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## Operating Principles for AACAP's Relationship with the Biomedical Industry

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**Preamble:** This document is a revision of the 2014 document produced by the Task Force on the Relationship Between AACAP and the Biomedical Industry, chaired by Marilyn B. Benoit, MD, approved by AACAP Council in June 2014. At the request of Karen Dineen Wagner, MD, PhD, President of AACAP, the document was reviewed and updated in 2019 by Marilyn B. Benoit, MD, John Dunne, MD, and Mary K. Billingsley, ELS.

**Note:** Throughout, “industry” refers to the biomedical industry, which for the purposes of this document includes any commercial interests that market to child and adolescent psychiatrists, such as companies that produce or provide medications, devices, or other biological or health-related products and services.

**Principle #1:** All policies regarding AACAP’s relationship with industry must be consistent with the AACAP mission statement.

**Principle #2:** AACAP policies on relationships with industry should be broadly communicated to the membership and the public on an ongoing basis.

**Principle #3:** A collaborative and reciprocal relationship with industry is necessary and important for providing expert scientific input into advancing new treatments for children and adolescents with mental illnesses and accurate information to the membership.

**Principle #4:** Relationships with industry should be managed to avoid undue influence through actual and/or potential conflicts of interest. Funds from industry should be used to support specific research, advocacy, education, and training programs and projects in ways that are consistent with the AACAP’s mission. AACAP should continue to seek non-industry support for these highly valued activities.

**Principle #5:** All members should be eligible to participate in all levels of the AACAP organization, including election to AACAP offices, regardless of 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 #6:** 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 #7:** Investment in industry as part of a diversified portfolio does not constitute a conflict of interest that could lead to undue influence in AACAP’s decision-making.

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

**Principle #9:** AACAP should continue to explore diverse, non-industry sources of revenue, including dues increases and philanthropic sources.

**Recommendations:**

1. AACAP needs a comprehensive disclosure policy regarding AACAP’s relationship with industry that includes all AACAP leaders, key components, and the Executive Director. Protocols to collect, review, and manage disclosures should be regularly reviewed and updated. Policies and procedures should be available on the Transparency Portal. AACAP should continue to improve access to, and enhance the content of its Transparency Portal, such as adding a tab on the home page for disclosure information. Disclosures should be available for the Executive Committee, Council, Program Committee, Nominating Committee, CME Committee, and *JAACAP*.
2. There is a high level of scrutiny for the President, Executive Committee, *JAACAP* Editor-in-Chief, and Chair and Deputy Chair of the Program Committee. During their tenure, these leaders must not serve on speakers’ bureaus or industry advisory boards, provide consultation to industry, or accept travel support or honoraria from industry.
  - a. The *JAACAP* Editor-in-Chief is expected to remain free of industry ties during his/her term. The disclosures of the *JAACAP* Associate and Deputy Editors should be scrutinized carefully, although it should be recognized that *JAACAP* needs individuals with diverse expertise, including industry expertise.
  - b. In AACAP’s Transparency Portal, it should be noted that members of the Quality Issues Committee are barred from financial relationships with industry.
3. The Nominating Committee must consider potential disclosure of affiliations of all candidates. Candidates are required to provide disclosure forms to the Nominating Committee for this purpose before the election slate is created.
4. The AACAP Employee Handbook should include a disclosure policy for AACAP staff that prohibits staff from accepting any gifts from industry or attending any industry product promotions.
5. AACAP will continue to use the disclosure of affiliations forms for Continuing Medical Education (CME), *JAACAP*, committees, and federal government programs, and review them periodically to ensure that they are consistent with external guidelines and best practices.
6. AACAP should develop a process to manage organization-level disclosures and assist members in managing disclosures in a way that is transparent and in compliance with the various policies.
7. AACAP must provide education about how disclosures of affiliations are managed, as well as the importance of child and adolescent psychiatrists’ collaboration in industry research.
  - a. For AACAP leaders, training programs, Regional Organizations (ROCAPs), and

members, such information should also include education regarding the concerns that relationships with industry may compromise clinical decision-making and that even small gifts by industry can bias the treatments delivered by clinicians. Information may 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, and articles in AACAP News and *JAACAP*.

- b. Such information should be accessible to the public through transparent disclosure policies and procedures, via collaboration with consumer advocacy groups, and through the use of media advocacy.
8. Strategic planning priorities must be driven by AACAP's mission and vision. Such planning should be independent of any significant industry funding. This should be regularly reviewed.
9. AACAP must continue to monitor total revenues from industry. Funding from industry should never be critical to operations. The method for calculating AACAP's revenue from industry must be clear and transparent. Most importantly, there must be clear processes used to guide how industry revenues provided to AACAP are managed and allocated, and clear and transparent accounting of those funds.

With regard to the possibility of limiting funding from industry:

- a. AACAP should carefully monitor funding from industry with a goal of keeping industry revenue below 10% of the AACAP annual budget.
- b. Any industry support to AACAP should be pooled.
- c. Industry funding should not be used to support core operations.
- d. Industry sponsorship of CME activities, income from advertising, and exhibit revenue from the Annual Meeting and other live CME programs should be handled in accordance with Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support and AACAP's Operating Principles for Extramural Support.
- e. *JAACAP* and *AACAP News* advertising content should be reviewed by the respective editors, in accordance with AACAP's Bylaws, but there should be no cap or limit to this type of funding from industry. AACAP does not receive revenue directly from advertising in *JAACAP*; it receives royalties from the publisher. Single-company sponsorship of *JAACAP* supplement issues is prohibited, in accordance with *JAACAP*'s advertising policy.
10. AACAP leaders, training programs, ROCAPs, and members should have access to information on AACAP's funding, finances, and investment policies.
11. An independent third-party advisor should 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. Per AACAP policy, Council receives investment reports twice per year.

12. There needs to continue to be clear separation between marketing and education activities, consistent with ACCME Standards for Commercial Support and AACAP's Operating Principles for Extramural Support.
13. 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 small items can have on physician practice and choice of treatment, AACAP should continue to carefully scrutinize the practice of allowing gifts.
14. AACAP should monitor important key issues related to industry, such as the issue of physician use of free samples and the availability of psychotropic medications.
15. 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 perception of our profession. Collectively, all members must invest in our public image.