Grading the med schools

From the moment they first apply, medical students are evaluated by medical schools. Some students are now turning the tables on the schools. Each year, students involved with the American Medical Student Association’s (AMSA) Just Medicine Campaign grade the nation’s schools on their conflict-of-interest policies and practices and issue a scorecard.

The idea for the scorecard emerged about eight years ago following an AMSA conference on conflict of interest in medicine. Students who attended wondered which medical schools had policies on how faculty and students should interact with drug and device companies. They began asking and reported their first results in 2007.

The next year, with help from The Pew Charitable Trusts, the students developed criteria for assessing the policies: What do medical schools allow with regard to gifts, CME or speaking relationships, for example? The schools could earn a “model,” “good,” or “poor/absent” rating in about a dozen categories and an overall letter grade of A through F.

In 2013, after leaders from academic medical centers created a new set of recommendations regarding conflict-of-interest policies and practices, AMSA set out to revise its methodology and criteria again, this time to reflect many of those recommendations.

Its 2014 scorecard, the most recent iteration of the annual rating, reflects those changes. And with the bar set higher, some schools’ grades are lower.

University of Minnesota medical student Ted Fagrelius played a big part in generating that report. In 2013-14, he did a yearlong Just Medicine fellowship at AMSA headquarters in Washington, DC. As part of his work, he helped rewrite the methods for assessing medical school policies and collected data. “We really wanted to encourage policies that protected the integrity of medical care and research,” he says.

Fagrelius became interested in the conflict of interest issue during his third year of medical school, while attending an AMSA conference on the relationship between the pharmaceutical industry and health care. “I knew some basic stuff about the industry as a whole, but I didn’t know much,” he says. “We learned about how the drug industry influences doctors’ prescribing, clinical guidelines and research. And we also started to learn a little about the industry’s influence on trade agreements in order to protect intellectual property rights and profits at the expense of international access to life-saving medicines. It was this whole expansive world of money and influence and commercialization of health care. I had never known about it, and I wasn’t comfortable with it.” Afterward, another student told him about the Just Medicine fellowship, and Fagrelius decided to apply (he did the fellowship between his third and fourth years of medical school).

In addition to working on the scorecard during his fellowship year, Fagrelius spoke about conflict of interest at about 20 medical schools and conferences. As he did, he discovered most medical students are where he once was—they know a little, but not much. And he understands why. “So few medical schools have adequate curriculum on conflict of interest,” he explains.

Fagrelius admits medical schools have a lot of ground to cover. But he thinks they need to help the next generation of doctors learn how best to handle themselves in their relationships with industry. “Some medical schools say, ‘We have a lecture on it, and that’s enough.’ But when I talk to students, they aren’t aware of the influence that drug companies have on prescribing practices or clinical guidelines. They don’t know, and these influences can affect patient care in adverse ways.” – CARMEN PEOTA

Above average

The University of Minnesota and Mayo medical schools both earned Bs for their conflict-of-interest policies and practices in 2014. To see the full 2014 AMSA Scorecard, go to www.amsascorecard.org.

Ted Fagrelius speaking about medical schools’ conflict of interest policies during his year-long AMSA Just Medicine fellowship.

PHOTO COURTESY OF TED FAGRELIUS