AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION

Resolution 16
(I-10)

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Subject: Encouraging Medical Student Professionalism: Affirming Institutional Financial Disclosure Policies During Undergraduate Medical Education

Referred to: MSS Reference Committee
(Jaimon Stucki, Chair)

Whereas, Professionalism is a core competency in medical education.[1] Previous studies have demonstrated that medical students are more likely to practice professional behavior if training is initiated at every stage of medical education, set forth by role models, including academic faculty, and reinforced by experiential learning;[2,3] and

Whereas, Collaborations, including financial relationships, between academic medicine and industry are vital towards the discovery and development of new pharmaceuticals and medical devices;[4,5] and

Whereas, An emerging tenet of medical professionalism is the transparent management of academic-industry financial ties;[2,6-9] and

Whereas, Academic medical centers, the National Institutes of Health, professional societies, continuing medical education, and the International Committee of Medical Journal Editors have enacted institutional policies that require physicians to disclose financial interests with industry thereby promoting transparency among colleagues and protecting the integrity of academic-industry partnerships;[7-11] and

Whereas, The United States Congress enacted the healthcare reform bill (H.R.3590) that includes Section 6002 that requires industry to record payments to physicians on a searchable database accessible to the public starting September 30, 2013;[12,13] and

Whereas, Most U.S. medical schools require faculty members to annually disclose financial relationships with industry to their institution,[7,8,14] but faculty are not encouraged to disclose their financial ties to medical students thereby missing an important opportunity to model professional behavior; and

Whereas, The Institute of Medicine of the National Academy of Science, the Association of American Medical Colleges, and the American Medical Student Association have recognized that academic-industry financial relationships are significant to medical professionalism and education,[13,15,16] but our

AMA (the largest association of physician and medical students) has yet to encourage disclosure of physician-industry financial ties during undergraduate medical education; therefore be it

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to encourage all U.S. medical schools to affirm, as a core competency in medical education, a professionalism and ethics curriculum that includes transparent management and disclosure of physician-industry financial relationships; and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to encourage all U.S. medical schools to make known to medical students the existence of the financial disclosure database(s) created by H.R. 3590 Section 6002; and be it further

RESOLVED, That our AMA work with the Liaison Committee on Medical Education to encourage all U.S. medical school faculty to model professional behavior to students by disclosing the existence of financial ties with industry, in accordance with existing disclosure policies at each respective medical school, during formal learning activities involving first and second year medical students by declaring verbally or on a slide or lecture handout: “I have financial ties with industry that are disclosed to the university;” or "I have no financial ties with industry to report."

Fiscal note: TBD

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Relevant AMA and MSS Policy:

270.020MSS Professional Promotion Disclosure Registry:
AMA-MSS will ask the AMA to (1) support initiatives to create an enforced, transparent, and publicly accessible national registry that would document and itemize individual gifts and payments to physicians from the pharmaceutical, device, and biologic industries; and (2) develop specifications outlining criteria that should be included in any professional promotion disclosure registry in terms of enforcement, transparency, public availability, and reported payments (in accordance with AMA ethical guidelines depicting appropriate payments) to optimize and unify various professional promotion monitoring systems without jeopardizing prescriber-identifiable data. (MSS Rep C, I-08) (AMA Res 6, A-09, Not Adopted)

295.130MSS Educating Medical Students about the Pharmaceutical Industry
AMA-MSS will ask the AMA to: (1) reaffirm AMA Policies D-295.957 and D-140.981; (2) strongly encourage medical schools to include unbiased curricula concerning the impact of direct-to-consumer marketing practice employed by the pharmaceutical industry, as they relate to the physician-patient relationship; and (3) strongly encourage medical schools to include unbiased information in their curricula concerning the pharmaceutical industry regarding (a) the cost of research and development for
new medications, (b) the cost of promoting and advertising new medications, and (c) the proportion of (a) and (b) in comparison to their overall expenditures, and (d) the basic principles in the decision-making process involved in prescribing medications specifically using evidence based medicine to compare outcomes and cost effectiveness of generic versus proprietary medications of the same class. (MSS Sub Res 15, I-04) (AMA Res 303, A-05, Adopted [D-295.955])

D-295.954 Teaching and Evaluating Professionalism in Medical Schools:
Our AMA will: (1) strongly urge the Liaison Committee on Medical Education (LCME) to promptly create and enforce uniform accreditation standards that require all LCME-accredited medical schools to evaluate professional behavior regularly as part of medical education; (2) strongly urge the LCME to develop standards for professional behavior with outcome assessments at least every eight years, examining teaching and evaluation of the competencies at LCME-accredited medical schools; (3) recognize that evaluation of professionalism is best performed by medical schools and should not be used in evaluation for licensure of graduates of LCME accredited medical schools; (4) continue its efforts to teach and evaluate professionalism during medical education; and (5) actively oppose, by all available means, any attempt by the National Board of Medical Examiners and/or the Federation of State Medical Boards to add separate, fee-based examinations of behaviors of professionalism to the United States Medical Licensing Examinations. (Res. 304, A-05)

D-295.983 Fostering Professionalism During Medical School and Residency Training
(1) Our AMA, in consultation with other relevant medical organizations and associations, will work to develop a framework for fostering professionalism during medical school and residency training. This planning effort should include the following elements: (a) Synthesize existing goals and outcomes for professionalism into a practice-based educational framework, such as provided by the AMA's Principles of Medical Ethics. (b) Examine and suggest revisions to the content of the medical curriculum, based on the desired goals and outcomes for teaching professionalism. (c) Identify methods for teaching professionalism and those changes in the educational environment, including the use of role models and mentoring, which would support trainees' acquisition of professionalism. (d) Create means to incorporate ongoing collection of feedback from trainees about factors that support and inhibit their development of professionalism. (2) Our AMA, along with other interested groups, will continue to study the clinical training environment to identify the best methods and practices used by medical schools and residency programs to fostering the development of professionalism. (CME Rep. 3, A-01; Reaffirmation I-09)

E-8.0501 Professionalism and Contractual Relations
Physicians are free to enter into a wide range of contractual arrangements. However, physicians should not sign contracts containing provisions that may undermine their ethical obligation to advocate for patient welfare. Therefore, before entering into contractual agreements to provide services that directly or indirectly impact patient

care, physicians should negotiate the removal of any terms, such as financial incentives or administrative conditions, that are known to compromise professional judgment or integrity. Particularly, when contractual compensation varies according to performance (see Opinion E-8.054, "Financial Incentive and the Practice of Medicine"), physicians should beware of incentives that may adversely impact patient care. (VI, VIII) Issued June 2004 based on the report "Professionalism and Contractual Relations," adopted December 2003.

E-9.011 Continuing Medical Education:
Physicians should strive to further their medical education throughout their careers, for only by participating in continuing medical education (CME) can they continue to serve patients to the best of their abilities and live up to professional standards of excellence. Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's ethical obligation to maintain his or her medical expertise. Attendees. Guidelines for physicians attending a CME conference or activity are as follows: (1) The physician choosing among CME activities should assess their educational value and select only those activities which are of high quality and appropriate for the physician's educational needs. When selecting formal CME activities, the physician should, at a minimum, choose only those activities that (a) are offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Academy of Family Physicians (AAFP), or a state medical society; (b) contain information on subjects relevant to the physician's needs; (c) are responsibly conducted by qualified faculty; (d) conform to Opinion 8.061, "Gifts to Physicians from Industry." (2) The educational value of the CME conference or activity must be the primary consideration in the physician's decision to attend or participate. Though amenities unrelated to the educational purpose of the activity may play a role in the physician's decision to participate, this role should be secondary to the educational content of the conference. (3) Physicians should claim credit commensurate with only the actual time spent attending a CME activity or in studying a CME enduring material. (4) Attending promotional activities put on by industry or their designees is not unethical as long as the conference conforms to Opinion 8.061, "Gifts to Physicians from Industry," and is clearly identified as promotional to all participants. Faculty. Guidelines for physicians serving as presenters, moderators, or other faculty at a CME conference are as follows: (1) Physicians serving as presenters, moderators, or other faculty at a CME conference should ensure that (a) research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner; (b) the content of their presentation is not modified or influenced by representatives of industry or other financial contributors, and they do not employ materials whose content is shaped by industry. Faculty may, however, use scientific data generated from industry-sponsored research, and they may also accept technical assistance from industry in preparing slides or other presentation materials, as long as this assistance is of only nominal monetary value and the company has no input in the actual content of the material. (2) When invited to present at non-CME activities that are primarily promotional, faculty should avoid participation unless the activity is clearly identified as promotional in its program announcements and other advertising. (3) All conflicts of interest or biases, such as a financial connection to a particular commercial firm or product, should be disclosed by faculty members to the activity's sponsor and to the audience. Faculty may accept reasonable honoraria and reimbursement for expenses in accordance with Opinion 8.061, "Gifts to Physicians from Industry." Sponsors. Guidelines for physicians involved in the sponsorship of CME activities are as follows: (1) Physicians involved in the sponsorship of CME activities should ensure that (a) the program is balanced, with faculty members presenting a broad range of scientifically supportable viewpoints related to the topic at hand; (b) representatives of industry or other financial contributors do not exert control over the choice of moderators, presenters, or other faculty, or modify the content of faculty presentations. Funding from industry or others may be accepted in accordance with Opinion 8.061, "Gifts to Physicians from Industry." (2) Sponsors should not promote CME activities in a way that encourages attendees to violate the guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061, "Gifts to Physicians from Industry," or the principles established for the AMA's Physician Recognition Award. CME activities should be developed and promoted consistent with guideline 2 for Attendees. (3) Any non-CME activity that is primarily promotional must be identified as such to faculty and participants, both in its advertising and at the conference itself. (4) The entity presenting the program should not profit unfairly or charge a fee, which is excessive for the content and length of the program. (5) The program, content, duration, and ancillary activities should be consistent with the ideals of the AMA CME program. (I, V) Issued December 1993; Updated June 1996.

H-235.970 Conflict of Interest Issues in the Medical Staff:
Policy of the AMA states that: Candidates for election or appointment to medical staff offices, department or committee chairs, or the medical executive committee, should disclose in writing to the medical staff, prior to the date of election or appointment, any personal, professional or financial affiliations or responsibilities on behalf of the medical staff; and encourages hospital medical staffs to incorporate a "disclosure of interest" provision in their medical staff bylaws based on this policy statement. (Sub. Res. 801, A-95; Reaffirmed: CLRPD Rep. 1, A-05)

H-460.981 University-Industry Cooperative Research Ventures:
(1) Academic institutions and industrial firms should establish explicit guidelines, policies and goals for cooperative research ventures that will best accommodate the interests and integrity of both organizations. The mission of academic institutions should not be compromised in any manner through participation in cooperative ventures. (2) Faculty members should disclose the nature of and time spent in university-industry research ventures. When their major orientation becomes commercial development rather than teaching and research, faculty members should take a leave of absence or leave the university to pursue their dominant interest. (3) Regardless of the nature of the partnership arrangement, patent and licensing rights emanating from university-industry cooperative ventures should accrue to university, investigator and industry by a mechanism agreed upon in advance. The degree to which a research project depends on proprietary information should be a prime consideration during the planning stages of a university-industry cooperative venture. Proprietary information can rightfully be viewed as being excluded from full disclosure of research results and, thus, its confidentiality should be maintained by both parties. (4) Universities should not engage in research at the expense of the educational mission of the institutions. Monetary profits emanating from cooperative ventures should accrue to the university, investigators and industry by an agreeable mechanism. (5) The free and expeditious communication of research findings to the scientific community should be a major objective of academia and industry. Reasonable delays for review of patentable subject matter and for filing of a patent application should be permitted. (6) The federal government should encourage the participation of small businesses in cooperative research ventures, and should continue to support starter programs for such projects. The federal government should be charged with conducting an ongoing analysis of the productivity and capacity of the nation's biomedical research enterprise, with the university-industry partnership as the focal point of the analyses. (7) State and local governments should be encouraged to provide a legislative, economic and research environment conducive to the establishment of university and industry cooperatives ventures. (8) Private industry should increase its financial support of university-industry cooperative ventures in biomedical research. (BOT Rep. NN, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07).