

April 26, 2019

William Rayburn, MD, MBA, Board Chair  
Graham McMahon, MD, MMSc, President and CEO  
Accreditation Council for Continuing Medical Education  
401 N. Michigan Avenue, Suite 1850  
Chicago, IL 60611

Re: [ACCME Call for Feedback: Protecting the Integrity and Independence of Accredited Continuing Education](#)

Dear Drs. Rayburn and McMahon:

On behalf of the American Academy of Family Physician's (AAFP), I am outlining our recommended revisions to the ACCME Call for Feedback: Protecting the Integrity and Independence of Accredited Continuing Education.

The AAFP is the national medical association representing 131,400 family physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits – that is 192 million visits annually – 48 percent more than the next most visited specialty.

The AAFP supports family physicians so they can spend more time focused on what they desire to do: provide safe, high quality, cost-effective patient care. In 1947, the AAFP created the nation's first continuing medical education (CME) credit/accreditation system to emphasize the importance of physicians engaging in lifelong learning and CME. The AAFP continues to accredit over 18,000 educational sessions each year produced by over 1,250 CME provider organizations nationwide. AAFP members alone report over six million AAFP credits each year.

The AAFP was an integral member of the original task force charged with establishing the ACCME Standards for Commercial Support (the Standards) in 1992, and was a member of the 2004 task force established to consider revisions to the Standards. Since inception, the AAFP has adopted the Standards as its own, which is reflected in the AAFP Credit System Eligibility Requirements.

The AAFP takes this call for feedback on the Standards very seriously. Overall the Standards are achieving what they were created to accomplish. Our recommendations are based upon our robust experience reviewing and auditing thousands of AAFP accredited educational

#### **STRONG MEDICINE FOR AMERICA**

President John Cullen, MD Valdez, AK	President-elect Gary LeRoy, MD Dayton, OH	Board Chair Michael Munger, MD Overland Park, KS	Directors Robert Raspa, MD, Orange Park, FL Leonard Reeves, MD, Rome, GA Ada Stewart, MD, Columbia, SC	James Ellzy, MD, Washington, DC Dennis Gingrich, MD, Hershey, PA Tochi Iroku-Malize, MD, Bay Shore, NY
Speaker Alan Schwartzstein, MD Oregon, WI	Vice Speaker Russell Kohl, MD Stilwell, KS	Executive Vice President Douglas E. Henley, MD Leawood, KS	Sterling Ransone, MD, Deltaville, VA Windel Stracener, MD, Richmond, IN Erica Swegler MD, Austin, TX	LaTasha Selby Perkins, MD (New Physician Member), Arlington, VA Michelle Byrne, MD (Resident Member), Chicago, IL Chandler Stisher (Student Member), Brownsboro, AL

sessions against the Standards and feedback we elicited from members and CME provider organizations that apply for AAFP credit.

### **Recommendation One – New Title**

The AAFP recommends revising the title of the Standards to the “Standards for Integrity and Independence of Accredited CME”. There is a common misconception among CME provider organizations that the Standards only apply to activities that receive commercial support. The Standards apply to all accredited CME activities regardless of whether they receive support. Changing the title of the Standards will address this misconception and allow other accreditors to adopt them as their own requirements.

### **Recommendation Two – Conflict of Interest**

The AAFP recommends revising Standards Two and Six as follows:

(Language that is deleted is indicated by ~~strikeout~~. New language is indicated by **bold, double underscore.**)

Standard 2.3 - The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners. **Resolution mechanism(s) chosen must be appropriate for the role(s) of the individual.**

**Standard 2.4 – The use of employees of ACCME-defined commercial interests as content controllers in CME is prohibited, except in specific situations specified [here](#).**

Standard 6.1 – An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest. **The nature of the relationship is defined as the type of relationship (e.g., consultant) and topic area(s) involved.**

CME provider organizations report that the requirements for conflict of interest (SCS [2](#) and [6](#)) are the most difficult of all the standards with which to comply. The recommended additions to Standard Two are a current expectation of Accreditors, however they are currently not explicitly stated within the Standards. Explicitly stating these requirements within the Standards will reinforce requirements. The recommended additions to Standard Six will provide additional guidance and support to CME provider organizations in determining what creates a conflict of interest. Additionally, disclosing this detailed information further promotes transparency to learners and helps them more easily identify the potential for bias.

### **Recommendation Three – Commercial Support**

The AAFP recommends revising Standard Three as follows:

**Standard 3.6:** Both the commercial supporter and the provider must sign **or** **otherwise acknowledge their acceptance of** the written agreement between the commercial supporter and the provider.

The Standards require both the commercial supporter and the CME provider to sign a written agreement outlining the terms, conditions, and purposes of the support. Supporters are trending toward utilizing online systems and letters of agreement that do not always require signatures. Revising the language will allow for other forms of acceptance by both parties.

#### **Recommendation Four – Definition of a Commercial Interest**

The AAFP recommends revising the definition of a Commercial Interest as follows to distinctly include diet and fitness companies that do not produce a tangible product or a service:

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods, **or** services, **or regimens** consumed by, or used on, patients.

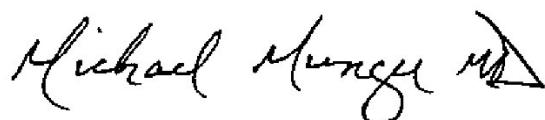
*Regimen – A set of rules about food, exercise, or behavior that you follow, esp. in order to improve your health. Source: Cambridge dictionary*

Finally, given the definition of a commercial interest is the underpinning of the Standards and any further revisions may have significant implications for accreditors and CME provider organizations, the AAFP recommends a robust in-person discussion amongst the accreditors on the definition.

We look forward to participating in the July 31, 2019 US Accreditors meeting to discuss this important issue and welcome the opportunity to continue to speak with the ACCME in the interim. Please contact Amy Smith, Director of Continuing Professional Development Accreditation at 913-906-6057 or [amys@aafp.org](mailto:amys@aafp.org) with any questions or concerns.

Thank you for your consideration.

Sincerely,



Michael L. Munger, MD, FAAFP  
Board Chair  
American Academy of Family Physicians

CK/AS/cmc

cc: Amy Smith, MBA, AAFP Director of CPD Accreditation  
Norman Kahn, MD, Co-Chair, Task Force on Protecting the Integrity of Accredited CE  
Susan Spaulding, Co-Chair, Task Force on Protecting the Integrity of Accredited CE