

PROFESSION

## Med schools improve grades on cutting links to pharma

■ Next year, nearly 400 teaching hospitals also will be graded on how they manage their financial relationships with industry.

By KEVIN B. O'REILLY ([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY](http://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY)) amednews staff — Posted April 22, 2013

Most U.S. medical schools are earning high marks on an influential scorecard that grades their conflict-of-interest policies. In the latest edition of its PharmFree Scorecard, released April 9, the American Medical Student Assn. handed out A's and B's to 114, or 72%, of the nation's 158 allopathic and osteopathic medical schools.

That represents a rise from last year's results, which saw 102 schools, or 65%, get an A or a B. The scorecard grades schools' policies on how tightly they restrict interactions with pharmaceutical companies, device makers and other medical industry firms in 11 areas such as gifts, meals, drug samples and faculty participation in speakers' bureaus.

The findings demonstrate a dramatic climb of more than 40 percentage points since 2009, when just 30% of schools scored an A or B. In 2013, 14 schools got failing grades. All but five medical schools participated in the AMSA survey.

"Times are changing in terms of the attitudes of medical students and trainees," said Reshma Ramachandran, a fourth-year medical student at Warren Alpert School of Medicine at Brown University in Rhode Island. "We believe the scorecard helps to ensure the integrity of medical schools in terms of maintaining evidence-based medical education." Ramachandran is doing a fellowship on pharmaceutical policy at AMSA and spoke on the association's behalf about the scorecard.

### Early evidence on effects of policies

Recent studies paint a mixed portrait on the impact of tighter conflict-of-interest policies in medical education.

More than half of 2,349 medical students and residents reported that they received gifts from industry such as meals, said a Feb. 27 study in the *Journal of General Internal Medicine*. Even at medical schools and teaching hospitals where gifts are banned, medical students and residents can find food and other freebies at off-campus events and when they train in private physician offices.

An article in the February issue of *Medical Care* found that psychiatrists who graduated in 2008 — after many programs banned gifts from industry in compliance with the Assn. of American Medical Colleges' guidelines — were less likely than their 2001 counterparts to prescribe brand-name antidepressants that were heavily promoted. Stricter residency program rules were tied to lower brand-name drug prescribing.

Meanwhile, a study of about 2,500 doctors who graduated from 14 U.S. medical schools that banned pharma gifts found that they were 56% less likely to prescribe newly marketed "me-too" drugs than physicians educated at other schools. These physicians also were less likely to order such drugs than doctors who graduated from the 14 schools earlier, said the study, published Jan. 31 in *BMJ*.

Ending inappropriate ties between drugmakers and doctors is about more than just enacting tougher policies on paper, said Joseph S. Ross, MD, lead author of the *BMJ* study and assistant professor of medicine at Yale University School of Medicine in Connecticut. Yale got a B on the AMSA scorecard.

“The policies now are much more detailed,” he said. “Is it advancing the impact, or is it just bureaucracy? It’s important to evaluate. As the policies become more and more complicated, we have to ask: Are they just policies on paper, or are they being carried out in practice?”

Dr. Ross is consulting on a project being carried out by AMSA and the Pew Charitable Trusts to expand the scorecard to grade the policies of the country’s nearly 400 teaching hospitals. The scoring system will be revised so that domains are split into multiple categories better to capture how medical schools and academic medical centers handle different issues. For example, the current scorecard grades policies on any faculty consulting relationships. In the new scorecard, set for release in April 2014, there will be two categories: one for consulting and advising relationships for industry marketing purposes, and another for research and scientific activities.

The last decade has seen substantial improvement on disclosure and management of industry ties and more education about pharma’s attempts to influence physicians’ medical decision-making, said LeAnne Roberts, chair of the governing council of the American Medical Association’s Medical Student Section. She is a fourth-year medical student at the University of Medicine and Dentistry of New Jersey, which earned a B on the AMSA scorecard.

“The AMA has been working with the affiliated governing bodies of medicine to promote a policy that we have education on the ethics of the relationship between industry and the medical profession,” she said.

The AMA’s policy on gifts from industry, adopted in 1990 and last updated in 1998, says doctors should not accept gifts worth more than \$100 and that those gifts should be of direct benefit to patients. The AMA has encouraged medical educators to teach students and residents about that ethical guidance, serve as role models regarding appropriate interactions with industry and teach about the effects of pharmaceutical advertising.

Roberts said that in her four years in medical school, she has noted a drop in physician ties to industry, with fewer faculty members and visiting speakers disclosing such relationships during talks. Roberts said she has partaken of pharma-provided food on rare occasions.

“I bring my own lunch to work most days,” she said.

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#### ADDITIONAL INFORMATION

### How medical schools score on managing conflicts

Nearly three-quarters of U.S. medical schools earned A’s or B’s for their policies on limiting conflicts of interest, according to the American Medical Student Assn. Only 30% of schools got A’s or B’s in 2009.

Grade	Number of medical schools	% of medical schools
A	40	25%
B	74	47%
C	14	9%
D	13	8%
F	13	8%
In process	3	2%

Source: “AMSA PharmFree Scorecard 2013 Executive Summary,” American Medical Student Assn., April 9 ([link](#))

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#### EXTERNAL LINKS

“Changing Interactions Between Physician Trainees and the Pharmaceutical Industry: A National Survey,” *Journal of General Internal Medicine*, published online Feb. 27 ([link: http://www.ncbi.nlm.nih.gov/pubmed/23444007](http://www.ncbi.nlm.nih.gov/pubmed/23444007) )

“Does exposure to conflict of interest policies in psychiatry residency affect antidepressant prescribing?” *Medical Care*, February ([link: http://www.ncbi.nlm.nih.gov/pubmed/23142772](http://www.ncbi.nlm.nih.gov/pubmed/23142772) )

“Medical school gift restriction policies and physician prescribing of newly marketed psychotropic medications: difference-in-differences analysis,” *BMJ*, Jan. 31 ([link: http://www.ncbi.nlm.nih.gov/pubmed/23372175](http://www.ncbi.nlm.nih.gov/pubmed/23372175) )

“AMSA PharmFree Scorecard 2013 Executive Summary,” American Medical Student Assn., April 9 ([link: http://www.amsascorecard.org/executive-summary](http://www.amsascorecard.org/executive-summary) )

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