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European Accreditation Council for Continuing Medical Education

AVOIDANCE OF BIAS IN EDUCATIONAL ACTIVITIES

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1. General Principles

Introduction.

In recent years there has been increasing concern about the presence of bias in the activities provided for postgraduate medical education (PGME), continuing medical education (CME) and continuing professional development (CPD). Bias may take a number of forms, but results in the delivery of an unbalanced and potentially non-evidence based view of a topic. Most frequently bias results from a conflict of interest. Conflict of interest may occur as a result of commercial pressures or may result from academic, editorial or political factors. Conflict of interest may not always lead to bias, but bias is the most probable outcome.

The UEMS believes that all reasonable steps should be taken to avoid bias of any sort occurring in educational activities approved for CME or CPD.

Commercial Bias and Conflict of Interest.

Some authors consider that commercial support can be managed in a way that avoids bias or conflict of interest [refⁱ], while others believe that these outcomes are unavoidable [refⁱⁱ, refⁱⁱⁱ]. Currently commercial support accounts for some 50% of the costs of CME and CPD in developed countries but the view has been expressed that this support goes predominantly to major conferences and lectures that are of doubtful educational value [ref^{iv}]. Distance learning and small group learning are held to be cheaper and educationally more effective [ref^v]. Personal interaction with peers at major live events may be educationally valuable provided that there are additional practice-related reinforcing strategies in place [ref^{vi}]. The presence of pharmaceutical and other commercial companies at these events is a legitimate way of bringing the attention of new products to the healthcare professions. While pharmaceutical

companies frequently operate in a competitive environment, medical device manufacturers may be a sole provider and there is no “balanced view” to present. Commercial bias may be more subtle and based upon the selective provision of support to educational activities that will inevitably bring the commercial product into prominence rather than those that will not [ref^{vii}]

As a result of these debates there has been loss of confidence by patients and the public about the impartiality of industry support, and a concern that doctors may be persuaded to use more expensive, newer, or under-evaluated products in their treatment.

Academic and Editorial Bias.

Medical publishers and journal editors may not be immune to bias in their selection of what to publish. There is pressure to achieve a high level of readership in medical journals, and the provision of medical educational articles and distance learning materials may focus inappropriately on newer and untried treatment strategies in order to maintain the enthusiasm of their audience. This also represents a conflict of interest, although it is more subtle, and therefore perhaps more significant, than that in relation to pharmaceutical products. A similar form of bias may affect the selection of speakers and topics by other healthcare professionals who are designing the programmes for conferences and other live educational events.

Political Bias

Political Bias tends to operate at a higher level in an education system. For example in the way funding is distributed between health education and service provision, and between healthcare in general and (say) investment in armed forces. In reverse, a government or other organisation may stand to gain financially from their “approval” or “accreditation” of some educational programmes and not from others, and will tend to support the former to the exclusion of the latter.

Given the reality of the need for commercial and political support in order to deliver an effective programme of CME and CPD it is necessary to set out some principles that should be adhered to when considering educational activities or providers for approval or accreditation.

Principles for ensuring absence of bias in educational activities for CME/CPD approval by UEMS.

In the Document D9908 [ref^{viii}] UEMS states that: “The provider must assure that the educational programme approved for international CME credit is not influenced or biased by commercial organizations”. It is now necessary to build on this original document, and the following principles are suggested:

- The activity should incorporate accepted principles of effective education
- The expected learning outcomes should be well-defined, and likely to be achieved by the activity
- There should be no detectable bias of either a political, academic or commercial nature
- The educational content should be evidence-based, as far as this is compatible with current research findings.
- Any promotional content should be clearly identifiable and must not be included in the educational material
- Promotional activities should be ethical and proportionate to the education All actual and potential conflicts of interest should be made clear
- All sources of funding and other support should be disclosed
- The way in which the educational programme was developed should be clear
- Arrangements for review and governance of the programme should be stated
- The individuals accountable for the event or activity should be identified
- There should be effective arrangements for feedback from participants
- Activities should comply with relevant external regulatory requirements such as those of the EFPA, ABPA

Subsequent papers will consider in detail the mechanisms and criteria that should be employed when considering educational activities for approval.

ⁱ Marlow B. *Is Continuing Medical Education a Drug-promotion Tool? NO*. Can Fam Physician. 2007 October; 53(10): 1650–1652

ⁱⁱ Steinman M A, Baron RB. *Is Continuing Medical Education a Drug-promotion Tool? YES*. Can Fam Physician. 2007 October; 53(10): 1650-1653.

ⁱⁱⁱ Moynihan R. *The Invisible Influence of Drug Company Sponsorship*. BMJ 2008; 336: 416-7

^{iv} www.josiahmacyfoundation.org/documents/pub_ContEd_inHealthProf.pdf

^v Pisacane A. *Rethinking Continuing Medical Education*. BMJ 2008; 337: 490-491

^{vi} Davis D A, Thomson M A, Oxman A D, Haynes R B. *Changing Physician Performance: A Systematic Review of the Effect of Continuing Medical Education Strategies* JAMA 274(9), 1995, 700-705

^{vii} Davis D. *CME and the Pharmaceutical Industry: two worlds, three views, four steps*. Canadian Medical Association Journal. July 20, 2004; 171 (2).

^{viii} UEMS. *Criteria for International Accreditation of CME*. www.uems.net/uploadedfiles/46.pdf