

The American Society of Colon and Rectal Surgeons

Resolution/Management of Personal Conflicts of Interest

POLICIES AND PROCEDURES

A. PURPOSE

To be a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Society of Colon and Rectal Surgeons (ASCRS) must ensure that the content of CME activities is guided by what is in the best interest of the public, always deferring to validity, independence, transparency, and separation of education from promotion. Through the implementation of the mechanism below, the ASCRS will ensure due diligence such that CME is independent, free of commercial bias, supported by the best available evidence, and beyond the control of persons or organizations with an economic interest in influencing the content of CME.

B. ASSUMPTIONS

1. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a) a financial relationship with a commercial interest, **and** b) the opportunity to affect the content of CME about the products or services of that commercial interest.
2. Planners, teachers, or authors in a CME activity may have financial relationships with commercial interests.
3. These relationships could lead to actual or perceived bias in CME content.
4. Those persons involved in CME, who have relevant financial relationships in any amount with commercial interests within the past 12 months, are considered to have conflicts of interest according to ACCME Standards for Commercial Support guidelines. These conflicts of interest must be disclosed and “managed or resolved” prior to the education activity in order to maintain the integrity of CME activity, ensuring fair and balanced education, and the granting of CME credits.

C. MECHANISMS, DUTIES AND RESPONSIBILITIES

1. The critical element in the CME process is the educational content of the program. This content must remain valid, credible, fair and unbiased, utilize the best available evidence, and be independent of commercial influence. Conflicts of interest will be managed by mechanisms safeguarding against bias when the content is relevant to the commercial interest and that are in the best interest of the public.

2. All planners (CME, Program and Self Assessment committees), teachers and authors will provide full disclosure of relationships with commercial interests over the 12 month period prior to the CME activity.
3. All individual CME activities will be screened by members of the ASCRS CME Committee and staff.
4. Those CME activities categorized as involving patient care and/or clinical/practice recommendations, such as therapeutic or diagnostic claims, that have possible implications for commercial supporters of the CME activities will be selected for content monitoring through peer review for fairness, objectivity, and balance by members of the CME peer review subcommittee.
5. The Chair of the CME Committee will appoint a peer review subcommittee.
6. Members of the peer review subcommittee will provide full disclosure of relationships with commercial interests over the 12 month period prior to their participation on the committee. Any conflicts identified will be resolved as related to the content of the CME activity being reviewed.
7. The peer reviewers will review the content of CME activities in order to manage or resolve conflict in accordance with current ACCME Standards for Commercial Support.
8. The CME Peer Review Committee will determine the best way to resolve Conflict of Interest which could be by e-mail, phone, review of slides review of actual presentation/manuscript.
9. Granting of CME Category 1 credit will occur if the peer reviewer has determined that the contents of the activity are fair and balanced (there is no bias) and that the content is supported by the best available evidence.
10. If the peer reviewer determines that there is bias, imbalance, unfairness, or lack of best evidence, the teacher or author must revise the content, in a timely fashion, prior to the activity being conducted, to resolve the concerns. If the concerns are not satisfactorily resolved, presenter will be disqualified from presenting.
11. The teacher or author must agree not to alter the content after the required revisions are approved.

Timeline

1. In most cases, the primary peer review will be performed, barring extenuating circumstances, 6 weeks or more prior to the scheduled activity.

2. The approval of revised contents, when indicated, will be no later than 2 weeks prior to the delivery of the activity.
3. Special circumstances will be judged on a case by case basis.

Actions if the policy is violated

1. The teacher/author refusing to submit materials for peer review will be disqualified from presenting.
2. When the peer review process is successfully completed, but content is altered in a way that introduces actual or perceived bias after the agreement has been finalized:
 - Teacher/author will be disqualified from presenting
 - A disqualification letter will be sent to the teacher or author, due to non-compliance.
3. At the ASCRS Annual Meeting a monitoring mechanism through attendance and observation by a CME Committee member, peer review subcommittee member, or other qualified surrogate is to be encouraged. This monitoring individual will attend and provide a follow up report as to the validity of the CME activity content.

D. POLICY REVIEW

Monitoring will be done on an ongoing basis by the CME Committee and staff; reporting of non-compliance will be sent to the ASCRS Executive Council for action.

Adopted by ASCRS Executive Council: April 30, 2005

Minor revisions approved by ASCRS Executive Council: October 10, 2009