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# Managing Conflicts of Interest in Continuing Medical Education: a Comparison of Policies

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**Background:** Altruism is a central underpinning of professional behavior; however physicians may face instances in which their secondary (financial) interest is in competition with their primary (patient health, research integrity, professional education) interests. Most medical institutions have developed policies to manage conflicts of interest, but chiropractic institutions, organizations and providers may not be well-acquainted with such policies.

**Purpose:** To compare the policies of the Department of Veterans Affairs (VA) and the North American Spine Society (NASS) regarding management of conflicts of interest in continuing medical education (CME). **Methods:** A qualitative review of published policies of the VA and NASS was performed. The policies of each organization were retrieved and reviewed, and data were entered into a spreadsheet for comparison. Content experts at each organization were contacted to provide additional information. **Results:** The VA and NASS provide explicit, similar policies to manage conflicts of interest in CME. Proposed speakers are required to disclose the nature and value of financial relationships relevant to content of their planned talk/presentation. Procedures for committee review, mitigation of conflict, or prohibiting the participation of a given speaker have been described. Disclosure must be made to the attendees of an educational activity in printed materials and at the time of presentation. **Conclusion:** The VA and NASS appear similar in their policies to manage conflicts of interest in CME. The policies of the VA and NASS may provide examples for the chiropractic profession to consider in relation to chiropractic continuing education. (J Chiropr Educ 2009;23(1):36-39)

**Key Indexing Terms:** Chiropractic; Education, Continuing; Conflict of Interest

## INTRODUCTION

Medical professionalism has been defined and codified.<sup>1-3</sup> Altruism is a central underpinning of medical professional behavior, however physicians may face instances in which their own needs are in competition with the needs of their patients. Such constitutes a conflict of interest (COI), described as,<sup>4</sup> “. . . a situation in which one is exposed to a temptation to neglect a professional duty and in which reasonable onlookers would find it plausible that the average person could be swayed by a temptation of that form and magnitude.” In addition to matters

involving patient care, COIs also exist in relation to research integrity and professional education. The mere existence of a COI does not constitute unprofessional behavior. Indeed it is accepted that one responsibility of a medical professional is to appropriately *manage* such conflicts.<sup>3</sup> Medical institutions have developed policies for COI management.<sup>5-9</sup>

There is no description of COI management in the chiropractic literature; thus, COI management as seen in medicine may have relevance to the chiropractic profession. The purpose of this paper is to bring the discussion of COI into the chiropractic literature by comparing the policies of the Veterans Health Administration (VA) and the North American Spine Society (NASS) regarding management of conflicts of interest in continuing medical education (CME).

## METHODS

This paper is a qualitative review of published policies of the VA and NASS. The VA and NASS were purposively sampled for the following reasons: a) to provide the perspective from the largest integrated US healthcare system and a leading multi-disciplinary spine society respectively; and b) these two institutions each include chiropractors either as providers (VA) or affiliate members (NASS), thus their policies may be of particular relevance to the chiropractic profession. The policies of each organization were retrieved and reviewed, and data were entered into a Microsoft Excel spreadsheet (Microsoft Corp, Redmond, WA) for comparison. Inductive analysis was performed to generate insight regarding observed patterns. Content experts at each organization were contacted to provide additional information as needed. This study did not involve human subjects or protected health information.

## RESULTS

Results are summarized in Table 1. Both the VA and NASS provide clear operational definitions of conflict of interest. Each organization requires potential faculty at CME activities to complete a faculty disclosure form. This form specifies the various types of financial relationships such as remuneration (royalties, stock ownership, speaking arrangements, etc); holding positions in industry (owner, member of board of directors, member of scientific advisory board, etc); and support from sponsors (endowments, research support, training, presentation materials, etc).

NASS considers the dollar amount of the relationship in determining the presence of a conflict of interest. Less than \$250 per year is not a conflict. The range of \$250 to \$10,000 per year total support from all sources, or up to 5% ownership in a company, if such value is up to \$10,000, constitutes a minor conflict. More than \$10,000 per year total support from all sources, or more than 5% ownership in a company is called a major conflict. The VA considers any dollar amount within the past 12 months provided to the speaker and/or a close family member of the speaker to constitute a financial interest.

Each organization requires that speakers' financial interests be disclosed to the attendees of a CME activity. This disclosure must be made in program printed materials and verbally to the audience at the time of presentation. NASS further stipulates

that the second slide of all PowerPoint (Microsoft Corp, Redmond, WA) presentations must include a financial relationship disclosure.

Each organization requires that the relationships reported by potential faculty members be reviewed by a committee overseeing the given CME activity. The VA further specifies that representatives from the VA Employee Educational System and/or VA Central Office may provide input. The committee is tasked with determining if any action beyond audience disclosure is required to manage the given conflict. The VA policy states this may include commercially disinterested peer review of the proposed content; referencing best available evidence; focusing the role of the speaker on issues that avoid the conflict; or declining the participation of the discloser. Each organization requires that if the committee takes any action to mitigate the conflict of a given speaker, that action must also be disclosed to the participants in the educational activity. NASS further specifies processes for monitoring disclosure compliance among presenters and for sanctions when policy is violated. Such sanctions can include letters of censure, disallowing presentations at future conferences, and suspension or expulsion from the society.

## DISCUSSION

The concept of professionalism is barely mentioned in the chiropractic literature, and COI management has not been described at all. A search of the Pubmed and Mantis electronic databases from January 1988 to May 2008 using "chiropractic" and "professionalism" revealed only 2 peer-reviewed publications, whereas "chiropractic" and "conflict of interest" yielded no peer-reviewed publications. On the contrary, professionalism and COI management are well-described in medicine. Using the search parameters mentioned above with "medicine" in place of "chiropractic" yielded 946 results for professionalism and 1675 for COI.

Beyond the lack of peer reviewed literature on the topic, COI consideration seems to be absent in other areas of the chiropractic profession. Following is the status quo at the time of this manuscript submission. There is no mention of COI management on the websites of the Council of Chiropractic Education,<sup>10</sup> the Association of Chiropractic Colleges,<sup>11</sup> or the American Chiropractic Association.<sup>12</sup> Author COI disclosure statements are not routinely published in chiropractic peer-reviewed journals such as the

**Table 1. Elements of conflict of interest policies**

	VA <sup>a</sup>	NASS <sup>b</sup>
<b>Faculty disclosure form</b>	Yes	Yes
<b>Relevant financial interest defined</b>	Any \$ amount in the past 12 months paid to the speaker or a close family member	<ul style="list-style-type: none"> <li>• Minor=\$250-10,000/ year, or up to 5% company ownership of value up to \$10,000</li> <li>• Major=more than \$10,000, or more than 5% ownership</li> </ul>
<b>Disclosure to participants required</b>	<ul style="list-style-type: none"> <li>• Printed materials (program, handouts), exhibits, posters</li> <li>• Verbal by presenter/moderator (for electronic access)</li> </ul>	<ul style="list-style-type: none"> <li>• Printed materials (program, handouts) web content</li> <li>• Verbal by presenter/moderator</li> <li>• On-screen slide immediately following title slide</li> </ul>
<b>Process for review of disclosures</b>	<p><i>(All above required)</i></p> <ul style="list-style-type: none"> <li>• Review by Planning Committee</li> <li>• Secondary review by central Employee Education Committee if needed</li> </ul>	<p><i>(All above required)</i></p> Review by Disclosure Committee
<b>Processes to resolve COI</b>	<ul style="list-style-type: none"> <li>• Commercially disinterested peer review of proposed content</li> <li>• Referencing “best available evidence”</li> <li>• Focus the role of the discloser to avoid the conflict (eg no therapeutic recommendations)</li> <li>• If none of the above are effective, decline participation of the discloser</li> </ul>	<i>Unspecified</i>
<b>Process for monitoring compliance</b>	<i>Unspecified</i>	<ul style="list-style-type: none"> <li>• Society and individual members are responsible to hold all presenters accountable</li> <li>• If any know of conflict that has not been disclosed, they are responsible to remind the individual presenter</li> <li>• If presenter does not comply, the member is obligated to report this failure to the Professional Conduct &amp; Ethics Committee</li> <li>• This committee will follow due process in its inquiry as outlined in Procedural Guidelines</li> </ul>
<b>Sanctions for violations</b>	<i>Unspecified</i>	Determined by Professional Conduct & Ethics Committee

a) Department of Veterans Affairs, Veterans Health Administration, Employee Education System, Memorandum 777-EDU029-06, Conflict of Interest Policy. June 21, 2007.

b), North American Spine Society Disclosure Policy. January 13, 2006. Available at URL: <http://www.spine.org/Pages/PracticePolicy/EthicsProfConduct/NASSDisclosurePolicy.aspx>

*Journal of Manipulative and Physiological Therapeutics* and the *Journal of Chiropractic Education*. Presenter disclosure of COI does not occur at the largest North American peer-reviewed conferences such as the Association of Chiropractic Colleges-Research Agenda Conference (ACC-RAC), the Foundation for Chiropractic Education and Research scientific conference, and the World Federation of Chiropractic Biennial Congress. To an outside

observer, the concept of COI management is virtually alien to the chiropractic profession at this time.

Occurrences of financial conflicts influencing the behavior of and eroding the public trust in medical physicians have been reported in recent years.<sup>13</sup> It has been suggested that clear institutional policies are required to control COI and maintain the public’s confidence.<sup>14</sup> One may speculate that chiropractic profession faces a similar requirement. If the

chiropractic profession is to begin the discussion of COI management, it is reasonable to consider medicine as one model. As a starting point, understanding the principles of COI management in CME may have bearing on COI management in chiropractic continuing education (CE).

This paper describes the COI in CME management policies of a large healthcare system and a professional society. This appears to be the first discussion of the topic in the chiropractic literature. The VA and NASS are similar in their policies to manage COI in CME.

These policies may provide examples for chiropractic institutions, organizations and providers to consider in relation to chiropractic CE. Future work assessing the prevalence of chiropractic COI policies and comparing their content with the results of this study may provide a better understanding of the chiropractic profession's current status and needs for improvement in this area.

This paper was limited to policies related to conflicts of interest in CME. Policies regarding patient care, research integrity or other facets of professional conduct were not reviewed. Also, while the VA and NASS are large and important organizations, this paper presents no evidence that their policies are the optimum models for the chiropractic profession.

## CONCLUSION

The VA and NASS provide explicit, similar policies to manage conflicts of interest in CME. Proposed speakers are required to disclose the nature and value of financial relationships relevant to content of their planned talk/presentation. Procedures for committee review, mitigation of conflict, or prohibiting the participation of a given speaker have been described. Disclosure must be made to the attendees of an educational activity in printed materials and at the time of presentation. These policies may provide examples for chiropractic institutions, organizations and providers to consider in relation to chiropractic CE.

## CONFLICTS OF INTEREST

The author has no conflicts of interest to declare.

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