The Business Side of CME

By Michael L. Marrin, MD, FRCPC

Recent events have me thinking (and worrying) about the business side of continuing medical education (CME). Traditionally, our CME operation revenue has come primarily from short-course fees, conferencing services fees, and industry sponsorships. Some research funding is available, but it hasn't been a reliable contributor to the bottom line.

Things were looking up for academic CME units when the College of Family Physicians of Canada (CFPC), and the Royal College of Physicians and Surgeons of Canada introduced mandatory CME as a condition of continued certification. We expected the demand for CME would increase and physicians would be willing to pay a reasonable amount for high quality education. We anticipated the demand for coveted Mainpro C programs might form the cornerstone of a new business model. CME units began to develop programs that could be distributed on the Web, hoping that larger audiences would offset the increased production costs.

Alas, reality has overtaken optimism. The CFPC has made it possible for physicians to develop their own Mainpro C activities—good news for them, bad for us. Putting CME on the Web seemed like an obvious strategy, but it's not a very social way to learn. Our attention span shortens when we work on a computer, and, until tablet computers infiltrate the physician community, we can't do our CME curled up in front of the fireplace.

To add to that, now we may be facing much tighter rules of engagement with industry. The Accreditation Council for Continuing Medical Education has issued new draft guidelines regarding industry-academic CME collaboration. If fully implemented, industry support for CME would be possible only through unrestricted educational grants. This would be fine if we

Dr. Marrin is the assistant dean, continuing health sciences education, faculty of health sciences, McMaster University, Hamilton, Ontario.

Editorial

had other sources of funding. I'm sympathetic to the concerns about the blurred border between education and marketing, as described by Harvard Medical School's Arnold Relman (see his editorial in JAMA 2001; 285:2009), but industry sponsorship in various forms has been critical to the financial viability of many academic CME units.

It's time to be thinking of new ways of doing business in CME. I don't have the answers yet, but here are some thoughts:

For a variety of reasons, provincial licensing authorities are increasingly interested in universal, ongoing assessment of physicians. Universal assessment, however, should be linked to a program of ongoing education. A system in which all physicians undergo periodic reviews, followed by educational prescriptions, could have enormous implications for academic CME units. It would be reasonable for such comprehensive programs of assessment and ongoing education to be jointly funded by the provincial colleges, government, and physicians. Educational offerings would be guided by the assessment process and there would be little need for industry support.

I wonder, too, if we should be focusing on what we do best and not, as one wise colleague expressed it, "trying to compete in a commodity market." Perhaps we should focus our attention on advancing the field of CME. This would mean reducing the number of short courses we offer (which aren't very effective in improving care anyway) in return for a focus on high quality, collaborative research into effective CME. We might shift from a "service delivery with a little research" model to one based on "research with a little service." The Canadian Institute for Health Research and other funders are willing to consider well-thought out CME research proposals. Such a focus would be truer to our academic mission.

Finally, now that physicians are able to create their own CME credit activities, we might provide a consultative role in helping them define their educational needs, plan programs of study, and evaluate the outcomes. Simple-to-use practice audit tools, literature review checklists, perhaps even short tests could be provided to help document learning and changes in practice.

In the meantime, as we ease into new ways of doing business, we need to work with our current funders. The existing accreditation and industry-CME relationship guidelines are quite useful in negotiating appropriate partnerships with industry. Greater restrictions on industry-CME partnerships could have devastating, unintended consequences. CME

Copyright © 2003 and published by STA Communications Inc., 955 boulevard St-Jean, Suite 306, Pointe Claire, QC H9R 5K3. Published 12 times per year. Subscription: $102.00 annually; single copy $8.50; $10.75 elsewhere. Canada Post — Canadian Publications Mail Sales Product Agreement No.: 40063348. Postage paid at St-Laurent, Quebec. All rights reserved. None of the contents of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. ISSN 0843-994X. Cover: McMaster University.