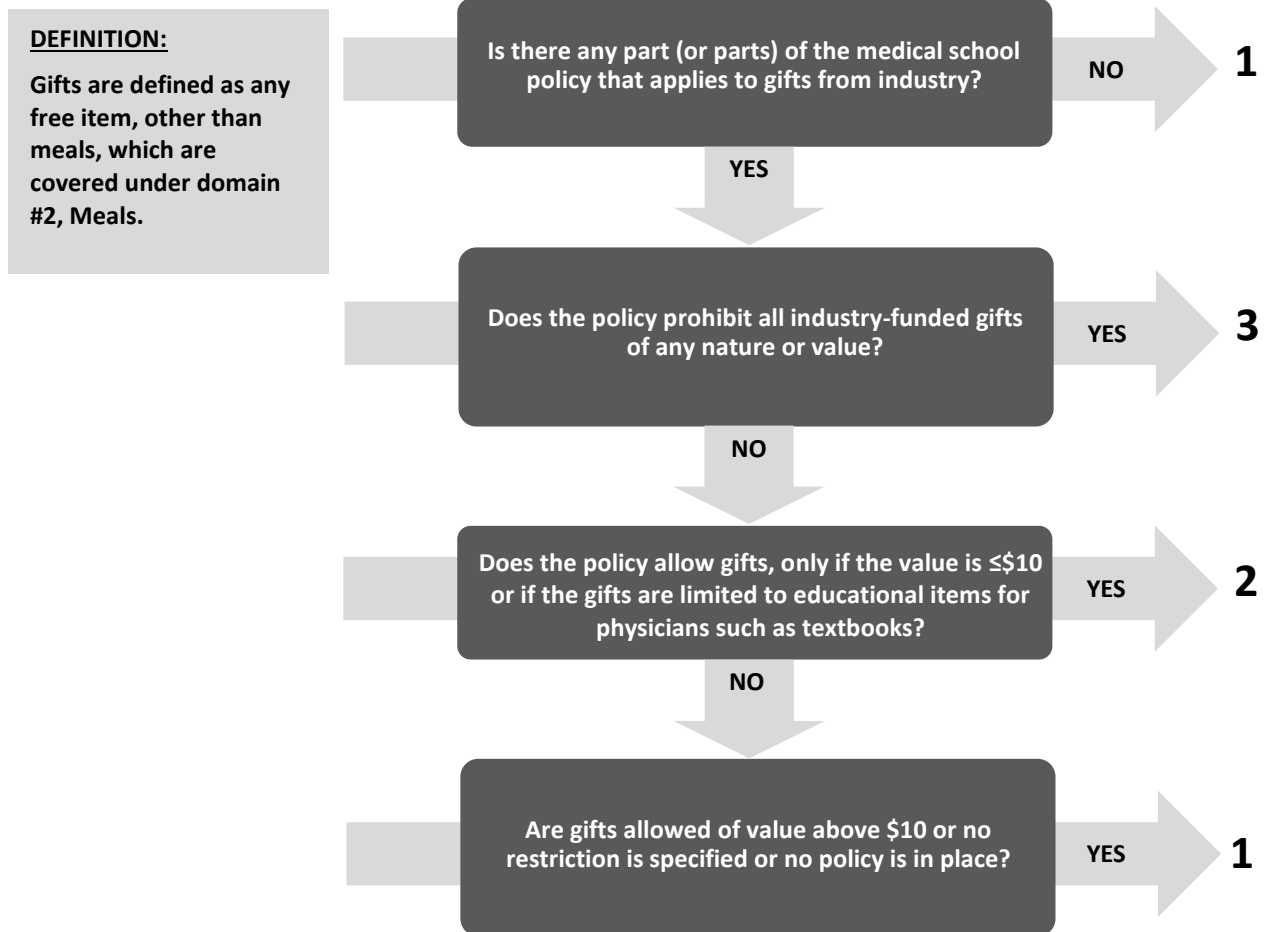


1. GIFTS FROM INDUSTRY

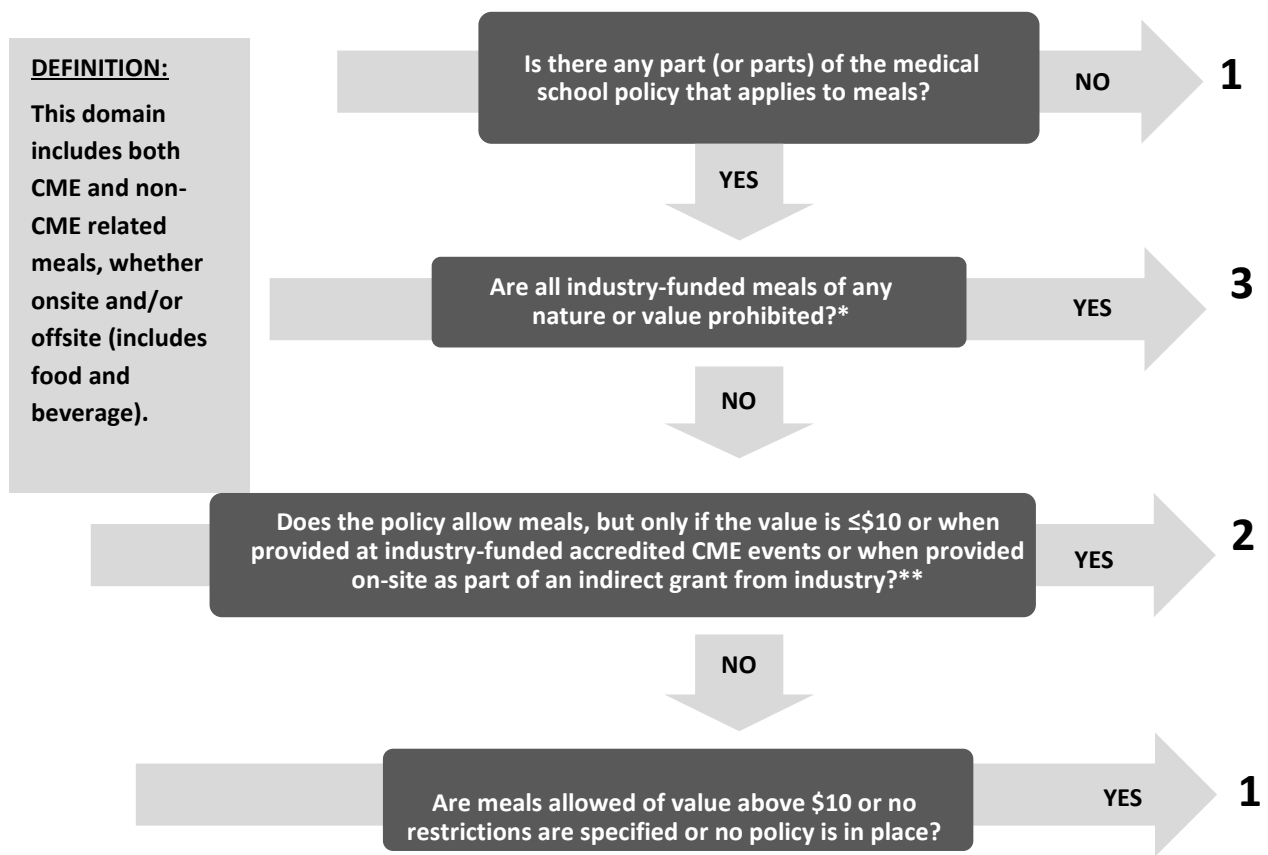


NOTES:

To qualify for a top score of “3”:

- **Prohibited** industry-funded gifts include the following:
 - “Educational gifts” for faculty and trainees, such as textbooks and journal articles or online subscriptions. Policies allowing gifting of textbooks, whether de-identified (i.e. no logos) or not and regardless of how they are given (indirectly via a central office or directly to an individual) score a “2”.
- **Permitted** industry-funded gifts include the following:
 - Institutional gifts to the university.
 - Educational items meant primarily for patient use, such as educational wall charts or anatomic models, or brochures describing medications.
 - Small gifts such as a totebag or water bottle given at a conference where everyone receives the gift as part of the registration fee or orientation packet.

2. MEALS FROM INDUSTRY

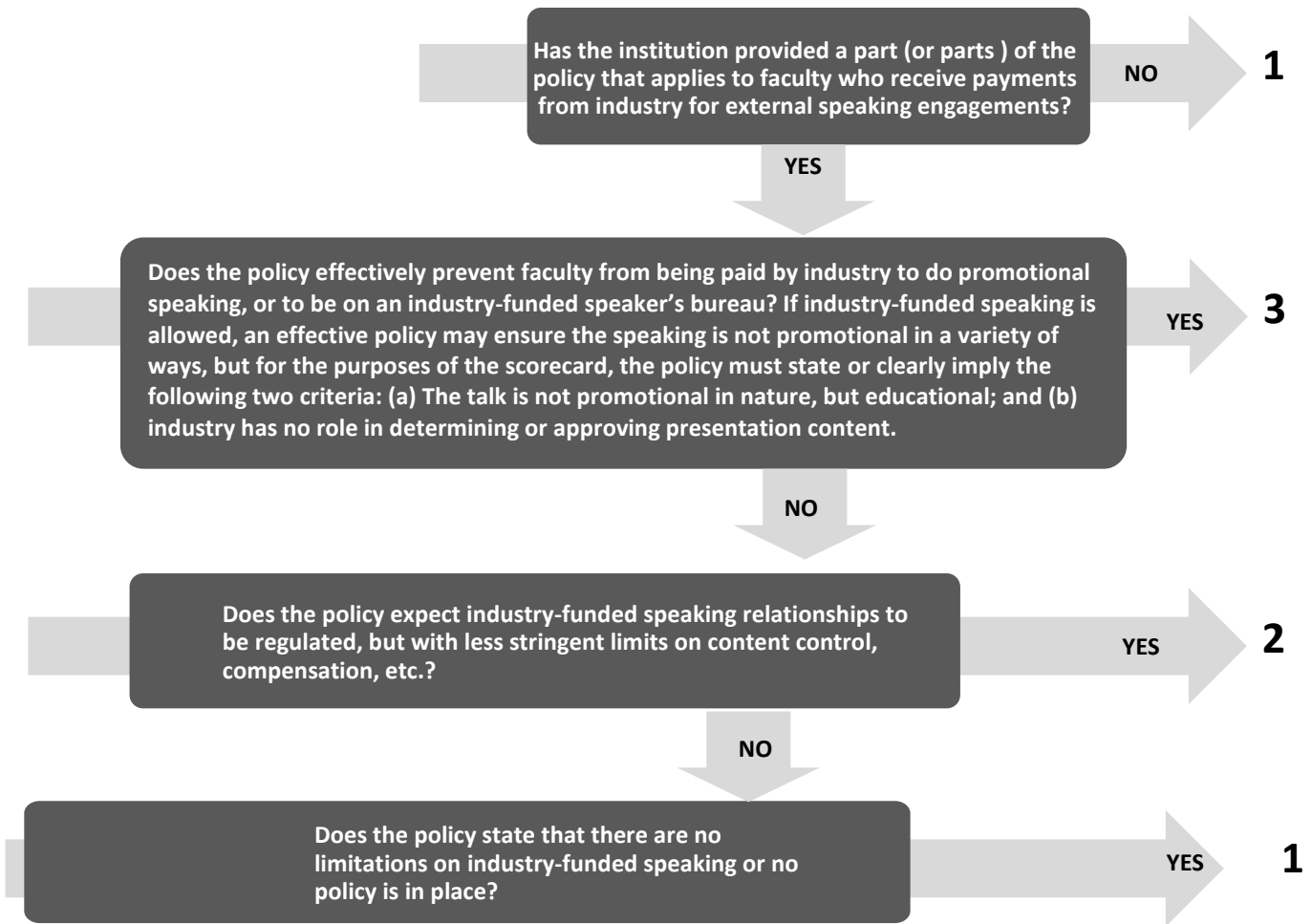


NOTES

To qualify for a top score of “3”:

- **Prohibited** industry-funded meals include the following:
 - Any industry-funded food or beverages provided directly to individuals on-site.
 - Industry-funded food or beverages provided off-site as part of a promotional talk (like a dinner program at a restaurant).
 - Meals as part of on- or off-site industry-funded CME courses, unless the meal portion of the program is funded by a non-industry source (such as a medical society, an academic department, the individual participants, etc....).
- **Permitted** industry-funded meals include the following:
 - Industry-funded food or beverages if provided to all participants who register for a legitimate academic conference, such as an annual meeting of a medical specialty society. (For example, this would include snacks and beverages made available in an exhibit hall to all registered participants. It would not include meals available only to participants who choose to attend a specific industry-sponsored lecture taking place at the conference setting.)
 - Industry-funded meals if they are part of a bona fide research or consulting contract.
 - Industry-funded meals (may be on-site in this case) if they are funded by more than one anonymous industry sponsor.

3. INDUSTRY-FUNDED PROMOTIONAL SPEAKING RELATIONSHIPS



NOTES:

This domain covers non-ACCME-accredited speaking relationships. Such talks are referred to in various ways, including “speakers bureaus,” “promotional talks,” “peer-to-peer education,” and “lunch and learns.”

Some effective policies include other provisions such as limits on compensation and reimbursement. Regardless of such safeguards, the “a” and “b” requirements above must be met for the policy to score a “3”.

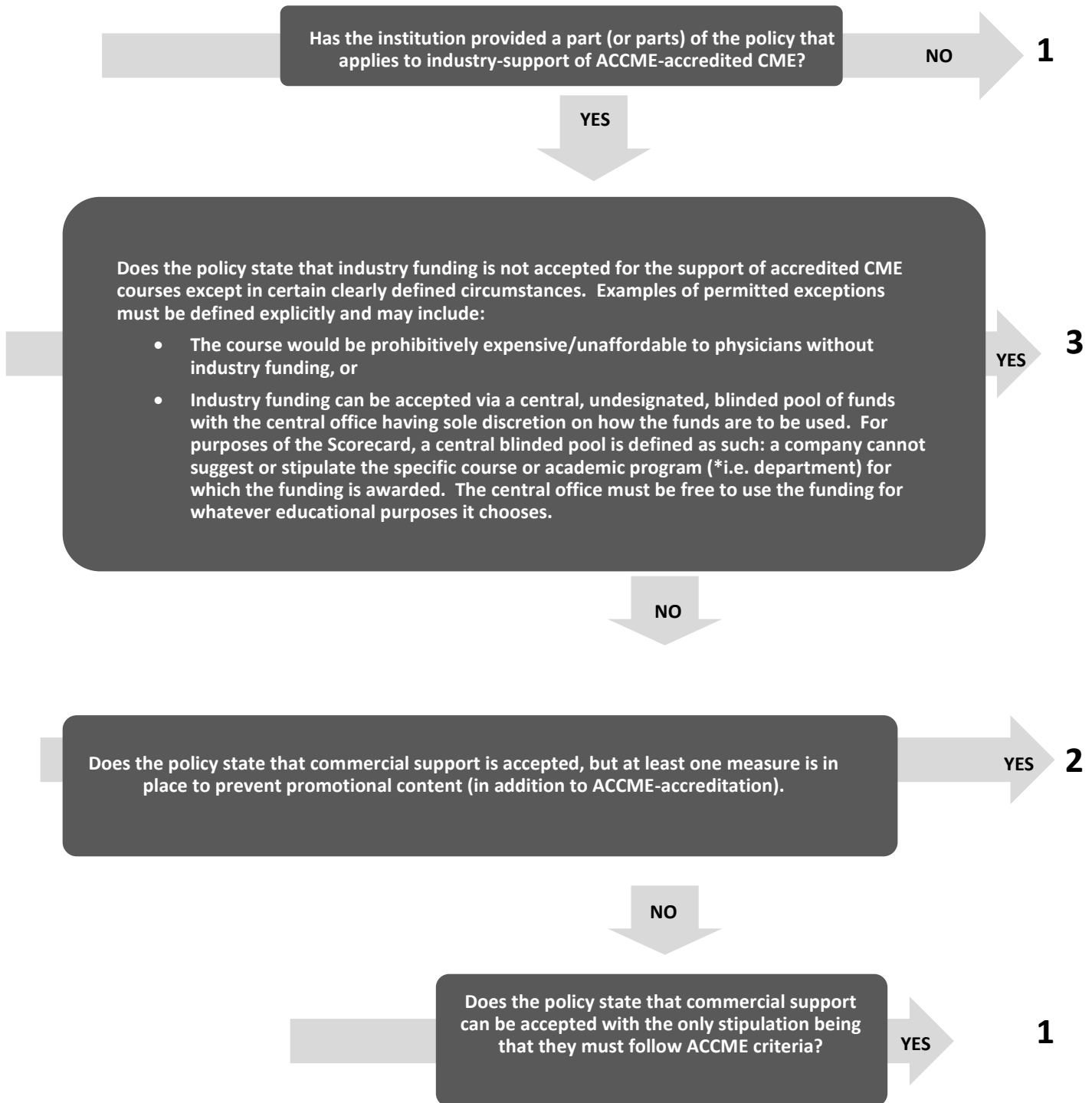
To qualify for a top score of “3”:

- Industry-funded speaking must be clearly educational as opposed to promotional. Best practice policies may require educational content by using terms such as: “scientific,” “balanced,” or “objective.” For the purposes of the Scorecard, even if the policy does not explicitly state that the talk is not promotional in nature, but instead uses these types of terms, we will assume it is not promotional in nature and that the policy may qualify for a “3” (as long as criteria b, content controlled by speaker, is also present).

To qualify for a “2”:

- Policies stating that promotional speaking is “discouraged” would score a “2”. In order to score a “3”, the policy must contain terms such as “prohibited” or “not permitted”.

4. INDUSTRY-FUNDED SUPPORT OF ACCME-ACCREDITED CME



NOTES:

“ACCME accreditation” is the minimum standard required for accredited courses; however, it alone is not sufficient for either a score of “2” or “3”. As a safeguard against commercially biased courses, ACCME requires that institutions follow their “Standards for Commercial Support”. These standards require disclosure of industry funding, management of existing conflicts of interest (including, for example, review of presentations’ content), and no industry involvement in choosing speakers or creating course content. However, ACCME standards allow companies to designate funding for specific courses, effectively allowing companies to choose to fund courses that will advance their commercial goals.

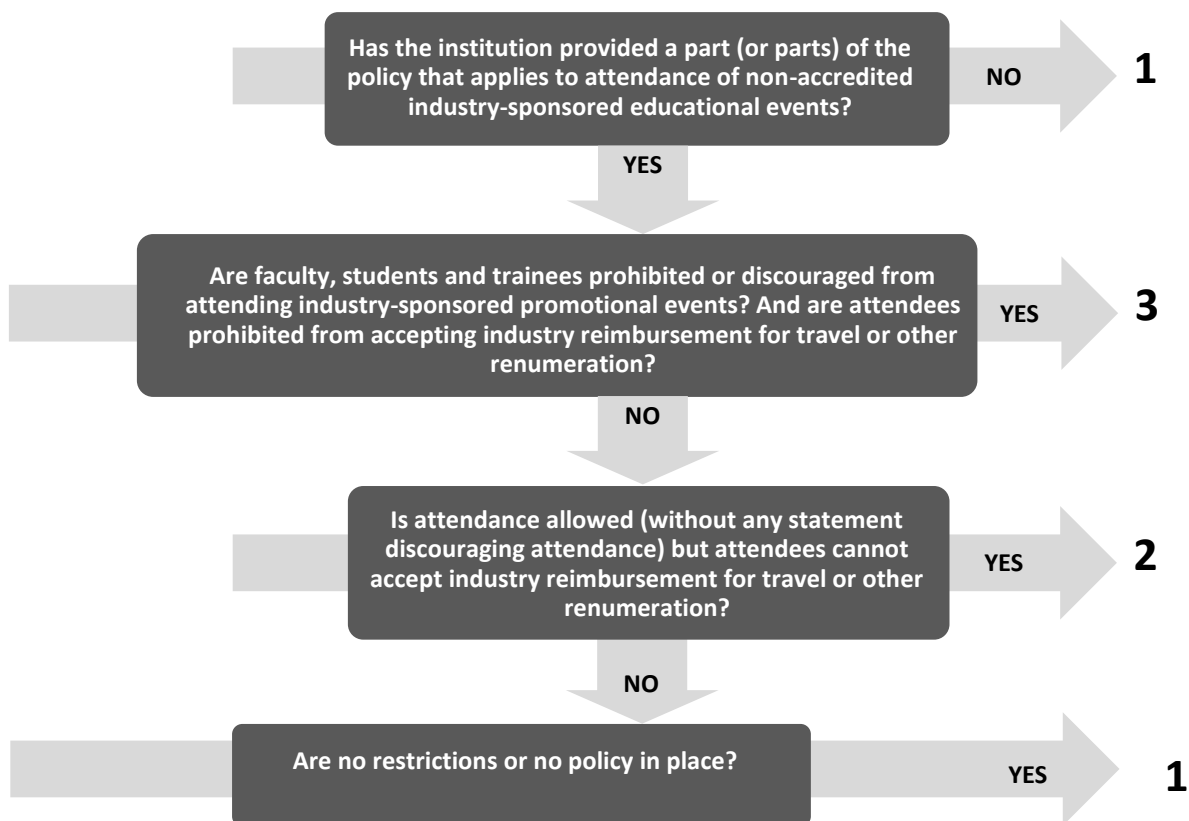
To qualify for a top score of “3”:

- **Permitted** industry-funded CME includes:
 - Industry funding placed in an unrestricted blind pool of funding in which the funder cannot designate which specific courses or topics can be funded.
 - Industry funding for specialized training requiring expensive equipment that would not be affordable to the institution without such funding.
- **Prohibited** industry-funded CME includes:
 - A process in which the industry funder can designate any of the following: the course, the specific topic, or the receiving department or division within the institution.

To qualify for a “2”:

- **Permitted** industry-funded CME includes:
 - Industry funding that meets ACCME Standards for Commercial Support [add link to these standards here] plus at least one additional measure required to strengthen the firewall between promotional intent and education. Such additional measures may include, but are not limited, to the following:
 - Requiring that more than one company sponsor an event
 - Requiring that all industry funds be overseen and disbursed by a central university-wide CME office (ie., funds cannot be paid directly from the commercial supporter to divisions or departments)
 - Requiring that physician participants cover some of the cost of the course, such as by paying for their meals, or paying a registration fee
 - Implementing a system of monitoring for commercial bias that is more robust than required by ACCME

5. ATTENDANCE OF INDUSTRY-SPONSORED PROMOTIONAL PROGRAMS



NOTES:

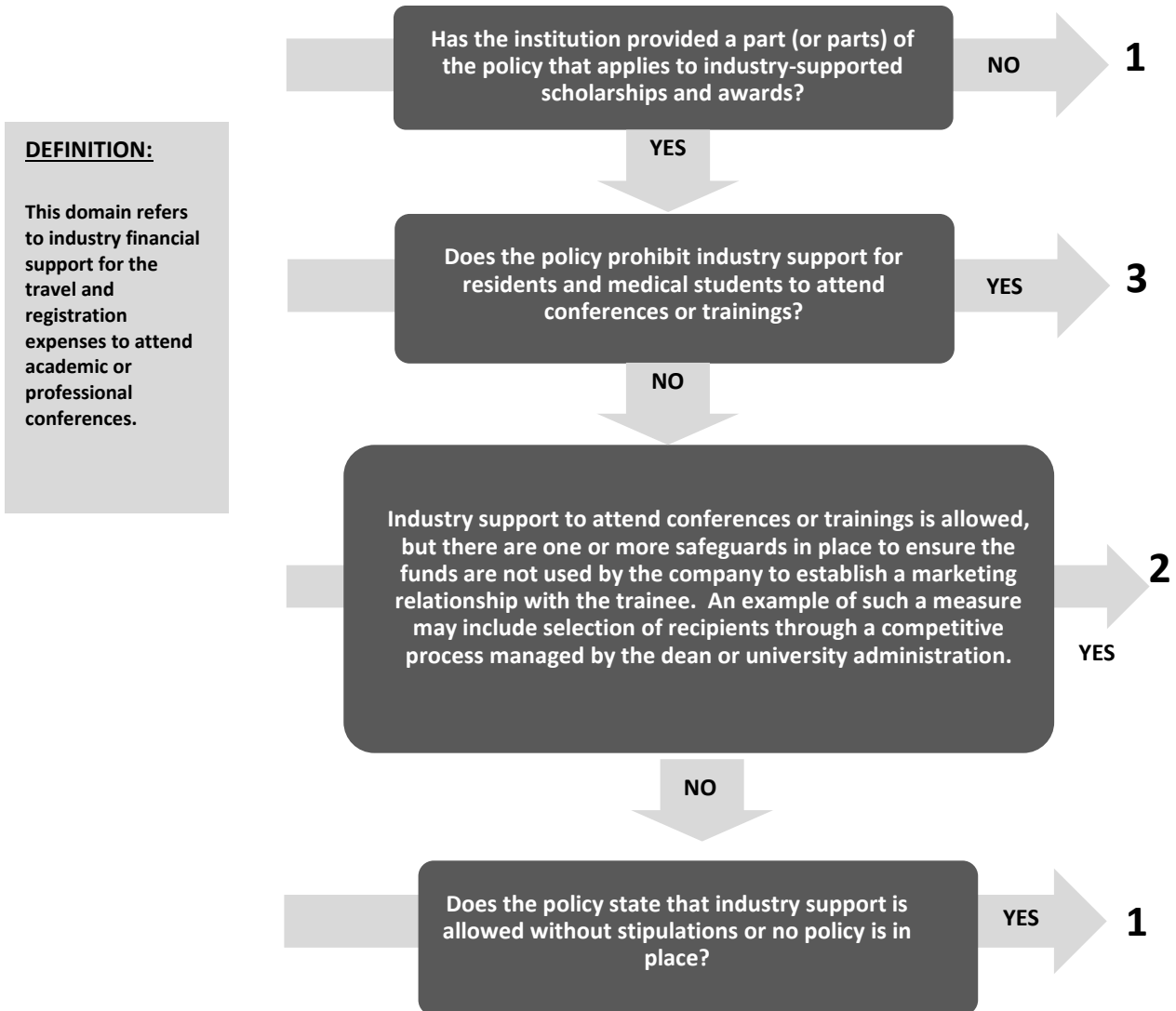
To qualify for a "3":

- The policy must prohibit or discourage faculty and staff from attending industry-funded events that are not ACCME-accredited and are promotional. (This does not include attendance at national conferences sponsored by medical societies which may provide both accredited CME and non-accredited industry-funded courses.)
- This domain does not apply to speakers at promotional events. Recommendations for promotional speaking policies are covered under domain #3, "industry-funded promotional speaking relationships".

To qualify for a "2"

- Policies that allow attendance at industry-sponsored events described as "designed to promote evidence-based clinical care and/or advance scientific research and/or designed to enhance the quality of clinical care" do not explicitly prohibit or discourage attendance at promotional activities and therefore score a "2".
- Some policies state that "Individuals should evaluate carefully their attendance at meetings and conferences that are fully or partially sponsored by Industry because of the potential for perceived or actual Conflict of Interest." However, this does not qualify as a "3" because there is no explicit statement discouraging such attendance.

6. INDUSTRY-FUNDED SCHOLARSHIPS AND AWARDS



NOTES:

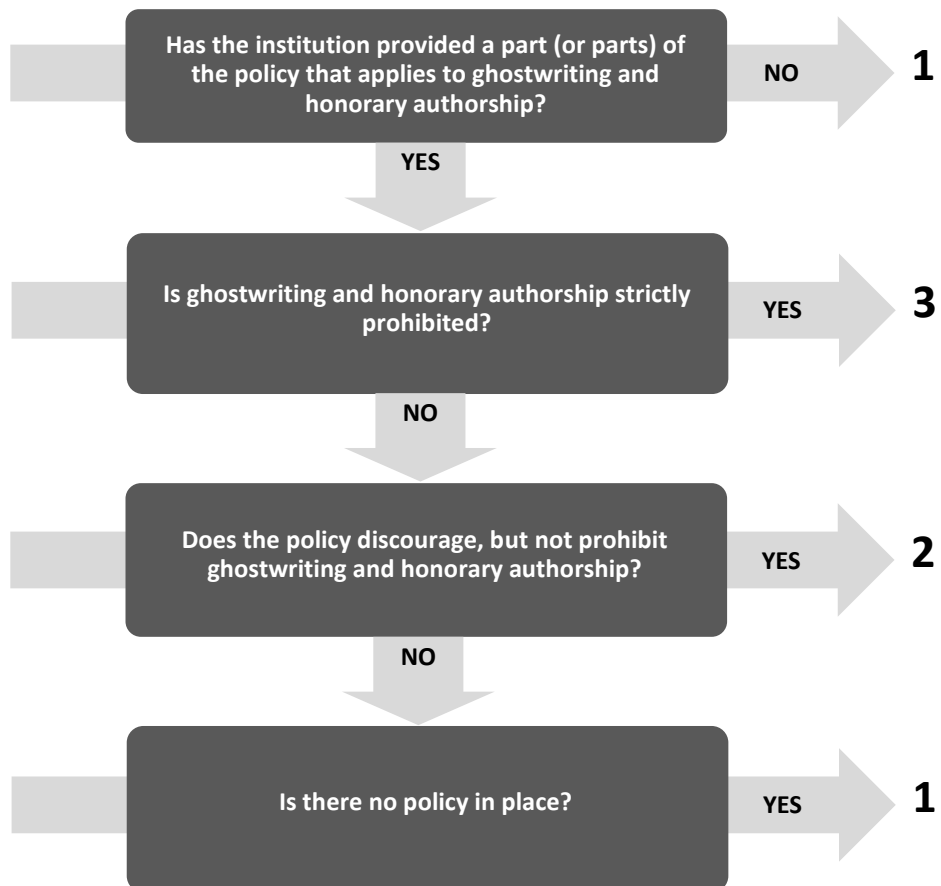
To qualify for a top score of “3”:

- **Permitted** industry-support includes:
 - Competitive fellowships awarded by industry strictly for scientific research training, as long as industry has no role in deciding the recipient. Such training usually occurs at the company headquarters or at an academic institution.
 - Industry support for necessary training in medical devices that have been purchased by the institution.
 - Industry support for any travel to any conference or training if it is part of a bona fide consultation agreement.
- **Prohibited** industry-support includes:
 - Accepting money (often termed “scholarships”) from industry to fund medical students or other trainees to attend academic meetings—usually in the form of a single conference, such as an annual meeting of a professional society. If such funding is accepted, but with the requirement that the industry funder have no role in selecting recipients, then the policy would score a “2”.

To qualify for a “2”:

- The policy allows accepting scholarship money from industry only if the industry sponsor has no role in selecting the recipient.

7. GHOSTWRITING AND HONORARY AUTHORSHIP



NOTES:

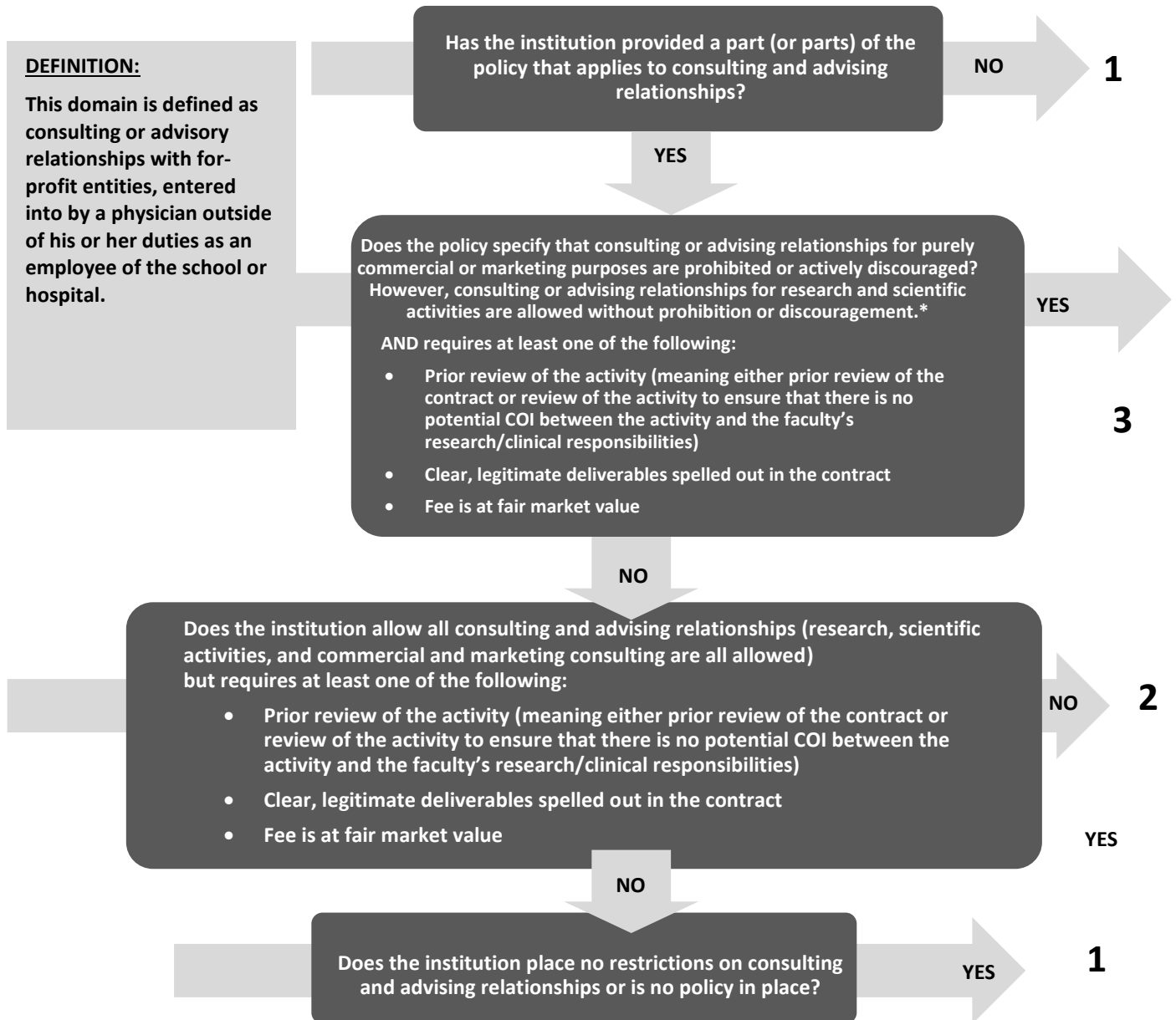
To qualify for a top score of "3":

- Policy may specify "no ghostwriting" or may require that all staff and trainees follow the authorship standards of the International Committee of Medical Journal Editors.

To qualify for a score of "2":

- When a policy allows publishing articles written by industry sources as long as this participation is disclosed.

8. CONSULTING AND ADVISING RELATIONSHIPS



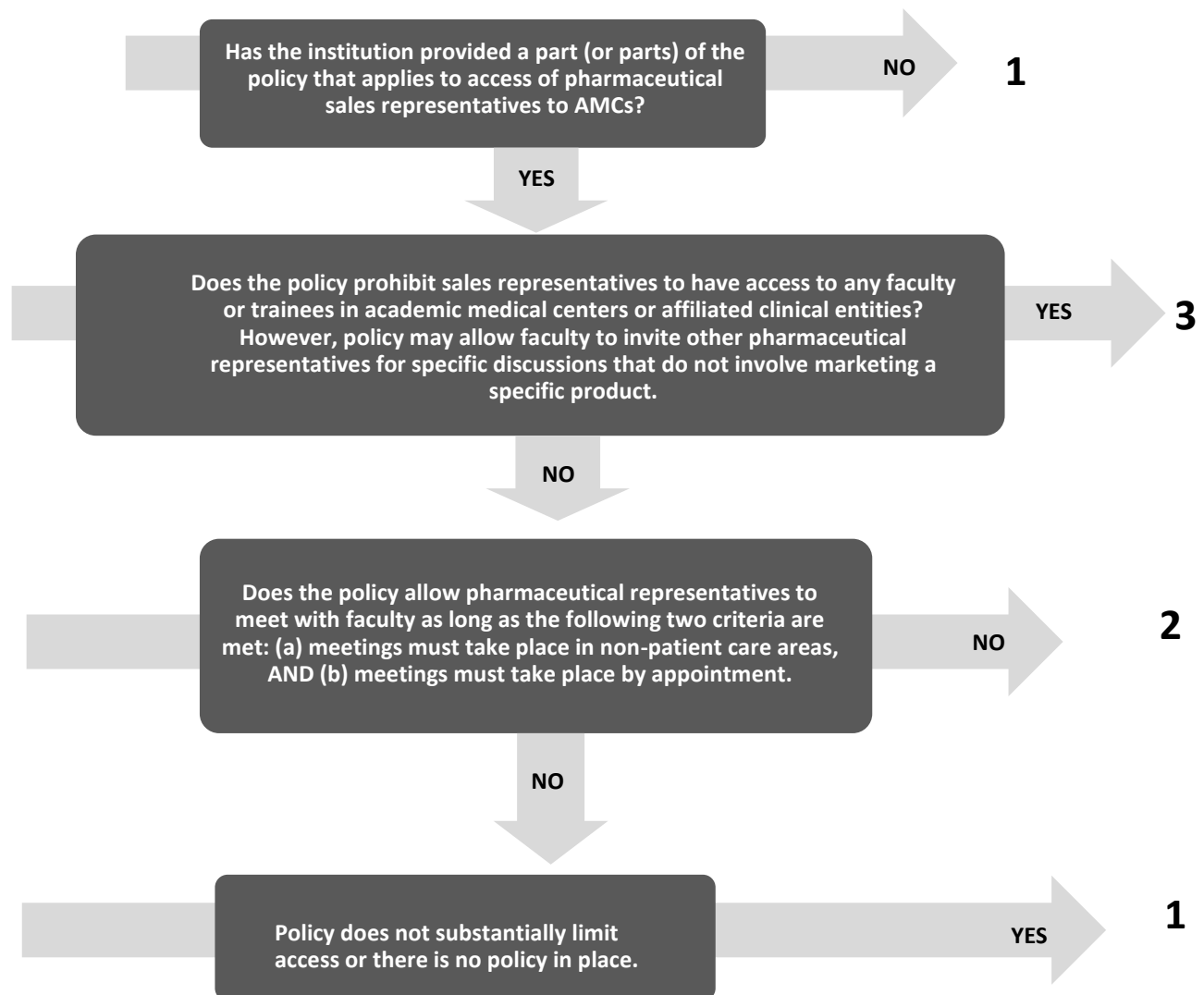
NOTES:

For Scorecard purposes, “consulting” does not include promotional speaking. Some institutions consider such speaking to be a type of consulting—if so, that part of the policy would not be relevant to this domain, but would be applicable to domain #3, “Industry-funded speaking relationships.”

To qualify for a top score of “3”:

- **Permitted** consulting and advising relationships include:
 - The policy need not explicitly prohibit consultation for marketing purposes. However, best practice policies should use language such as specifying that outside consultation must be for “scientific purposes” or similar terminology.
 - Some scientific consultation may include a marketing component (for example, a researcher helps to develop a novel surgical technology and helps the manufacturer develop content to advertise its features). Such consultation is acceptable under a model policy, because the consulting contract as a whole is primarily for scientific activities.
- **Prohibited or discouraged** consulting or advising relationships include:
 - Consultation which is purely for the purpose of helping the company market a product, with no research or scientific component. (For example, a consultation in which the only deliverable is to review potential print or web advertising to advise on which would most effectively promote a product would not be a best consultation practice in an academic medical center).

9. ACCESS OF PHARMACEUTICAL SALES REPS



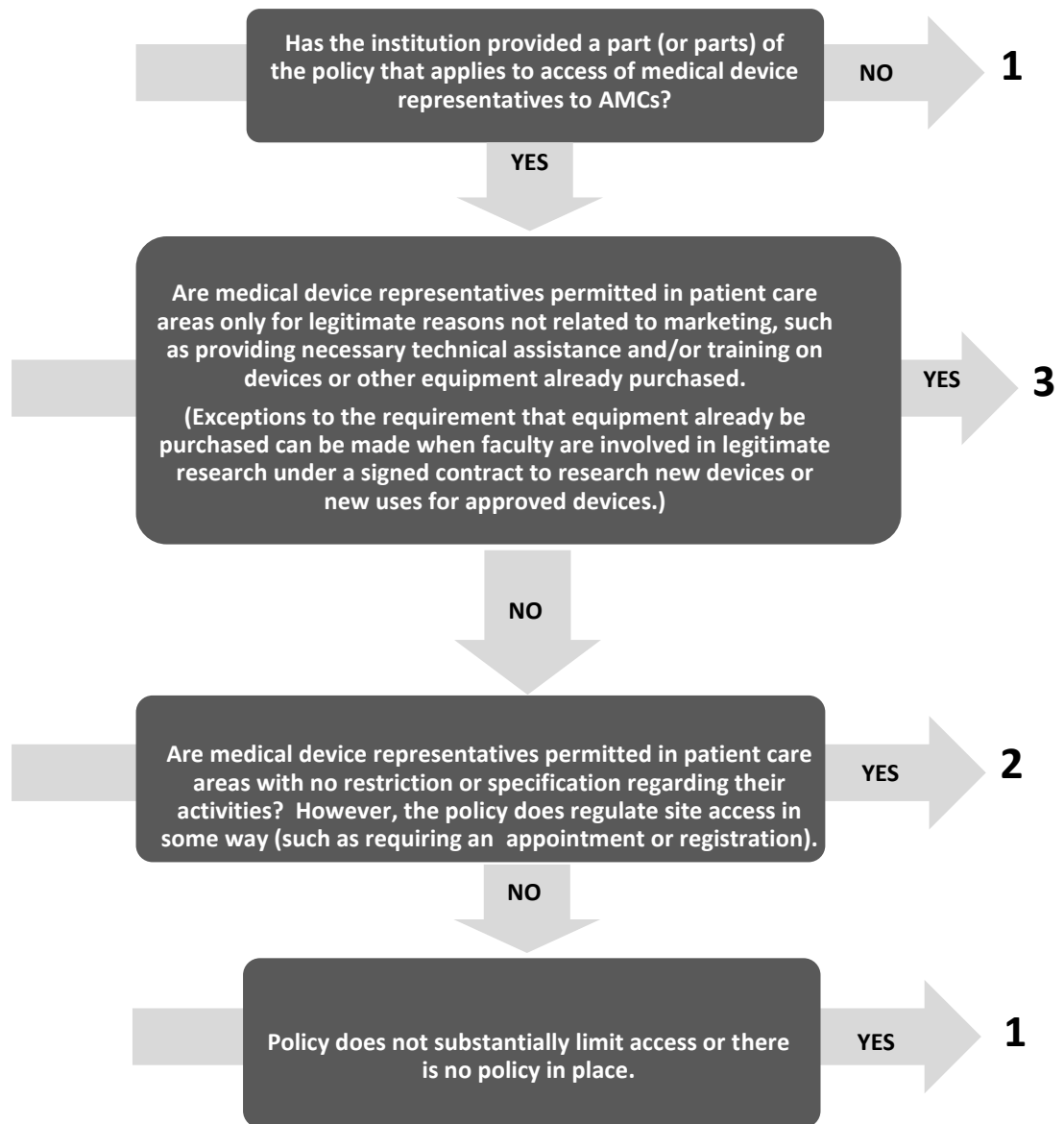
NOTES:

It is common to see other regulatory mechanisms, such as a requirement for sales representatives to wear visible identification. This, however, is not a significant enough item to score a "2".
"Registering" is not the same as "by appointment."

To qualify for a top score of "3":

- Permitted access of pharmaceutical sales representatives includes:
 - The policy can allow faculty or trainee interactions with industry-employed "medical liaisons" or "medical science liaisons" for the purpose of educational exchange.
 - The policy can allow sales representative access to purchasing and formulary committees in order to present information on new products being considered for the formulary.
 - The policy can allow sales representatives on site to deliver samples, as long as it is delivered to a centralized repository and there is no marketing interaction.

10. ACCESS OF MEDICAL DEVICE REPS



NOTES:

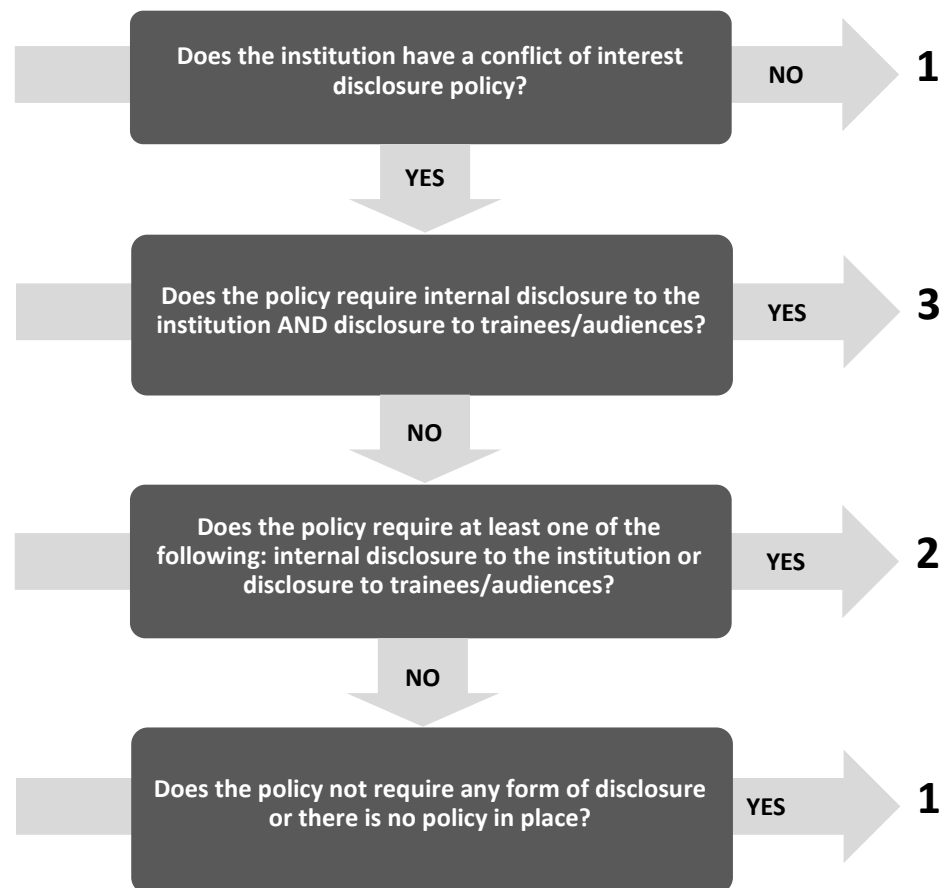
To qualify for a top score of "3", policy includes all of the following:

- Requirement that access to patient care access is permitted if the allowed activities of the representative are restricted to those related to technical support or training.
- A "3" policy should effectively prevent medical device representatives from promoting products in patient care areas. However, a policy may not actually state this. It is implied that providing "necessary technical assistance and training on devices and other equipment already purchased" means that promotional marketing is not taking place
- Policy may allow reps to meet with faculty to "evaluate new purchases of equipment, devices, or related items" along with other "3" scoring criteria. We would not assume this to be marketing.

To qualify for a "2", the policy is less stringent, but still regulates medical device representative presence in some way. Examples may include requirements that representatives:

- Have an appointment
- Register with the institution before entering a patient care area
- Wear a badge or other identification
- Abide by other policies meant to regulate access

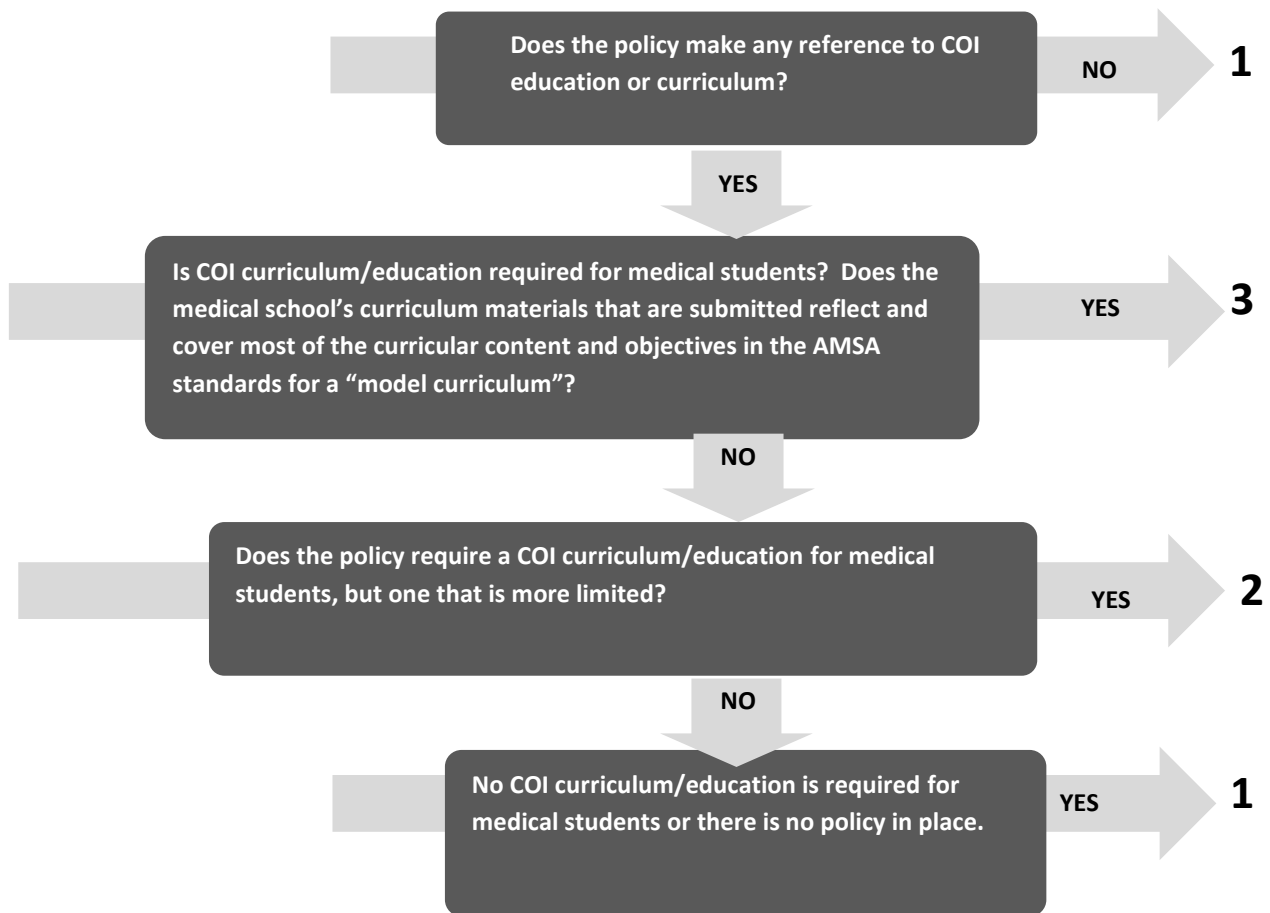
11. CONFLICT OF INTEREST DISCLOSURE



NOTES:

- General
 - Reporting a COI to a publication does not count as a form of external disclosure; this is pro forma for journals.
 - Public reporting via a public website is not strong enough to meet the external disclosure requirement.
- Internal Disclosure
 - This refers to faculty submitting disclosure information to the institution.
 - If a policy states compliance with NIH regulations requiring faculty disclosure of financial relationships of at least \$5000, then the policy automatically fulfills the “internal disclosure” requirement.
- External Disclosure
 - Trainees/Audiences: Refers to mechanisms such as slides with disclosures during lectures, and verbal disclosures at the beginning of clinical rounds. If a policy requires that faculty disclose financial relationships with “audiences”, then the policy meets this criterion.
 - ACCME disclosure standards to learners during continuing medical education activities are not sufficient to qualify as a form of external disclosure to trainees/students/audiences.

12. EXISTENCE OF AN ADEQUATE COI CURRICULUM FOR MEDICAL STUDENTS



NOTES:

The policy must relate to medical students as the training audience.

To qualify for a top score of “3”, the policy either states the presence of a curriculum in which the two core competencies listed below are taught, or institution submits curriculum materials that demonstrate this.

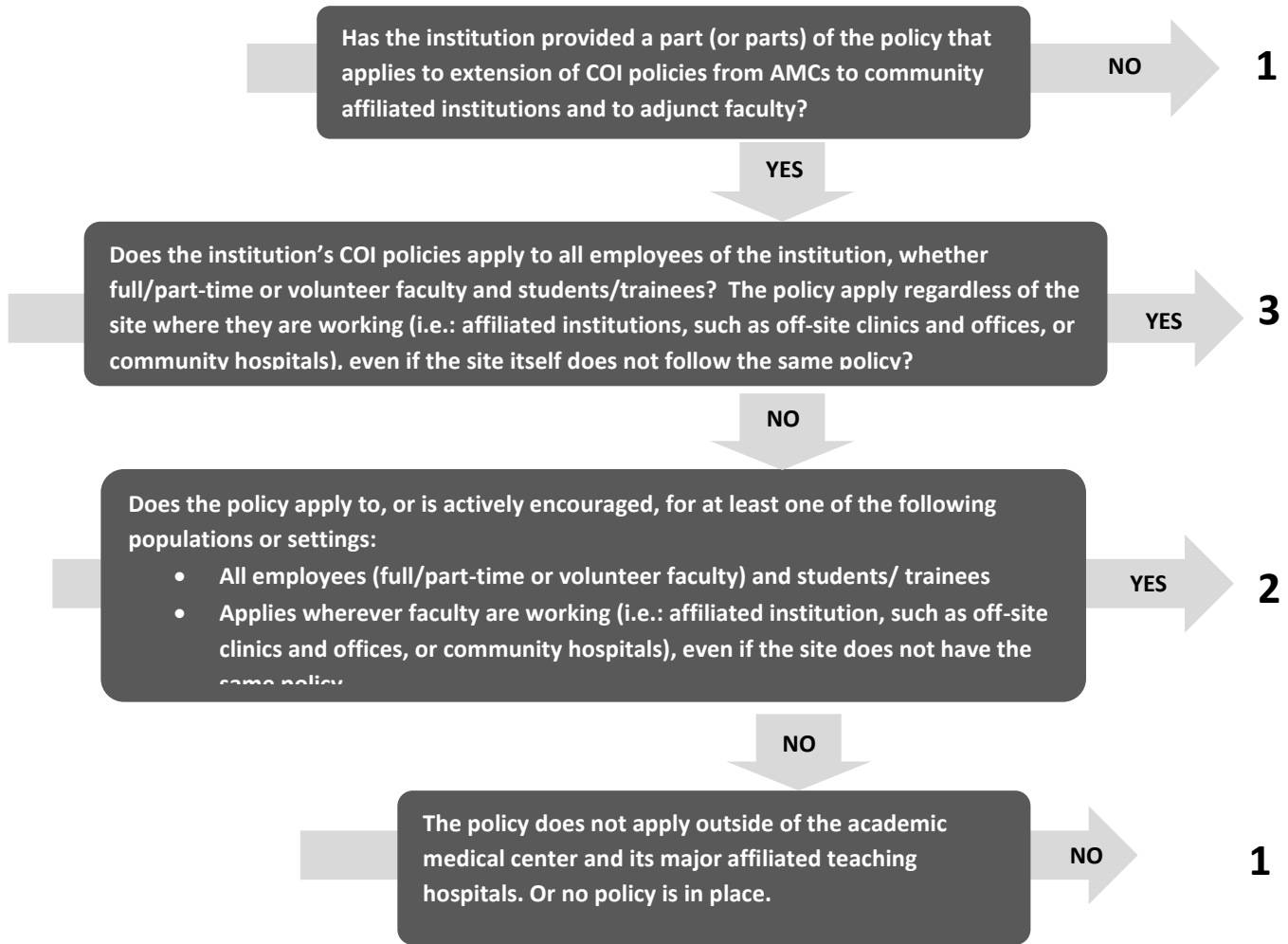
1. Understand the effects of industry marketing on physician education and practice, and its relationship to medical professionalism
2. Understand the effects of industry influence on how the efficacy and safety of drugs and devices are demonstrated, regulated, and/or marketed.

On the submission page for the policy documents, there is a question that asks whether or not there is a requirement for COI education in the medical school curriculum. Analysts will use the answer to that question to score the institution because most institutions do not have language within the policy document that states a requirement for a COI curriculum

To qualify for a “2”:

The policy must mention the curriculum applies to medical students. Policies that require annual COI training for researchers/investigators/faculty, but make no mention of students, do not qualify.

13. EXTENSION OF COI POLICIES TO ADJUNCT/COURTESY FACULTY AND AFFILIATED HOSPITALS/CLINICS

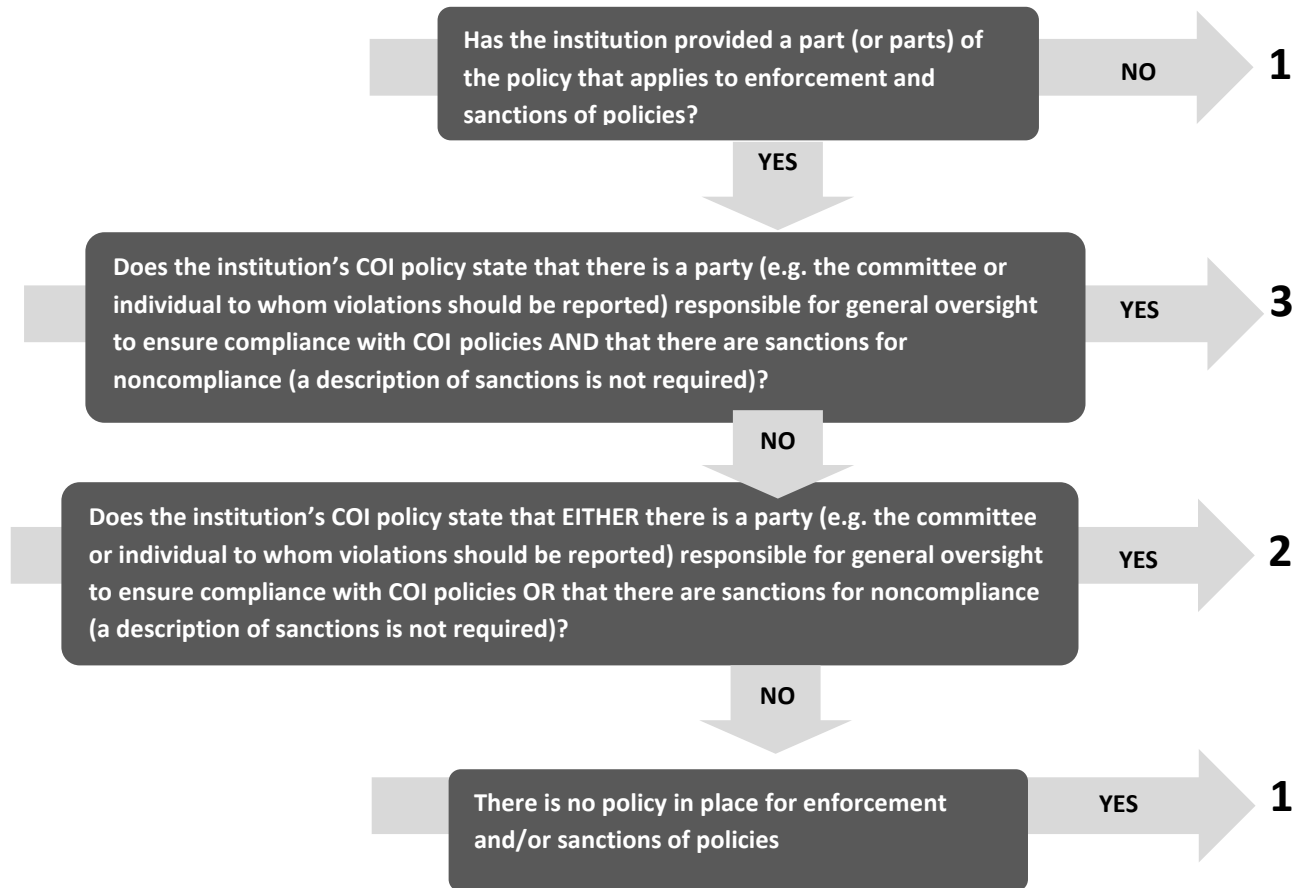


NOTES:

A model policy will state explicitly that COI policies apply no matter where the faculty members or trainees work. Thus, the COI policies of the institution should “follow” faculty and students/trainees wherever they work or rotate. For example, if a medical student’s school prohibits acceptance of industry meals, that student should not accept such meals if offered at a community practice where he or she is doing an outpatient rotation.

A model policy will apply to ALL people in ALL settings. Anything less should score a “2”.

14. ENFORCEMENT AND SANCTIONS OF POLICIES



NOTES:

To qualify for a “3”, the policy must specify both an oversight authority and the existence of consequences for non-compliance.

- Policies that reference compliance with NIH conflict of interest regulations automatically receive a “3” on this domain, because these regulations require oversight and sanctions for non-compliance.
- If a policy specifies penalties for non-compliance without mentioning a specific oversight authority, the policy does not qualify for a “3”, but rather a “2”.