

Southern Alliance for Physician Specialties CME CME Committee

CONFLICT OF INTEREST RESOLUTION POLICY

The Accreditation Council for Continuing Medical Education (ACCME) requests all accredited providers of CME (Southern Alliance for Physician Specialties CME) to have a mechanism in place for identifying (Faculty Financial Disclosure Form) and resolving potential conflicts of interest (COI) prior to an educational activity.

Goal: The Southern Alliance for Physician Specialties CME (SAPS CME) Committee goal is to ensure that conflicts of interest are resolved in a manner consistent with the public good. In the context of continuing medical education, the solution could be achieved by eliminating, avoiding, or managing conflicts of interest in such a way that the educational program is designed to be free of commercial bias and is aligned with the public interest.

Policy:

1. Activity directors, planning Committee members, teachers/authors, and any others planning or participating in CME activities (contributors) shall disclose to the SAPS CME Committee any relevant financial relationships between themselves and commercial organizations. This disclosure will be accomplished by the completion of a Faculty Financial Disclosure Form, the contents of which will be shared with the audience, prior to the educational activity.
2. Faculty Financial Disclosure Forms will be reviewed prior to the CME activity by the SAPS CME Committee or its designee, in cases of joint sponsorship, and if a conflict exists, an appropriate course of action will be determined and taken.
3. An individual who refuses to disclose relevant financial relationships will be disqualified from being an activity director, planning Committee member, or teacher/author of a CME activity and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity.
4. The SAPS CME Committee will document in writing how the identified, perceived conflicts of interest were resolved.
5. The following mechanisms for resolving conflicts of interest may be used to bring a successful conclusion:
 - A. **Signed Disclosure:** By completing and signing the CME Disclosure Form, the contributor agrees that said conflicts or relationships will not bias or otherwise influence their involvement in the CME activity, practice recommendations will be limited to those based on the best available evidence (or absence of evidence), and recommendations will be consistent with generally accepted medical practice. They also agree to all other mandatory ACCME disclosure guidelines.
 - B. **Audience Evaluation:** Attendees will be advised of their right to expect non-biased presentations and queried regarding their impressions concerning bias (or the absence of bias) within the activity. Activity Directors and teachers/authors will receive copies of the evaluation summaries and comments.

- C. **Prior Speaker Evaluations:** Historical data, relating to the particular faculty from previous evaluations, can be used to document status of commercial bias.
- D. **Altering Control Over Content:** An individual's control of CME content may be altered to remove the opportunity to affect content related to the products/services of a commercial interest. For example:
- § **Select someone else to control that part of the content** - If a proposed presenter/author has a conflict of interest related to the content, choose someone else who does not have a relationship to the commercial interests related to the content.
 - § **Change the content of the person's assignment** - The role of a person with a conflict of interest can be changed within the CME activity so that he/she is no longer teaching about issues relevant to the products/services of the commercial interest. For example, an individual with a conflict of interest regarding products for treatment of a disease state could address the pathophysiology or diagnosis of the disease rather than the therapeutics.
 - § **Limit the content to a report without recommendations** - If an individual has been funded by a commercial company to perform research, the individual's presentation may be limited to the data and results of the research. Someone else can be assigned to address broader implications and recommendations.
 - § **Limit the sources for recommendations to those based on best available evidence** - Rather than having a person with a conflict of interest present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria stated (evidence-based). For example, the individual could present summaries from the systematic reviews of a peer reviewed source, e.g., the Cochrane Collaboration (www.cochrane.org)
- E. **Peer Review/Independent Content Validation** - An informed learner or peer will review content. The extent of review depends on the circumstance. If the person performing the review knows the individual and the individual's past views and presentations, a brief conversation may be adequate for the person performing the review to be confident that the presentation will be independent and balanced. If the person performing the reviews is not familiar with an individual's views, a more extensive review (e.g., longer discussion, review of slides or handouts) may be necessary for the person performing the review to be confident of the presentation's independence and balance.
- F. **Altering Financial Relationships:** Contributor's relationship with commercial interest has changed or discontinued, and in doing so, no duty remains to introduce bias into the content. Although not relevant to COI, relationship must be disclosed to learners for 12 months.
- G. **Elimination:** Contributors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources (Committee members, teachers, authors, etc.) in subsequent certified CME activities.

This policy will be reviewed annually by the SAPS CME Committee.

Revised 12/14