

# Pharma Marketing News™

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June 2003

Vol. 2, No. 6

Published by  
VirSci Corp.

[www.virsci.com](http://www.virsci.com)

**Reprint** Highlight from 2nd Annual Forum on Continuing Medical Education, June 2003

## UNDERSTANDING THE PROPOSED ACCME STANDARDS FOR COMMERCIAL SUPPORT

By John Kamp

A joint presentation by John F. Kamp, Ph.D., J.D., Partner, Wiley, Rein & Fielding and Linda Casebeer, Ph.D., Associate Professor, CME at the University of Alabama School of Medicine, offered a point-counterpoint assessment of ACCME's draft Standards for Commercial Support (SCS) and its effect on the partnership between accredited CME provider/pharmaceutical supporter relationship.

"The role of CME accreditation includes defining the separation of education and promotion," claimed Dr. Casebeer. She should know – she serves on the ACCME.

"We should develop standards of good quality education that lead to good clinical outcomes" – Kamp

The notion that education and promotion don't mix is "fundamentally a bankrupt notion," exclaimed Kamp. Both enable clinicians to do better in practice.

While Kamp suggested to get rid of the "education is good/promotion is bad" distinction, Casebeer urged a shift from "us/them" to "we" in thinking about the overall issue of diffusion and adoption of medical innovations that benefit patients.

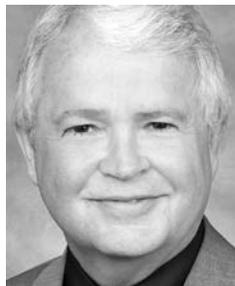
Casebeer emphasized that the SCS was a draft proposal and reminded the audience that "nothing is going to happen tomorrow." When the final standards are adopted, the effective date will also be defined. Some things in the draft standards will change and some will stay the same, said Casebeer.

The final version of the SCS is likely to include a version of the "firewall" to prevent a CME

provider with a commercial interest in a product or service controlling the content of a program in the same clinical area. This is "currently a policy of ACCME," claimed Casebeer, but will now be incorporated into the standards. It is less clear how this would affect medical education and communication companies (MECCs).

The various funding and commercial relationships between commercial supporters and CME providers are complex and Casebeer quipped that the possible editing of the language in the SCS regarding conflict of interest disclosure may be the "fun part" of drafting the final standard.

Meanwhile, Kamp suggested that it's all about drug costs. In the current political arena the perception is that pharmaceutical marketing – and CME is perceived as marketing in this arena – increases the costs of drugs.



**John Kamp**

Kamp urged that we "not demonize the profit motive" and claimed that "good education is marketing" and is just as important to drug companies as is R&D. "Marketing," said Kamp, "is one of the ways to shorten the development cycle and get drugs out in the marketplace sooner [to help patients sooner]."

Kamp offered five thoughts ("5 BE's") on how to operate in these "unsettled times:"

1. **BE aggressive** in your business and in Washington. Good education and good marketing is your best defense against bad public policy proposals. In Washington, educate public officials on the value of good medical education, regardless of who pays for it
2. **BE truthful**, straightforward and fully forthcoming. This is essentially the "golden rule" of marketing. Consumers expect it, and it's a good summary of the law of marketing from the Federal Trade Commission, the Food and Drug Administration and civil and criminal statutes.
3. **BE protective** of your brands. As mass marketing continues to grow in this industry, drugs as well as consumer products are dependent on the value of the brands. Undermine the trust customers have in your brands by actions that question your integrity and you brands will suffer. Protect your reputation, or your brands and your profits will suffer.
4. **BE careful**. It's about the law, the emerging law and the law of public opinion, politics and the press. Following the law is hard enough, but staying out of the way of emerging law and emerging public policy debates can be even tougher.
5. **BE proud**. Continuing Medical Education in America today is a great success story. Through the excellent CME programs provided by commercial and academic providers clinicians continue to take the great breakthroughs in medicine into the clinics that enable us and our families to enjoy longer, better lives, and improve the quality of our lives. Don't let the current policy skirmishes and fine tuning of our system of CME distract us from the fact that we're currently doing a great job. We're working to make it better, but in the meantime, we can all be proud of the current system.

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