

**AAPM&R Conflict of Interest Disclosure and Resolution Policy**

AAPM&R has adopted and built upon the Council for Medical Specialty Societies’ (CMSS) Code for Interactions with Companies. AAPM&R’s policies acknowledge and affirm:

* That AAPM&R
	+ Plays an important role in reaching out to health professionals, patients, and other groups;
	+ Has members who guide research, discover new therapies, and engage in high quality medical practice;
	+ Offers educational opportunities that help translate scientific and medical progress into the efficient delivery of effective medical care;
	+ Develops resources that guide our members in advancing medical care;
	+ Provides a forum for presenting new skills and scientific developments.
* That for-profit entities that develop, produce, market or distribute drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions, referred to in AAPM&R policies as “Company and/or Commercial Interest,” also strive to help patients live longer and healthier lives. Companies and Commercial Interests invest resources to bring new drugs, devices and therapies out of the laboratory and to the patient while maximizing value for shareholders.
* That Members and patients count on the Academy to be an authoritative, independent voice in the world of science and medicine. Public confidence in AAPM&R’s objectivity is critical to carrying out its mission. AAPM&R knows the public relies on and expect it to minimize actual and perceived conflicts of interest. AAPM&R believes it must be sure its interactions with Companies and Commercial Interests meet high ethical standards.
* That AAPM&R’s interactions with Companies and Commercial Interests may include receiving charitable contributions, applying for grants in support of programmatic activities, and conducting a range of business transactions. In all of these interactions, Societies are committed to acting with integrity.

AAPM&R’s policies reinforce the core principles that help maintain actual and perceived independence and help to ensure that AAPM&R’s interactions with Companies and Commercial Interests will be for the benefit of patients and members and for the improvement of care in our respective specialty fields.

AAPM&R requires all individuals who are in a position to affect the strategic direction of AAPM&R and/or the content of an educational activity to disclose any financial relationships with a company and/or commercial interest. CMSS defines a company as “a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions”. This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients.

Additionally, The ACCME defines a commercial interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients”. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A conflict of interest can be assumed to exist when an individual participating in an activity (and/or the individual’s spouse, partner or family member) is involved financially with a company and/or commercial interest. A financial relationship may exist if the participating individual or spouse/partner/family member:

1. Benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, serves as an officer, consultant, advisory/review committee member, or agent of a company and/or commercial interest;
2. Owns stocks, stock options or other ownerships interest in a company and/or commercial interest;
3. Has received compensation during the prior twelve months or has contracted to receive compensation during the next twelve months from a company and/or commercial interest.
4. Excluded from such required disclosures are financial relationships that involve blind trusts and other passive investment vehicles such as mutual funds.

AAPM&R expects that each individual will disclose, in the spirit of total transparency:

**For CME Planners and Faculty**

* any/all relevant financial relationships in which he/she is involved AND in which his/her spouse/partner is involved within the past 12 months from the time of reporting.

**For non-CME Planners and non-Faculty**

* any/all relationships (direct financial and other interests including non-remunerative positions of influence) in which he/she is involved AND in which his/her spouse/partner is involved within the past 12 months from the time of reporting.

**For Members of the Academy’s Board of Governors**

* any/all relationships (direct financial and other interests including non-remunerative positions of influence) in which he/she is involved AND in which his/her family is involved within the past 12 months from the time of reporting.
* Only members of the Board of Governors are required to disclose financial ranges. Disclosure forms will include the following ranges: $1-$2,000, $2,001-$15,000, $15,001-$25,000, and $25,001+
* AAPM&R President, Vice President, Past President, President-Elect, Executive Director and Editor-in-Chief of the PM&R Journal may not have any financial conflicts with companies or commercial interests.

Any conflicts of interest will be resolved prior to the start of the activity following the steps outline in this policy:

1. All members of the Board of Governors, committee volunteers, speakers, planners, etc., regardless of position, must submit and update disclosure information at least annually, or prior to each committee or planning meeting or speaking engagement.
2. Completed disclosure forms must be received in ample time to be reviewed and discussed by the appropriate monitoring group, i.e. AAPM&R’s Program Planning Committee, Conflict Advisory Committee, CME Committee.
3. Individuals who fail or refuse to disclose their financial relationship(s) will be prohibited from participation in their assigned role.
4. If resolution of COI is deemed necessary, AAPM&R may implement one of several strategies that will safeguard against any potential biases. A strategy may affect the individual’s role assignment and/or require external validation. The following are mechanisms to resolve potential conflicts of interest:
	1. Select another individual to control the content in question – if an individual assigned to a topic has a conflict of interest, this topic can be assigned to someone else without a conflict.
	2. Limit the content in question to exclude recommendations – if an individual assigned to a topic has a conflict of interest, the topic content can include only published research and not recommendations or conclusions.
	3. Peer review process – individuals assigned to review the content of an activity can resolve conflicts of interest by making certain that the content is aligned with what is in the best interests of the public.
	4. Reference the best available evidence – the content of the activity can reference the best available evidence and identify conclusions that support this evidence.
	5. Recusing one’s self from conversation as it relates to developing educational content or strategic planning.
	6. Alter financial relationships – sever financial ties with a company or commercial interest eliminating an incentive to include bias in the CME content and/or strategic discussions.
5. To avoid any potential conflicts of interest during an activity, each individual will be required to present an evidence –based, scientific-only, unbiased presentation/point of view. Any recommendations included in the presentation/point of view must be based on evidence that is accepted within the profession of medicine as adequate justification for indication and contraindications in the care of patients.
6. AAPM&R will post the Academy’s conflict of interest policies on the AAPM&R Web site making them available to the members and the public.
7. Upon written request, AAPM&R will disclose all financial and uncompensated relationships that members of the Board of Governors have with companies and/or commercial interests, making this information available to members and the public.
8. Requests for disclosure information must be made in writing to Academy Headquarters; requests will be reviewed by the Academy president or secretary. Disclosures to members will include the dollar ranges indicated on the disclosure form. Non-members will only receive information about the disclosed relationship, without dollar ranges.
9. Prior to the start of any activity, including Board and Committee Meetings, all financial relationships will be provided to all participants. For an individual with no financial relationships, the participants will be informed that no financial relationships exist.
10. The activity will be monitored for adherence to requirements (staff/expert review). A mechanism will be provided for participants to evaluate commercial bias. The evaluation data for each planner/teacher/author will be analyzed and used for making decisions about including individual planners/teachers/authors in future activities.

**Definitions:**

AAPM&R defines a "Direct Financial Relationship" as a relationship held by an individual that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock option or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual's service or expertise. The term "Direct Financial Relationship" does not mean stock ownership or intellectual property licensing arrangements and is for relationships from the past 12 months.

AAPM&R defines “Family member” as a spouse, domestic partner, parent, mother-in-law, father-in-law, child, spouse of child, grandchild, brother, sister, or spouse or child of a brother or sister. Guidelines relating to interests held by an immediate family member or extended family member shall apply to the extent such interests are known to the Trustee, Member or Senior Manager.

AAPM&R defines “Non-remunerative positions of influence” as unpaid/non-salaried roles such as officer, board member, trustee, spokesperson, consultant, advisor, reviewer, editor, or any such similar position.

*Reviewed January 2017 by CME Committee*

*Approved February 2017 by Board of Governors*