

# Organizational Recommendations for Addressing Concerns About COI

Issue	JAMA Authors	Institute of Medicine	AAMC	ASN
<b>Limits industry support for Society programming</b>	Imposes a complete ban on pharmaceutical and medical device funding except for advertising and exhibit fees. Until change can be made, restricts total industry funding to 25% of operating budget. Those funds should be pooled and distributed through a central repository.	Proposes a new system of funding CME via a consensus development process. Options include maintaining indirect industry funding, implementing a central entity for distributing funds, and restricting industry support (but identifying new funds for CME).	Encourages national medical organizations to define processes to ensure objective CME. Does not restrict industry funding.	Maintains relationships with industry as long as there is a clear firewall between the development of program content and the Society's interactions with corporations.
<b>Manages Society control of educational content</b>	Establishes an institutional/organizational CME committee responsible for distributing educational grants. Members should be conflict-free and have control over topic and speaker selection. Prohibits identification of industry support for specific lectures/individuals.	Concludes that the current system of funding CME is unacceptable, but does not offer specific rules for changing the process.	Establishes a central CME office to distribute funds. Encourages a cooperative academic medicine-industry effort to develop information systems for CME. Requires recognition of industry funding sources for all CME activities.	Charges the Society's educational committees with controlling all educational content and maintains a strict firewall between fundraising and educational development. Continues to identify industry support for meeting sessions and materials.
<b>Sets requirements for COI disclosure of program committee members</b>	Requires, at a minimum, members of program committees to disclose any financial ties with industry. Recommends making disclosures publicly available.	Requires financial disclosure on an annual basis and when significant changes arise. Disclosures should be significantly specific, without a minimum monetary threshold. Institutions/ organizations should make the process as administratively simple as possible for respondents and require further disclosure when necessary.	NA	Requires members of the program committee (and all Society committees and advisory groups) to thoroughly disclose their financial and professional relationships. Maintains that disclosures should be reviewed by the staff and leadership, but otherwise remain confidential.
<b>Determines appropriate distribution of industry-specific material</b>	Prohibits distribution of corporate-branded items to members. Prohibits the appearance of company logos on tote bags, lanyards, etc. Requires standards of conduct in the exhibit hall, including a ban on gifts and food.	Prohibits the acceptance of items of material value from industry, at campus and off campus settings. Encourages professional associations to adopt supportive policies.	Prohibits the acceptance of gifts from industry by physicians and other faculty, staff, students, and trainees, whether onsite or off-site.	Prohibits speakers from participating in exhibit hall presentations and/or activities. Allows the distribution of branded items on the basis of PhRMA guidelines.
<b>Dictates Society involvement in industry sponsored symposia</b>	Restricts completely collaborating in, or profiting from, industry marketing activities. Prohibits association endorsement or facilitation of industry programs.	NA	Requires academically oriented management of CME programs and prevents industry from restricting the content of programs it sponsors or specifying which faculty or other persons should be selected as presenters.	Prohibits corporate influence in the planning of educational symposia. The specific planning and identification of speakers must remain the sole responsibility of the relevant planning committee.
<b>Prevents industry influence over Society journals</b>	Prevents association publications from bearing the logo of a drug or device company. Disallows industry funding for journal supplements.	NA	NA	Encourages analysis and possible reconsideration of the process for accepting journal supplements.
<b>Encourages policies that prevent industry influence via journal advertising</b>	Requires association journals to institute advertising policies that protect editorial decision-making from the effect of advertising interest.	NA	NA	Does not comment on this issue because the Society's journals already abide by rules protecting editorial decisionmaking.
<b>Requires appropriate disclosure or conflict-free status for Society leaders</b>	Requires officers and board members, but at a minimum officers, to be conflict-free (\$0 threshold, no personal income or research support from industry) at the time of election through their period of service.	Requires the implementation of financial COI policies for all individuals whose decisions impact the organization's mission. In practice, these policies will also pertain to relevant, nonfinancial relationships, such as leadership positions. Encourages creation of national guidelines and procedures for disclosure.	NA	Requires financial and professional disclosure of leaders, chairs, and committee members.
<b>Establishes a process for reviewing COI</b>	Requires a formal mechanism for reviewing disclosure. Encourages some combination of president, chief executive officer, general counsel, and compliance officer to lead review. Requires detailed and explicit disclosure with sections for activity description and sums received.	Encourages the formation of a standing committee with members free of conflict and with relevant expertise. The committee should use a full range of management tools, including eliminating the conflicts, removing individuals from the relevant activity, and requiring additional disclosure.	Requires institutions to develop audit mechanisms to ensure ACCME compliance.	Institutes a two-level review process to assess conflicts and ensure consistency. Establishes a COI committee to adjudicate concerns about conflict and continually assess the Society's programs and policies to prevent industry influence.

Note: Although each group in the above chart commented on other issues—JAMA authors on affiliated foundations, IOM on National Institutes of Health research, AAMC on prescription drug samples, etc.—the chart topics are the issues that impact society interactions with industry, as agreed upon by most groups. NA, not applicable.

Source: J Am Soc Nephrol 20: 1853–1859, 2009