

June 2014

Council Approved Decisions Regarding AACAP's Relationship with the Biomedical Industry

Martin Drell, MD, immediate past president of AACAP, appointed the Task Force on AACAP's Relationship with the Pharmaceutical Industry. Chaired by **Marilyn Benoit, MD**, a former president of AACAP, the Task Force went through a rigorous 12 month process to develop a comprehensive list of principles and recommendations to guide AACAP regarding its relationship with industry. Due to its expanded scope, the group's name evolved into the Task Force on the Relationship between AACAP and the Biomedical Industry.

The Task Force reviewed all related AACAP documents and relevant literature from outside organizations regarding conflict of interest issues. In addition, they conducted interviews with member leaders and commissioned a full member survey on the topic that was completed by 18% of the membership.

The Task Force outlined the following organizing principles:

Principle #1: All policies having to do with AACAP's relationship with the biomedical industry must be consistent with the AACAP mission statement.

Principle #2: A collaborative and reciprocal relationship with the biomedical industry is necessary and important for providing expert scientific input into advancing new treatments for children and adolescents with mental illnesses and for providing accurate information to the membership.

Principle #3: The relationship with biomedical companies can be managed to avoid undue influence through actual and/or potential conflicts of interest. Funds from the biomedical industry can be used to support specific research, advocacy, education, and training projects that are consistent with the AACAP's mission until AACAP can find alternative non-industry support for these highly valued activities.

Principle #4: All members should be eligible to participate in all levels of the AACAP organization, including election to AACAP offices, without regard to their employment by industry. The Nominating Committee plays a major role in vetting potential candidates for office, and it is the responsibility of that committee to raise questions about disclosures of affiliations and possible influence on any particular candidate.

Principle #5: It is the responsibility of all child and adolescent psychiatrists to act in an ethical and responsible manner in all of their professional dealings including in their interactions with industry.

Principle #6: Investment in industry as part of a diversified portfolio does not constitute a conflict of interest that could lead to undue influence in the decision making of the AACAP's leadership.

Principle #7: AACAP policies on relationships with industry and other biomedical companies need to be better communicated to the membership and the public on a recurring basis.

Principle #8: Transparency and ongoing monitoring are critical elements in managing disclosures of affiliations and potential conflicts of interest.

Principle #9: AACAP needs to explore additional sources of revenue including dues increases and philanthropic efforts.

The Task Force submitted its official report and Council reviewed and deliberated over each suggestion. **The following recommendations were approved by AACAP Council on June 28, 2014:**

1. AACAP leaders, training programs, ROCAPs and members need to be educated on AACAP funding, finances, and investment policies. The great majority of survey respondents state they have little understanding of these areas.
2. AACAP leaders, training programs, ROCAPs, and members must be educated regarding the concerns that relationships with industry can compromise clinical decision-making and that even small gifts by industry can bias the treatments delivered by clinicians. Equally important is disseminating education regarding how disclosures are managed and the importance of child and adolescent psychiatrists' collaboration in industry research. This information should be disseminated by way of a disclosure report, presentations at the Annual Meeting, such as Town Hall meetings, presentations to the Assembly, meetings with chairs and their committees, information at the AACAP exhibit booth, and articles in AACAP News and JAACAP.
3. AACAP must educate the public regarding how disclosures of affiliations are managed as well as the importance of child and adolescent psychiatrists' collaboration in industry research. This information can be made accessible through transparency regarding AACAP's disclosure policies and procedures, by working in coalitions with consumer advocacy groups, and through the use of media advocacy.

4. AACAP needs a comprehensive disclosure policy statement regarding AACAP's relationship with the biomedical industry that includes all AACAP leaders and the Executive Director. This statement should take into consideration the Transparency Portal on the AACAP website, AACAP Operating Principles, and this report.
5. The AACAP Employee Handbook needs to include a disclosure policy for AACAP staff that prohibits staff from accepting any gifts from industry or attending any product promotions by industry.
6. Planning priorities must be driven by AACAP's mission and vision, and strategic planning. Such planning should be independent of any significant industry funding. This should be regularly reviewed and is consistent with current policies.
7. AACAP must continue to monitor the total revenues from industry. Funding from industry should never be critical to operations. There needs to be clarity and transparency about the method for determining how calculations are done. Most important are the publishing of clear processes that are used to guide industry revenues provided to AACAP, and accurate accounting about how those monies are allocated.

With regard to the possibility of limiting or eliminating funding from industry:

- (i) AACAP should carefully monitor funding from industry with a goal of keeping industry revenue below 10% of the AACAP annual budget. This can be implemented for the 2015 budget.
- (ii) Any industry support to AACAP should ideally be pooled.
- (iii) There should no funding from industry to support core ongoing operations of AACAP.
- (iv) Industry sponsorship of CME activities, including the Annual Meeting, can continue as long as the industry funds are pooled. This is consistent with current policy.
- (v) Consistent with current policy, income from advertising and rental of exhibit space at the annual meeting and at other live CME programs can continue as long as no exhibit space is in the obligate path of conference programming.
- (vi) Income from advertising in *JAACAP* and AACAP News can continue. The advertising content should be reviewed by the respective editors, but there should be no cap or limit to this type of funding from industry. *JAACAP* does not receive revenue directly from advertisement; it receives royalties from the publisher. This recommendation is consistent with current policies.

9. AACAP needs to explore additional sources of revenue including dues increases.
10. An independent third party advisor should continue to manage all investments based on AACAP's investment policy. The investment instruments (including individual stocks and mutual funds) are to be selected by the professional managers of the investment portfolio. The EC and Council should have access to all investment information.
11. There needs to continue to be clear separation between marketing and education. All educational activities, including posters, must be in a separate area of the meeting space from the Exhibit Hall. The Exhibit Hall must not be in the obligate entrance to the poster sessions or other educational activities. The Exhibit Hall must be clearly marked so that attendees understand that they are entering a marketing area. This recommendation is consistent with current policies.
12. Gifts and food from industry should be limited to small items (worth no more than \$10) and only located in the Exhibit Hall. Given the known influence that even these small items can have on physician practice and choice of treatment, allowing gifts must continue to be carefully scrutinized by AACAP to determine if all such gifts should be banned in the future. This can be implemented in 2015. This recommendation is consistent with current policies.
13. The Council approved AACAP's current Disclosure of Affiliations forms for Continuing Medical Education (CME), the Journal, and federal government programs as they are consistent with external guidelines. The Executive Committee and staff are in the process of evaluating AACAP's Disclosure of Affiliations forms for committees.
14. There needs to be a higher level of scrutiny of the President and Executive Committee, *Journal* Editor, and Chair and Deputy Chair of the Program Committee. During their tenure, these leaders must not participate on speakers' bureaus or industry advisory boards, provide consultation to industry, or accept travel support or honoraria from industry.
15. AACAP should create a process to assist members and AACAP in managing disclosures and assisting in the transparency of any disclosures.
16. The Nominating Committee must consider potential disclosure of affiliations of all candidates. The Nominating Committee will receive disclosure forms from all members being considered before the election slate is created.
17. *JAACAP* should add to their policies that there should be no single company industry-sponsored supplements to the Journal.

The TF supports the current policy to bar the Editor from having any financial relationships with industry. *JAACAP* might give further consideration to restricting the industry ties of the

JAACAP action editors, although the TF recognizes that this is a fine balance with the Journal's need for those with psychopharmacology expertise.

18. The Task Force supports the current Quality Issues Committee policies to bar any member of the committee from having any financial relationships with industry.
19. AACAP must continue to improve access and content to its Transparency Portal on the website, such as by adding a tab on the home page for disclosure information. Protocols within AACAP to review disclosures need to be developed and regularly reviewed and updated. Policies and procedures, including the disclosure policy, must be written and available on the Transparency Portal for the Program Committee, the Nominating Committee, the CME Committee, the Executive Committee, and Council.
20. The Pediatric Psychopharmacology Initiative (PPI) will review the complex issue regarding members use of free samples and availability of psychotropic medications , especially for low SES populations

AACAP and ROCAPS should assist members in continuing to improve their standards of practice, especially under the pressure of third party payers. Child and adolescent psychiatrists are the public face of child psychiatry and have the most influence on public perceptions of our profession. Collectively we need to invest in our public image.