In the last decade, there has been a surge of interest on the subject of physician-industry relations and bias in CME. The funding of CME has received attention, together with the roles and responsibilities of the players involved, including the pharmaceutical industry, academia and suppliers. While pharmaceutical industry support has become increasingly prevalent, it has simultaneously gained scrutiny and is the subject of much debate. The issue remains in dispute with little solution offered to those who run CME units under financial pressure. There is sufficient evidence in the literature that such support is often unethical, unrestricted and biased. Furthermore, physicians are not able to identify bias when they see it. Literature suggests it occurs at an unconscious level and when it has a self-serving interest, physicians are not able to recognize it, even when presented with bias at CME events. Bias is difficult to define and measure and there are currently no tools to measure it. The extent of the problem of industry influence on physicians and CME is as follows:

1. While funding from other private and government sources is becoming increasingly uncertain, the pharmaceutical industry funded half of the $1.1 billion spent on CME in the US in 1999.

2. In reality, the pharmaceutical industry now funds over 60% of CME events in the US and similar data for Canadian CME is available from a survey conducted between 2000 and 2004 by the College of Family Physicians in Canada.
3. In the last two years 842 Ontario physicians attended 5.2 drug company sponsored symposia vs. 1.9 university funded courses.

4. A national survey of physician-industry relations of 3,167 physicians in six specialties (anaesthesiology, cardiology, family practice, general surgery, internal medicine and pediatrics) in 2003 and 2004 reported that 94% of physicians had some type of relationship with the pharmaceutical industry and most of these relationships involved receiving food in the workplace (83%), or drug samples (78%). Thirty five percent received reimbursement for costs associated with professional meetings or CME and > 28% received payments for consulting, giving lectures, or enrolling patients in trials.

Clearly, CME providers cannot ignore the support and value that the industry can offer towards physicians’ life-long learning. There needs to be a more constructive and transparent relationship between pharmaceutical industry and the academic CME community.

All CME providers have an obligation to the medical profession and society at large to maintain standards for education, and to establish clear concise roles and responsibilities when dealing with external funding from third parties.

There needs to be a more constructive and transparent relationship between the pharmaceutical industry and the academic CME community.

Academic CME providers need to take a leading role in developing educational programs for external funding agencies on a variety of topics. The providers need policies/guidelines in place for receiving funding from third party sponsors. The delivery of CME should be done in an ethical, well balanced and unbiased manner. To achieve this goal, it is essential to have mutually respectful models of collaboration in which CME can be developed and delivered in a responsible fashion. One possible solution may be to have leaders from the academic CME community, ministry, provincial regulatory bodies, professional staff associations, colleges and the pharmaceutical industry come together to create a collaborative funding mechanism to support the future of educating physicians in Canada while ensuring that quality control measures, standards, needs and outcomes are all linked.