increase the understanding of commercial conflict, issues of disclosure, and finances in certified CME.

This "Special Edition" of AO North America News is intended to be a primer on recent changes and developments within CME and succinctly delineate the implications for you, our physician faculty. Academic faculty members such as you have been the cornerstone of CME in the United States. Physicians have historically served in many capacities that support CME activities (associate deans, committee chairs, course chairs, etc.), with their primary function being to assure that CME activities meet the needs of themselves and their colleagues. Most physicians are aware of the changes that are occurring within CME, and you may find that the changes raise questions and concerns that had not been previously addressed.

With the recent increased governmental involvement to prevent fraud and abuse in healthcare, it has become critically important that physician faculty have a better understanding of the new regulations and required procedures to protect themselves, their colleagues, and the institutions they represent from unwanted scrutiny, unintended ethics violations, or possible prosecution for illegal behavior.

You are strongly encouraged to read the entire document, noting the key points of the various regulatory issues, some practical reality checks, and AONA's position on those points. As a prelude to this information, there are brief messages from members of the AONA leadership that relate to the topics that are of importance to you as an AONA faculty member and a physician educator. Definitions and abbreviations can be found at the end of the document. Quotes and extracts from literature are shown in italics.

We will keep you updated as additional information or practical interpretations of regulatory and compliance issues arise.

Thank you for your support of AONA Continuing Medical Education.

A handwritten signature in black ink that reads "John H. Wilber MD". The signature is written in a cursive, flowing style.

John H. Wilber, MD
President, AO North America

AO North America CME Leadership Speak Out on CME Issues



John L. Frodel, Jr, MD
Chair, CME Advisory Board

“Since the environment of CME has changed, AONA must address the issues of commercial support and the concerns of the ACCME in that regard. We are committed to preserving our long-standing accreditation status while continuing to provide the highest quality CME. As CMEAB Chair, my duty

is to shepherd the upcoming CME reaccreditation application process and assure that our organization meets all compliance issues set out by ACCME, AMA, FDA and OIG.”



Joseph Borrelli, Jr, MD
Chair, NAMTEC

“We have a greater obligation to disclose conflicts of interest. Consequences of non- or inadequate disclosure can be

significant to the individual faculty member and AONA. Our efforts to educate our faculty regarding the role of disclosure in educational activities coincide with our desire to maintain compliance on all levels.”



Kenneth A. Johnson, MVSc, PhD
Chair, NAVEC

“AONA is obliged to have written policies and procedures relative to honoraria, per diems and out-of-pocket expense reimbursements to faculty which meet CME guidelines.

We voluntarily give our time and expertise to furthering surgical education that results in improving patient care. We should have no expectations that any other compensation, financial or otherwise, above and beyond the honoraria, per diems and out-of-pocket expenses will be made.”

Mark B. Dekutoski, MD
Chair, NASEC

“We must be aware of potential risks with our involvement (such as consultancies, supportive research, clinical trials, product development, and stock ownership) with supporters of certified CME. Many of us have relationships with multiple commercial entities and are involved in faculty roles for AONA. The objective of this publication is to help each of us better understand the ethical obligations to protect ourselves, our institutions, and the AONA organization.”



Robert M. Kellman, MD, FACS
Chair, NACMEC

“The education committees are ultimately responsible for the objectives, content, format, and methods, as well as the media form, for all AONA educational courses, guiding needs assessment and evaluation. The current CME and regulatory environment places increased importance on the education committees and the CMEAB to assure educational programs encourage the best interest of patient care.”



Historical Background

The Accreditation Council for Continuing Medical Education (ACCME) (1) regulates CME in the United States and the mechanisms it uses to provide financial support to these activities. CME and its commercial support did not change much after the original **ACCME Standards of Commercial Support** were developed and approved in 1992 by a joint effort of the ACCME and the Food and Drug Administration (FDA). The ACCME parent bodies include: American Medical Association (AMA), Association of American Medical Colleges, Council of Medical Specialty Societies, Federation of State Medical Boards, American Hospital Association and Association of Hospital Medical Education) The primary concept of the Standards was to require disclosure of 'financial relationships' held by CME faculty and of recommendations for use of 'off-label, investigative or unapproved uses of drugs and devices' in talks by these same faculty. No mention was ever made of 'conflicts of interest', since it was thought that because one had a financial relationship with a commercial entity did not necessarily mean there was any conflict of interest. CME providers also had to disclose to the learners any organizations that provided financial assistance that helped underwrite the CME activity. The overall sense was that with this information learners could sort out any 'undue commercial influence' and still be able to make adequate judgment about what was best for their patients.

REGULATORY OVERSIGHT OF CME

American Medical Association: One of the issues that affected the CME world up to and through the 1990's was the ethics of '**gifts to physicians**'. In 1990 the **AMA** rendered an opinion from its **Council on Ethical and Judicial Affairs (CEJA)**(2) concerning gifts given by commercial interests to physicians. They had to: benefit patients; be of minimal value (less than \$100); and, the primary incentive needed to be educational. The opinion also stated that *"subsidies from industry should not be accepted directly or indirectly to pay for costs of travel, lodging, or personal expenses of the physicians who are attending the conferences and meetings."*

REALITY CHECK:

- **As faculty in a certified CME activity you may be paid for your expenses, along with reasonable honoraria and/or per diem for the services you provide by the accredited CME provider, not the commercial entity. You may not be paid to attend a CME activity as a learner. Should anyone want to give you a gift, you may accept if it is under \$100 in value and it benefits patient care.**

AONA Position

- Any amenity given to any physician is of minimal financial value.
- Medical manuals or textbooks which benefit patient care are provided as part of AONA's CME activity materials.



Pedicle Screw Litigation: Another development that occurred between 1988 and 1993 was the **pedicle screw litigation**. The lesson learned from a series of law suits was that to prevent future similar law suits like this, CME providers need to avoid most, if not all, of the following conditions: excessive profitability of a CME event; most CME content dealing with off-label uses; significant partnering of CME organizations with industry; incentives provided to physicians to attend and use new procedure, drug or device; insufficient disclosure of relationships; and, conspiracy to deceive physician learners.

REALITY CHECK:

- **Whenever discussing products, devices or procedures in a certified CME activity, always disclose if they have not been approved by the FDA for that use.**



Food and Drug Administration Guidance: In November of 1997 the FDA published its **Guidance for Industry-Supported Scientific and Educational Activities**. It states that *Although both [marketing activities and independent CME activities] provide valuable and sometimes vital information to health care professionals, the programs and materials performed and disseminated by companies are subject to the labeling and advertising provisions of the Federal Food, Drug, and Cosmetic Act (the act), whereas the truly independent and nonpromotional industry-supported activities have not been subject to FDA regulation.*

Finally, this document outlines the criteria by which they will decide if there truly is independence between the accredited provider and the commercial supporter. Those criteria which are most relevant to the AONA CME mission-are quoted below:

(4) **Relationship between Provider and Supporting Company:** *The agency will consider whether there are legal, business, or other relationships between the company and the provider that could place the company in a position whereby it may exert influence over the content of the activity (e.g., a provider that is owned by, or is not viable without the support of, the company supporting the activity).*

(5) **Provider Involvement in Sales or Marketing:** *The agency will consider whether individuals employed by the provider and involved in designing or conducting scientific or educational activities are also involved in advising or otherwise assisting the company with respect to sales or marketing of the company's product.*

8) **Audience Selection:** *The agency will consider whether invitations or mailing lists for supported activities are generated by the sales or marketing departments of the supporting company, or are intended to reflect sales or marketing goals (e.g., to reward high prescribers of the company's products, or to influence "opinion leaders").*

11) **Ancillary Promotional Activities:** *The agency will consider whether there are promotional activities, such as presentations by sales representatives or promotional exhibits, taking place in the meeting room.*

✓ REALITY CHECK:

- All physician faculty need to know the difference between a **promotional activity** for a commercial entity where all content must stay within FDA approved labeling and a **certified CME activity** where off-label, unapproved or experimental uses of medical products, devices or procedures may be discussed and should be disclosed to the learners.
- In **promotional activities** you usually focus your talks on a single product, whereas in a **certified CME activity** you should focus on a range of diagnoses and treatment options and the best available evidence in terms of safety and efficacy.
- You should avoid situations where you are serving as a faculty in both promotional activities and certified CME activities supported by the same commercial entity.

AONA Position

AONA will assure that there is full understanding and adherence to the FDA's oversight regarding when off-label discussions are permitted.

- **Provider/supporting company relationship:** While AONA enjoys a long-standing relationship with the commercial supporter of CME activities, the commercial supporter respects and adheres to FDA criteria relative to independence between an accredited provider and a commercial supporter.
- **Provider involvement in sales/marketing:** AONA does not allow any commercial supporter representatives to be involved in designing educational activities.
- **Audience selection:** It is the policy of AONA to accept registrations from qualified individuals on a first-come, first-served basis. No preferential treatment is given based on use of any commercial supporters' products.
- **Ancillary promotional activities:** AONA restricts any promotional activities to areas outside of the confines where an educational activity is taking place.



Recent Changes in Regulatory Oversight of CME

PhRMA Code on Interactions With Healthcare Professionals: The CME world began to change rather dramatically between 2002 and 2005. The first event to occur was the publishing of the **PhRMA Code on Interactions with Healthcare Professionals** in July of 2002 (5). This document governed relationships between pharmaceutical companies and health care professionals and dealt specifically with: general interaction; entertainment; continuing education; and, consultants. In 2003, the topic of companies that develop, manufacture, market, and sell drugs or biologic products was placed on the agenda of the OIG, which is the enforcement arm of US Department of Health and Human Services (HHS).

✓ REALITY CHECK:

- As faculty in a certified CME activity, you need to be dealing directly with the accredited CME provider and the physician chair of that activity and not with representatives of the commercial supporters. There should be no attempts by the commercial supporter to influence the patient care diagnosis and treatment recommendations you might make in your role within a certified CME activity.



US Department of Justice Office of the Inspector General (OIG) Compliance Program: This is a document to provide guidance in creating and implementing a compliance program for pharmaceutical and device companies that “promotes adherence to applicable statutes, regulations and requirements of the federal health care programs...” (6)

The document deals with the **anti-kickback statute:** which is “a criminal prohibition against payments (in any form, whether the payments are direct or indirect) made purposefully to induce or reward the referral or generation of federal health care business.” The document goes on to identify arrangements or practices that: “interfere with or skew clinical decision-making; . . . have potential to increase costs to the federal health care programs, beneficiaries, or enrollees; . . . increase risk of over utilization or inappropriate utilization; . . . raise patient safety or quality of care concerns.”

Another area of specific concern is **educational grants:** The document states that “to the extent the manufacturer has any influence over the substance of an educational program or the presenter, there is a risk that the educational program may be used for inappropriate marketing purposes.”

Finally, the document discusses the **relationship with possible referring physicians** when it states, “manufacturers, providers, and suppliers of health care products and services frequently cultivate relationships with physicians in a position to generate business for them through a variety of practices, including gifts, entertainment, and personal services compensation arrangements. These activities have a high potential for fraud and abuse, and historically have generated a substantial number of anti-kick back convictions. There is no substantive difference between remuneration from a pharmaceutical manufacturer or from a durable medical equipment or other supplier-if the remuneration is intended to generate any federal health care business, it potentially violates the anti-kickback statute.”

✓ REALITY CHECK:

- As faculty in a CME activity you need to avoid any involvement in financial incentives being proposed for using or encouraging your colleague learners to use medical products or devices sold by the commercial entities funding the CME activity.
- As faculty, you need to know that the purpose of a certified CME activity is to provide learners with a balanced and scientifically rigorous treatment of a disease state or injury, NOT as a marketing tool for a specific medical product, device or procedure of a commercial supporter.
- As faculty in certified CME activities, you must disclose relationships with commercial supporters whose purpose it is to generate sales of its products, devices of medical procedures. The relationships may cause a conflict of interest as perceived by the accredited provider which could alter your role.

AONA Position

- There is a long-standing commitment that the surgeon education committee for each specialty area is responsible for the content and its related materials to insure improvements in healthcare quality and not a specific business interest of any commercial interest. This includes faculty selection, frequency of activities, needs assessment and evaluations.
- While AONA enjoys a long-standing relationship with the commercial supporter the AONA faculty is charged with the responsibility of focusing content on best available evidence of quality patient care, along with peer review.



AdvaMed: This organization representing 90% of medical manufacturers in this country developed its own **code of ethics** that “encourages voluntary, ethical interactions between members and health care professionals” (7). This document is very similar to the PhRMA code, but with specifics relevant to the medical device industry as practices related to “members sponsored product training and education” (to teach health care professionals about safety and efficacy of new medical devices); “supporting third party educational conferences” (for the purpose of true scientific dialogue about medical conditions and appropriate diagnosis and treatment); and, “sales and promotional meetings” (to deal with sales and marketing of company products and services). The other major difference with the PhRMA code is the AdvaMed focus on “modest meals” and “reasonable travel and lodging costs”. In a recent Medical Meetings Magazine article (8) Elizabeth Carder-Thompson (partner in Reed Smith LLP, Washington DC and contributor to the AdvaMed code) indicated that “adherence to the PhRMA Code, and presumably by extension the AdvaMed Code, should substantially reduce the risk of a manufacturer’s being found to have violated the anti-kickback statute.”

REALITY CHECK:

- **Work with the accredited CME provider to make sure that all commercial supporters who are device manufacturers and who are providing financial support for your certified CME activity either are members of AdvaMed or have established compliance guidelines.**



ACCME Updated Standards for Commercial Support:

In 2005 compliance with the **ACCME Standards to Ensure the Independence of CME Activities** became mandatory. (9) One of the premises of the new standards is that “commercial support has the potential to introduce commercial bias that threatens the integrity of the CME enterprise...the ACCME believes that CME must be free of the control of commercial interests”. In order to strengthen the concept of independence between CME providers and commercial interests, several new elements were introduced into the updated Standards for Commercial support. Those that are relevant to this article include:

- (1.1) A CME Provider must ensure that the following decisions are made free of the control of a commercial interest: identification of CME needs; determination of educational objectives; selection and presentation of content; selection of all persons and organizations that will be in a position to control the content of the CME; selection of educational methods; and, evaluation of the activity.
- (1.2) A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship
- (2.1) Disclosures are required of all who can influence or control the content, not just the faculty.
- (2.1) Individuals must disclose any relationship that they (or their family) have with a commercial interest that has occurred within the past 12 months and that is relevant to the role they are being asked to take, as well as any relationship they have with the commercial supporter, whether relevant or not
- (2.2) An individual who refuses to disclose relevant financial relationships will be disqualified from involvement in certified CME planning, teaching implementation or evaluation
- (2.3) CME provider must develop mechanisms to identify and resolve all conflicts of interest
- (4.5) A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- (5.1) The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest
- (6.3) The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners

REALITY CHECK:

- As faculty in a certified CME activity, it is imperative that you understand that the commercial supporter is not allowed to be involved in influencing or controlling content—that is **your** responsibility and that of the accredited CME provider.
- As faculty serving as a director, chair, lecturer, table instructor, discussion group leader, or evaluator in a certified CME activity, you will be asked to disclose relevant financial relationships to the accredited CME provider who then must disclose that information to the learners. This disclosure requirement also applies to all of the leaders of the CME provider, education committee members, administrative staff, and independent consultants.
- You must disclose any financial relationship you have had within the last 12 months that is relevant to the educational role you are being asked to fulfill (e.g. lecturer, course chair) or any relationship with the commercial supporter of the CME activity. This includes family members or “significant others.”
- If you refuse to disclose, you will not be allowed to participate in the certified CME activity.
- If the accredited CME provider considers that the relationships you disclosed as faculty constitute a ‘conflict of interest’, they are required to resolve the conflict through a number of possible mechanisms such as:
 - Changing your assignment within the CME activity
 - Requiring that you not discuss recommendations for patient care diagnosis or treatment
 - Having you use the ‘best available evidence’ to support any patient care diagnosis or treatment recommendations
 - Having your content peer reviewed by a colleague expert not involved in the activity to assure lack of commercial bias
 - Having you sign an AMA supported ‘Attestation Form’ that indicates you understand these rules and will follow them.

AONA Position

- As a CME Provider, AONA does not tolerate pressures from any commercial supporter relative to individuals teaching at an activity, educational content or types of participants to be accepted for any CME activity being presented.
- Beginning with initial promotional materials, AONA clearly acknowledges all types of support being received to produce a CME activity—this includes brochures, announcements, faculty invitation letters, final programs, printed participant handouts, and on-site bulletin board postings.
- Everyone participating in the planning and execution of a CME activity, and/or who is in a position to control or influence content is required to disclose any relevant or other financial relationship(s). It is expected that each individual will make full disclosure.

Disclosure & Attestation

(excerpt from J. Frodel letter of June 23, 2006 to all AONA faculty)

Many of you became aware of the changes in CME regulations when you were asked to sign the revised AONA Disclosure and Attestation Form relative to your involvement in an AONA educational activity. We realize that it is quite complex and demands responses to questions that may not seem reasonable to you. However, it represents language suggested by the American Medical Association (AMA) to be compliant with the updated requirements of the ACCME. This is due largely to the increased attention being given to the relationships that CME providers have with commercial supporters. Compliance with both bodies’ guidelines is particularly important in light of our upcoming reaccreditation application in 2007. You should be aware that a similar form has been adopted for all European AO educational endeavors.



Implications for CME Providers and Commercial Supporters

The most significant changes that have affected CME providers in the last couple of years deal with:

- the independence of CME providers from the commercial interests that support them;
- the identification of potential conflicts of interest and the resolution of these conflicts in ways beyond the disclosure of relevant relationships; and,
- the separation of promotional activities of industry from certified CME.

Of course, the involvement of the OIG and the states' Attorneys General has certainly changed the nature of the dialogue about CME. (As an important aside, it should be pointed out that the OIG and any whistle blowers share in the fines that are levied against any commercial interest for violation of the relevant statutes. This financial incentive has fueled many of the hundreds of companies that have been fined and have signed Corporate Integrity Agreement letters with the OIG as described in detail on the OIG website.) (10)

AONA Position

- AONA will assure that all content is free of commercial bias. Any complaint or concern regarding perceived bias relevant disclosure information will be submitted to the Content Validation Subcommittee (CVSC) of the CME Advisory Board (CMEAB) for review and resolution.
- The CVSC guarantees that all content is valid and free of commercial bias, irrespective of individuals who have disclosed relationships with commercial interests.



AO North America

ACCME Accreditation History

Original Accreditation	June 1994	2 Years
Reaccreditation	November 1996	4 Years
Reaccreditation	March 1999	4 Years
Reaccreditation	March 2002	4 Years
Reaccreditation	November 2007	TBD



Glossary of Terms and Abbreviations

Terms

ACCME Essential Areas and their Elements: The three categories of standards necessary to become an accredited provider. They are Purpose and Mission, Planning and Evaluation, and Administration.

ACCME Standards of Commercial Support: Standards to ensure independence in planning and implementing CME activities.

Accreditation: The decision by the ACCME, or a recognized state medical society, that an organization has met the requirements for a CME provider as outlined by the ACCME. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories.

American Medical Association (AMA): The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.

The AMA is a member organization of the Accreditation Council for Continuing Medical Education (ACCME). Within the United States, the AMA only authorizes organizations that are accredited by the ACCME or by a state medical society recognized by the ACCME Committee for Review and Recognition (CRR) to designate and award AMA PRA Category 1 Credit™ to physicians. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA PRA standards.

Commercial Bias: A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest: A commercial interest is any proprietary entity producing healthcare goods or services consumed by, or used on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

Commercial Support: Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias.

Continuing Medical Education (CME): Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Credit: The "currency" assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA PRA Category 1 and 2 Credit.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and

societies in the matter of designation of credits and verifications of physician attendance.

NOTE: The designation of credit for specific CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines ‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Self Study: A report of data collection by the ACCME that allows the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

Abbreviations

AONA	AO North America
AOF/AOE	AO Foundation/AO Education
ACCME	Accreditation Council for Continuing Medical Education
AMA	American Medical Association
CME	Continuing Medical Education
CMEAB	Continuing Medical Education Advisory Board
CVSC	Content Validation Subcommittee
CMED	Continuing Medical Education Department of AONA
NACMEC	North American Craniomaxillofacial Education Committee
NAMTEC	North American Musculoskeletal Trauma Education Committee
NASEC	North American Spine Education Committee
NAVEC	North American Veterinary Education Committee
SCS	ACCME's Standards for Commercial Support

References

1. ACCME web site (<http://www.accme.org>)
2. CEJA Opinion 8.061—*Gifts to Physicians* JAMA 1991;261:501 (<http://www.ama-assn.org>) can be found at: home page/medical ethics/AMA Code of Ethics/CEJA Reports/1990 G-1-90.
3. Pedicle Screw Litigation History—presented by Shawn Collins, Esq. at ACCME workshop in 2000 and 2001
4. FDA Guidance Document: *Industry Supported Scientific and Educational Activities*—November, 1997 (<http://www.fda.gov/cder/guidance/isse.htm>)
5. PhRMA: *Code on Interactions with Healthcare Professionals*—Revised January 2004 (http://www.phrma.org/code_on_interactions_with_healthcare_professionals)
6. OIG Compliance Program: Compliance Program Guidance for Pharmaceutical Manufacturers—April, 2003 (<http://www.oig.hhs.gov>)
7. AdvaMed—*Code of Ethics for Interactions with Health Care Professionals*—2004 and updated April, 2005 (<http://www.advamed.org/publicdocs/coe.html>)
8. Medical Meetings Magazine article—November 13, 2005
9. ACCME Standards for Commercial Support (<http://www.accme.org>)
10. OIG Web Site (<http://www.oig.hhs.gov>)—Corporate Integrity Agreements
11. Content Validation Subcommittee Charge of Responsibilities and *Mechanisms Used by CME Providers to Validate Course Content and Assure Lack of Commercial Bias* (January 6, 2006)
12. CMEAB Chair letter of June 23, 2006 to all AONA faculty

Contributors

John F. Frodel, MD
Chair, AONA CME Advisory Board
Director, Division of Facial Plastic Surgery
Geisinger Medical Center
Danville, PA

Joseph S. Green, Ph D
President, Professional Resource Network, Inc.
Associate Consulting Professor, Duke University School of Medicine
Chapel Hill, NC

Joan M. Rousseau
CME Consultant
Lower Gwynedd, PA

Dana M. Winkey
CME Supervisor
AONA Department of Continuing Medical Education
Paoli, PA

Editor

Stephen A. Schwartz
Logistical Director
AONA Department of Continuing Medical Education
Paoli, PA

AO North America

P.O. Box 1658
West Chester, PA 19380
Phone (610) 344-2000
Fax (610) 344-2001
<http://www.aona.org>



***Front row: James Hughes, CVSC Leader, John Frodel, CMEAB Chair, John Wilber, AONA President
Second row: J. Rousseau, J. Borrelli, D. Winkey, G. Sumner-Smith, J. Green, A. McClimon, K. Johnson,
G. Rechtine, C. Vander Kolk, M. Dekutoski, G. Kushner***

CME Compliance Physician Ethics in the Best Interest of Patient Care