

## POLICY FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION

The University of Nebraska Medical Center, Center for Continuing Education (UNMC/CCE) recognizes the importance of continuing medical education as a major tool to improve the quality of patient care. As such, the UNMC/CCE adheres to the following:

- ACCME Accreditation Criteria
- ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities
- American Medical Association's Opinion of the AMA Council on Ethics and Judicial Affairs on Gifts to Physicians from Industry
- Guidelines of the Pharmaceutical Manufacturers Association (PhRMA) and AdvaMed
- U.S. Food and Drug Administration's Final Guidance on Industry-Supported Scientific and Education Activities

This document is intended to define the appropriate relationships between the UNMC/CCE, the faculty, program committees, and the commercial entities which provide financial support to continuing education activities.

- The UNMC/CCE will be responsible for all decisions on key components of activity design, development of activity goals and objectives, specifics of content, promotional materials, faculty, activity evaluation, maintenance of registrant records and implementation for the educational activities.
- The UNMC/CCE is solely responsible for the administration, content, quality and integrity of all continuing education activities that it certifies for credit.
- The UNMC/CCE requires a *Disclosure of Conflict of Interest* form from all speakers, planning committee members, and other individuals associated with developing or implementing activities and are required to disclose in writing any actual or potential conflicts of interest they may be relative to their role in an activity

Activities which provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must disclose when an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed. Faculty is required to disclose to the audience that the product is not labeled for the use under discussion or that the product is still investigational.

- Having an interest or affiliation with a commercial or non-commercial organization does not automatically prevent a speaker from participating in an activity, but that relationship must be reviewed by the activity director and/or the Executive Director of the UNMC/CCE to resolve any conflicts. All disclosure information must be disclosed to the learners of the activity prior to the activity.

- All continuing medical education activities provided by UNMC CCE shall provide for an in-depth presentation that is independent, balanced, objective and scientifically rigorous, and presenters must include the levels of best evidence available.
- All commercial support associated with a CME activity must be given with the full knowledge and approval of the UNMC/CCE. The terms, conditions and purposes of such support must be documented by a signed agreement between the commercial entity, the UNMC/CCE and the joint sponsor/educational partner (if applicable). This signed agreement will define the respective roles and responsibilities of the grantor and the UNMC/CCE.
- A joint sponsor/educational partner may be delegated the responsibility for receiving and disbursing funds provided a Letter of Agreement is signed between the commercial supporter, UNMC/CCE and the joint sponsor/educational partner and a full accounting of the funds can be documented by the UNMC/CCE.
- Acknowledgement of commercial support will be disclosed to the learners in printed collaterals. Reference will not be made, however, to specific products.
- Commercial entities may be permitted to display exhibits, providing:
  - they abide by existing guidelines
  - they do not interfere with the presentation of a CME activity.
  - exhibit placement will not be permitted as a condition of support for a CME activity.
- At the request and discretion of the UNMC/CCE, commercial representatives may be asked to distribute publicity for CME activities provided only UNMC/CCE materials are distributed.
- Commercial representatives who are paid exhibitors may attend an educational activity, but may not engage in promotion of products while in the area where the activity is taking place.
- Commercial representatives who hold positions such in medical liaison or medical affairs may participate in UNMC/CCE sponsored activities provided they are paid registrants.
- No payments from a commercial entity for a certified CME activity can be paid directly to the Program Director of the activity, faculty, or others involved with the activity.
- No commercial entity may use funds to pay travel, lodging, registration fees, honoraria, or personal expenses for non-faculty attendees.
- Scholarship or other special funding to permit medical students, residents, or fellows to attend selected educational activities may be provided as long as the selection is made either by the trainee's academic unit, or by the UNMC/CCE with the full concurrence of the trainee's academic unit. Under no circumstances shall a commercial entity have control over the selection of scholarship recipients.

January 2005  
 Updated and Modified  
 March 2013

**University of Nebraska Medical Center  
Center for Continuing Education**

**Policy Concerning Faculty Honoraria**

Honoraria for activity presenters will be set by the activity director upon the recommendation of the activity planning committee. Guidance will be provided by the Center for Continuing Education.

Factors taken in consideration when determining presenter honoraria are:

- The speaker's background
- The usual honorarium for the discipline
- The length of the activity presenters presentation(s)
- The number of presentations by the activity presenter
- The type of instruction (lecture, small group workshop, hands-on skill stations, etc.)
- The location of the activity (if travel is required, etc.)

Honoraria to UNMC/The Nebraska Medical Center will only be issued when there is external funding for the activity.

All reimbursements of expenses are completed following the University of Nebraska Medical Center Travel Policy.



# Conflict of Interest Disclosure Form

## SECTION 1

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education, it is the policy of the University of Nebraska Medical Center, Center for Continuing Education (UNMC CCE) to ensure balance, independence, objectivity, and scientific rigor in all UNMC CCE certified events.

All persons involved in the planning/content development are expected to disclose all financial relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be deemed as a potential conflict of interest. Disclosure of these relationships will be included in all written event materials so that participants may formulate their own judgments in interpreting content and in evaluating recommendations.

**Failure or refusal to disclose will prohibit you from presenting at/or participating in the planning of this activity.**

Name \_\_\_\_\_

Title of Activity \_\_\_\_\_

**Please indicate your role in this activity:** (check all that apply)

- Author     Editor     Moderator     Peer Reviewer     Planner     Presenter

## SECTION 2

**Please provide the following information regarding financial relationships** that **you or your spouse/partner** currently hold, or have held within the last 12 months with commercial interests\* that manufacture or provide healthcare related products and/or services.

*\*A commercial interest is an entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients.*

- I/We have no financial relationships with a commercial interest/interests producing healthcare related products and/or services. **(Skip to Section 4 on page 3)**
- I/We have financial relationships with commercial interest/interests that produce healthcare related products and/or services.

## SECTION 3

**Please list all relationships here** and use a separate sheet if necessary.

Name of Company \_\_\_\_\_  Self  Spouse/Partner

Clinical/Research Area \_\_\_\_\_

Type of Financial Relationship (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employment (includes retainer)          | <input type="checkbox"/> Industry funded research/investigator | <input type="checkbox"/> Consultant      |
| <input type="checkbox"/> Speakers Bureau, Faculty, Peer Reviewer | <input type="checkbox"/> Advisory Committee/Board              | <input type="checkbox"/> Stock/Ownership |
| <input type="checkbox"/> Patent holder                           | <input type="checkbox"/> Other (please describe) _____         |  |

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Clinical/Research Area \_\_\_\_\_

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| <input type="checkbox"/> Patent holder                           | <input type="checkbox"/> Other (please describe) _____         |  |

**SECTION 4**

I have disclosed to the UNMC CCE all relevant financial relationships.

- Yes       No       N/A

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased.

- Yes       No       N/A

I agree not to accept any honoraria, additional payments, or reimbursements beyond that which has been agreed upon directly with the UNMC CCE.

- Yes       No       N/A

I understand that the UNMC CCE may need to review my presentation and/or content prior to the activity, and will provide educational content and resources in advance as requested.

- Yes       No       N/A

If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional in nature.

- Yes       No       N/A

If I am providing recommendations involving clinical medicine, these will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.

- Yes       No       N/A

If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

- Yes       No       N/A

If I am discussing any product use that is off-label, I will disclose during the presentation that the use or indication in question is not currently approved by the FDA for labeling or advertising.

- Yes       No       N/A

If I have been trained or utilized by a commercial interest/interests or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity..

- Yes       No       N/A

If I am presenting research funded by a commercial interest/interests, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

- Yes       No       N/A

I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- Yes       No       N/A

**SECTION 5 - INVESTIGATIONAL/OFF-LABEL USE OF DRUGS DISCLOSURE**

Are you planning to discuss or reference investigational or off-label use of therapeutic agents or products in your presentation?

- Yes      →      If yes, please supply information to be discussed and method to inform learner.

- No

**SECTION 6**

Signature \_\_\_\_\_ Date \_\_\_\_\_