Confict of Interest Resolution Policy for Abstract Presentations

PURPOSE
To ensure that all research abstracts are reviewed and categorized fairly into industry-affiliated and CME research sessions, the Conflict of Interest Task Force (COITF) has developed the following policy.

POLICY

1. Author Disclosures
   a. Any abstract author with consulting relationships with a commercial interest will be required to disclose the dollar amount of remuneration he/she receives from the consultantships. The levels are:
      a. $0-$999
      b. $1,000-9,999
      c. $10,000-49,999
      d. $50,000-99,999
      e. $100,000-499,999
      f. $500,000-999,999
      g. $1M +
   b. A consulting relationship with a commercial interest may be considered equal to an employee of a commercial interest upon review by the COITF, as needed. This may render the consultant ineligible to present a research abstract during any session offering CME credit. Review by the COITF will be mandatory at level “e” and above but may be recommended at any level of consulting relationship.
   c. If any author on an abstract is an employee of a commercial interest, the abstract will be considered part of industry submissions.
   d. The disclosure survey will ask if the author has an agreement for future remuneration even if he/she has not received compensation at the time of submission related to the research, device, or technology presented.

2. Research Division members will review all disclosures and abstracts in a blind fashion. If it is still unclear if the abstract is industry-affiliated, section D of the ACCME Conflict of Interest Resolution Flowchart (page 3) will be used:
   a. Provider takes an active role to resolve conflicts by doing any one of the following:
      i. Recusing person from controlling aspects of planning and content with which they have a conflict of interest or;
      ii. Using peer-review of planning decisions (for planners) by person(s) that do not have conflicts of interest related to the content or;
      iii. Using peer-review of content (for authors/presenters) by person(s) that do not have conflicts of interest related to the content or;
      iv. Making sure to ensure that clinical recommendations are evidence-based and free of commercial bias (e.g., peer reviewed literature, adhering to evidence-based practice guidelines).
   b. Given that the “content” under consideration is a 300-word abstract, application of section D is understood to be limited to the information provided and will be conducted to the extent possible given the nature of the content. Presentation of research abstracts is meant
to convey a snapshot of research findings and application of section D therefore should not be equated to the peer-review of a full body of evidence.

3. If questions arise specific to a particular abstract submission, the COITF will provide oversight or extra review.

4. Disclosures of poster authors will be prepared by staff for display with the poster.

5. Moderators for abstract sessions will be required to review the speaker slide decks and disclosures prior to the activity. During the activity, the moderators will present the speakers’ disclosure slide including all of his/her disclosures and will highlight any disclosures that are relevant to his/her presentation.
Flowchart for the Identification and Resolution of Personal Conflicts of Interest
Meeting the Expectations of ACCME’s Criterion 7
(Last updated: February 1, 2017)

Use this flowchart at the beginning of your planning process for CME activities to ensure independence from ACCME-defined commercial interests. Start at A below. For step-by-step instructions for using this flowchart, visit www.accme.org/coiflowchart.

A
Is the content related to products or business lines of an ACCME-defined commercial interest?

Yes

For each person in control of content for the CME activity...

B
Is the person an employee/owner of an ACCME-defined commercial interest?

Yes

Employees of ACCME-defined commercial interests can have no role in the planning or implementation of CME activities related to their products/services.¹

No

Does the person have a relevant financial relationship with an ACCME-defined commercial interest? (SCS 2.1)

Yes

Disclosure to Learners
Before the activity, disclose to learners that there are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of the activity. (SCS 6.2)

Done!

No

C

Yes, there is a relevant financial relationship.

Disclosure to Learners
Before the activity, disclose to learners the name(s) of the individual(s), name of the ACCME-defined commercial interest with which they have a relevant financial relationship(s) and the nature of the relationship. (SCS 6.3)

Done!

D

Provider takes an active role to resolve conflicts by:
- recusing person from controlling aspects of planning and content with which they have a conflict of interest and/or
- using peer-review of planning decisions (for planners) by person(s) that do not have conflicts of interest related to the content and/or
- using peer-review of content (for authors/presenters) by person(s) that do not have conflicts of interest related to the content and/or
- making sure to ensure that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines) and/or
- using other methods that meet ACCME’s expectations³

Implement your process² to resolve the potential conflict-of-interest arising from their relevant financial relationship. (SCS 2.3)

Done!

Footnotes
1. The use of employees of ACCME-defined commercial interests as faculty and planners or in other roles where they are in a position to control the content of accredited CME is prohibited, except in specific situations. For more information, visit this Ask ACCME frequently-asked-question regarding commercial employees.
2. There are a range of approaches providers can use to resolve potential conflicts of interests. For more information, visit ACCME’s Provider Examples of Compliance and Noncompliance for Criterion 7 on www.accme.org.
3. Implementation of resolution methods may include, but are not limited to, recusing, peer-review, evidence-based and free of commercial bias, and other methods that meet ACCME’s expectations.