



Consulting and Honoraria:

Best Practices for Academic Medical Centers*

The Problem:

Pharmaceutical companies often enlist physicians to serve as speakers at events or as consultants in the research, development and marketing of products.¹ A 2006 national survey of department chairs at Academic Medical Centers found that 27% served as consultants for industry.²

Outside professional arrangements between industry and physicians sometimes involve lavish payments that are not commensurate with the work performed.^{3, 4} These excessive payments may, like gifts, affect the judgment and attitudes of the recipients. In addition, unmonitored consulting arrangements can permit the exchange of inducements or sham payments, disguised as legitimate compensation.⁵ While some collaboration between industry and physicians is necessary, AMCs should take measures to ensure that these relationships are appropriate and transparent.

Best Policy Practices:

The acceptance of honoraria requires prior institutional approval. The speaker must publicly disclose any industry funding at the speaking event. Payments must not exceed fair market value.

These restrictions must apply to all faculty members at all times—not just those individuals using their academic titles or affiliations.

Consulting arrangements must be subject to prior institutional approval. All consulting arrangements must involve written contracts and public disclosure. This policy must apply to all faculty members at all times, including summers and/or other non-academic sessions.

Model Honoraria Policy

Emory University

Industry-sponsored professional speaking engagements that are not ACCME-accredited require prior review and approval. Faculty members “may accept an honorarium for speaking or training, not to exceed \$2,500 per event. The faculty member will disclose that he/she is receiving compensation for the presentation and will disclose all his/her other related financial interests, current, past, and expected”.

http://med.emory.edu/documents/policies/Industry_Relations_Compendium.pdf

*These recommendations come out of an ongoing study by Columbia University's Center on Medicine as a Profession. The researchers will update their recommendations regularly to incorporate new policies and findings. These materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

For more information, contact IMAP at CCOI-database@columbia.edu or 212-305-6914.

When reviewing consulting requests, AMCs can additionally provide guidance to physicians to ensure that they do not sign overly restrictive or otherwise problematic contracts. ■

Model Consulting Policy

University of Iowa

The policy requires that all consulting arrangements “be accompanied by a time-limited contract...that outlines specific deliverables, tasks, responsibilities, and compensation that is consistent with the expertise provided”. These agreements require prior approval. And “disclosure of consulting relationships must be fully transparent and documented, including the amount of financial compensation received”.

<http://www.uihealthcare.org/otherservices.aspx?id=21532>

References

1. Lo B, Field MJ, eds. Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: The National Academies Press; 2009 Robertson C, Rose S, Kesselheim AS. Effect of Financial Relationships on the Behaviors of Health Care Professionals: A Review of the Evidence. *The Journal of Law, Medicine & Ethics*. 2012;40(3):452-466.
2. Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, Blumenthal D. A National Survey of Physician–Industry Relationships. *New England Journal of Medicine*. 2007;356(17):1742-1750.
3. Brennan TA, Rothman DJ, Blank L, et al. Health Industry Practices That Create Conflicts of Interest. *JAMA: The Journal of the American Medical Association*. 2006;295(4):429-433.
4. Raad R, Appelbaum PS. Relationships Between Medicine and Industry: Approaches to the Problem of Conflicts of Interest. *Annual Review of Medicine*. 2012;63(1):465-477.
5. Studdert, DM., Mello, MM., Brennan, TA. Medical Malpractice. *New England Journal of Medicine*. 2004; 350:283-292.

Figure 1.

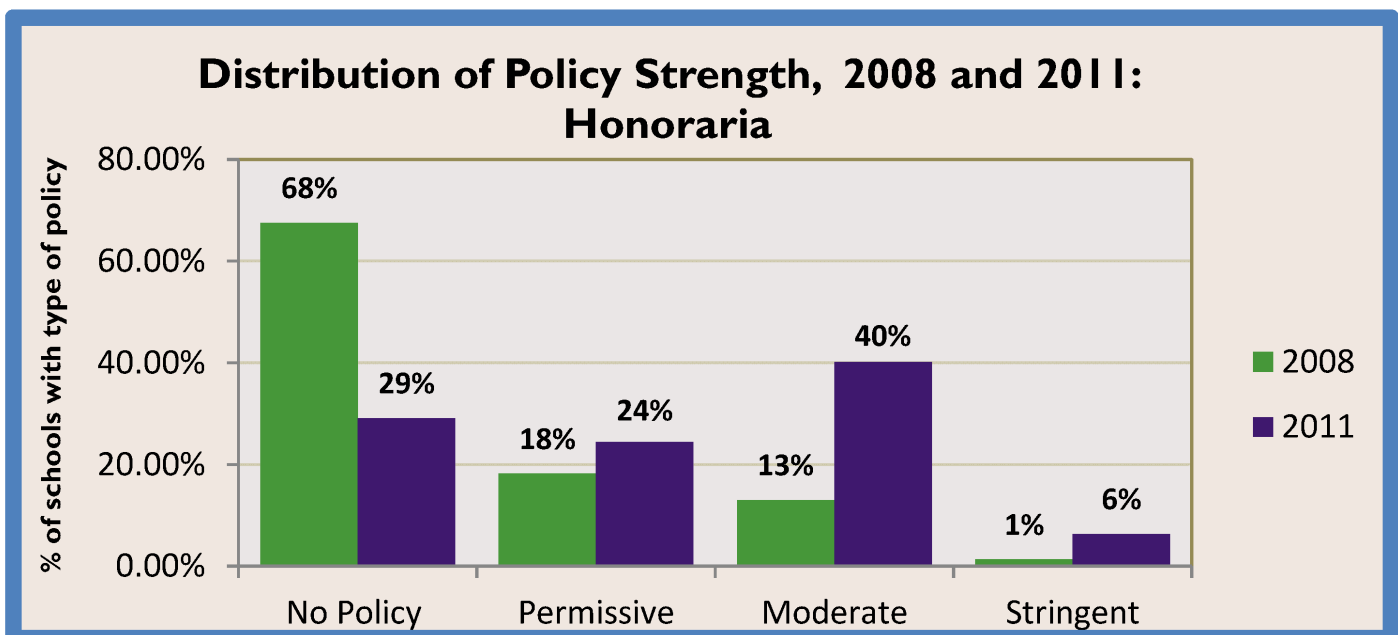


Figure 2.

