



# Simple Policy Guide

## Managing Interactions between Physicians and Industry at Academic Medical Centers: Best Practices at a Glance

### Updated in January of 2014

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.

### I. Gifts and Meals

- The acceptance of industry gifts and meals influences the prescribing behavior and clinical decisions of physicians.
- **The best policies prohibit the acceptance of gifts from industry, regardless of nature or value, and prohibit all industry-provided on-campus meals.**
- Enforcement requires apprising both vendors and physicians/staff of the new policies and outlining consequences for violations.
- AMCs can counter resistance to meal bans by changing meeting times to non-meal hours, budgeting to replace meals, or making attendance at meetings mandatory.

### II. Vendor Access

- In order to promote the use of their products, pharmaceutical and medical device representatives develop personal relationships with physicians. These vendors often provide physicians with inaccurate or misleading information regarding products used in clinical care.

- **The best policies require training, registration, and appointments for all vendors visiting AMCs. Vendors should wear visible identification, and should be prohibited from areas in which patient care takes place.**
  - Vendors and physicians should be informed of newly adopted policies. Specific consequences for violations should be enforced.
  - AMCs should encourage physicians to seek out other, more objective, sources of information on new products. Pharmacists or drug education coordinators can be enlisted to educate physicians regarding drugs.
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### III. Samples

- The direct provision of sample medications to physicians can endanger patients and increase healthcare costs.
  - **The best policies require all sample medications to be accepted and managed via a pharmacy or other central repository. Individuals should not be permitted to accept samples directly.**
  - Some AMCs have chosen to eliminate samples entirely. Other strategies for obtaining drugs for low-income patients include accessing state and institutional assistance programs, taking advantage of favorable pricing available through federal 340B programs, and employing pharmaceutical industry prescription assistance programs (PAPs) or voucher systems that subsidize drugs.
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### IV. Pharmacy and Therapeutics Committees

- Members of Pharmacy and Therapeutics (P&T) purchasing committees who have industry relationships may be vulnerable to conflicts of interest.
- **The best policies require that members of P&T Committees or individuals involved in purchasing decisions fully disclose all industry relationships or other potential conflicts of interest. Conflicted individuals must not be permitted to serve on a P&T committee or to contribute to purchasing decisions.**

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## V. Continuing Medical Education

- Industry funding can threaten the integrity of the content of continuing medical education (CME) programs.
- **The best policies require CME activities to be conducted in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. Industry funding for CME must be accepted and managed via a central repository. All grants must be unqualified, and the AMC must have sole discretion for distributing funds.**
- AMCs that choose to entirely prohibit industry funding for CME can employ a variety of methods to reduce or offset costs. Some strategies include: required attendance fees, the use of on-site conference centers, the use of in-house speakers, the coverage of non-pharmacological topics, the elimination of catered food, and reduced advertising.

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## VI. Consulting and Honoraria

- Outside professional arrangements between physicians and industry, such as consulting and speaking, can involve lavish payments that do not correspond with the amount of work performed.
- **The best policies require prior approval for consulting arrangements and for the acceptance of honoraria. All outside professional activities should be governed by written agreements. Payments from industry should be publicly disclosed, and they should not exceed fair market value.**

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## VII. Travel and Scholarships

- The direct provision of funding to an individual or a department creates a relationship between the sponsor company and the recipient of the grant. The acceptance of these funds can create actual or perceived “quid pro quo” relationships between physicians and industry.
- **The best policies require funds for scholarships and travel to be**

accepted and managed via a central repository. Individuals, departments, divisions and programs must be prohibited from accepting grants directly. Grants cannot be earmarked for specific individuals or departments.

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## VIII. Ghostwriting

- Ghostwriting—falsely attributing authorship to a person who did not contribute to the content of a publication—conceals conflicts of interest and can lead to the proliferation of dangerous, inaccurate information. Pharmaceutical companies employ ghostwriting as a marketing tactic to promote the use of their products.
  - **The best policies completely prohibit ghostwriting.**
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## IX. Speakers' Bureaus

- Speakers' bureaus leverage the credibility of physicians in order to promote the use of pharmaceutical products. The speeches are heavily biased towards the interests of the industry sponsor, and can lead to the dissemination of false or biased information.
  - **The best policies completely prohibit faculty from participating in industry-sponsored speaking events for which marketing is the primary purpose. Participation in industry-sponsored speaking events should require prior approval. Faculty members must maintain control over the content of speeches and/or presentations. They must prepare content without input from, or prior review by, the industry sponsor.**
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