



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif International non-profit organisation

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UEMS-EACCME

Report of the EACCME working group of Conflicts of interest and declaring in EACCME accreditation process

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Purpose of the working group

Purpose on the working group is to discuss following items and give a report for next phases for UEMS:

- to see what we have in place when it comes to identifying conflicts of interest
- to find ways to resolve conflicts of interest
- to see what areas of commercial involvement we can foresee and resolve
- to find a harmonised way of declaring interests around Europe

There is a need for EACCME to be credible as an accreditor but at the same time keep the accreditation process efficient (and not become bureaucratic).

Proposal summary

Declaring rather than disclosing:

1. Conflicts of interests can be evaluated only when presented.
2. Current policy to declare conflicts of interests is insufficient and does not follow common policies in education and science.
3. Declaration is an announcement that official rules have been followed when something has been done. Disclosure is an act of making something known. Disclosure increases transparency and credibility in CME and is widely used in many CME accrediting organizations.

Declaring process:

4. EACCME rules will apply to all accredited CME: live events, e-Learning, applications and devices equally in accreditation.
5. EACCME accreditation process should include detailed information on conflicts of interests of parties named in the EACCME 2.0 (both LEE and e-Learning).
6. Conflicts of interests will be collected annually from reviewers and accreditors equally in the process by EACCME.

Declaration forms

7. Forms for declaring conflicts of interest need to be parallel to a major form currently used in scientific publications and organisations. There are more than sufficient number of templates to work with.
8. Forms include information on professional obligations, financial conflicts of interests related to work, expert functions in health care and consulting health care guidance processes, financial compensations for training attendance or teaching, research and publishing and ownerships and possessions in companies related to health care (includes service providers, IT).

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9. Professional details are reported in the application, but they are seen as a part of disclosure, all duplicate reporting must be avoided.

Learner involvement

10. Working group suggests that EACCME recommends CME providers to include learners in assessing the transparency of CME.
11. EACCME will provide some examples that can be added into a feedback forms.

Guidance for declaring:

12. EACCME considers change is as an educational intervention and provides guidance to applicants.
13. There needs to be guidance for educators and reviewers (e.g. ESC, EBAC) and this could be produced with trusted providers from existing materials.
14. There needs be examples for CME providers on good practices in presenting conflicts of interest

Resolving conflicts of interests:

15. EACCME considers change is as an educational intervention and provides guidance to applicants.
16. Information on whether applicant has protocols on resolving conflicts of interests are added to accreditation. This should not be mandatory, but it builds a culture of planning rules and practices like Delphi vote for resolving conflicts.

Harmonising declaring with trusted providers:

17. Harmonisation discussions can be initiated after EACCME has decided its position and future process.
18. Working group acknowledges a need for further discussion with trusted providers on items in accreditation and assessment of transparency in the process as well good practices in resolving conflicts of interests.
19. There is a need for harmonising items in the declarations of conflicts of interests, so CME provides can accredit their CME events and devices flexibly.
20. EACCME/UEMS will carry negotiations with trusted providers how they would apply EACCME 3.0 forms for conflicts in interest
21. After harmonising major items, trusted providers could use their own forms for declaring COIs rather than double-filling EACCME forms.

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Concept of conflict of interest and types of potential conflicts

COI is: "a set of circumstances that creates a risk that professional judgement on actions regarding to primary interest will be unduly influenced by a secondary interest". (Lo B, Field MJ ed. *Conflict of interest in medical research, education and practice. Institute of Medicine. National Academy of Science, Washington 2009*).

Medicines, services and devices are marketed to doctors because marketing works. This was shown in recent meta-analysis by Brax et al 2017. One major risk for conflicts of interests are overspending, bias and harm to patients. One must bear in mind, that risk is not an absolute risk and realization of risk for bias are not common. Open presentation of COI provides one solution to maintain the trust of the public in CME as well in other fields of medicine. Disclosing COI is also an educational process as we make our professional connections visible and thus become more aware of the concept itself.

COI may constitute of a benefit or interest that can be financial, professional, institutional, social, political or personal. It can be positive or negative interest, depending on perspective. Potential financial COI are easier to observe than non-financial. However, loyalty or personal enmity can be just as relevant as financial COI. In recent years, non-COI's have been discussed in science. In many countries distribution of healthcare resources is based an expert panel that direct the paths of care and resources. This may influence CME, especially when mandatory CME rules will determine the CME providers supply. Therefore, not only financial COI are relevant but those in relation to healthcare guidance.

Recent discussion on presenting COI reveals the difficulties in presenting them as well as assessing. In scientific publications and guidelines all possible COI are listed in articles or web materials. There is discussion on relevancy of long lists of COI disguising transparency and there are initiatives to grade the relevancy like Cologne group in 2014. So far, most organisations have voted over full declaration rather than limited one. There is no complete solution to this issue and one must remember that in scientific publications, this is not yet thoroughly solved. In the context of CME, one may see this as an educational project where CME providers awareness and practices increase knowledge and understanding of physicians. In the CME, we have a possibility to obtain feedback from attendees of CME events or e-Learners. This puts CME providers in a valuable position in improving our understanding in practice. On the long run, it does not harm CME but improves it.

Table 1. summarises background processes for the conflicts of interest that are reported at the medical journals, CME, in guidelines, universities, international organisations, and publicly held authority assignments. EACCME mission is to support high quality, diverse, novel and transparent CME in Europe. The integrity of CME urges the declaring of COI. Providers, educators and accreditors need to be aware of potentials of everyday activities in

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medicine as conflicts in their education planning and implementation. COI change over time, so there needs to be a constant readiness to evaluate practices.

Table 1. Professional and personal consequences that might lead to potential conflict of interest. (Modified from www.nice.org and <https://doresearch.stanford.edu/policies>)

Personal financial interest
Description: These financial interests involve a direct personal gain either in form of salary, coverage of cost, travel or dividend yield, patents or foundations.
<ul style="list-style-type: none">• Any consultancy, directorship, position in or work for a commercial company that attracts regular or occasional payments in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.• Any fee-paid work commissioned by a commercial company for which the individual is paid in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place.• Any shareholdings, or other beneficial interests, in shares of a commercial company that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual)• Funds which include investments in the commercial company that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.• Educational grants
Non-personal financial interest like organisational interests that person is responsible due the position (if you have no interests in this category, state 'None')
Description: These financial interests are linked with position or employment and person declaring is a secondary beneficiary like in institutional research grants,
<ul style="list-style-type: none">• Institutional positions covered by commercial funds (e.g. pharmaceutical, equipment, IT)• Expenses and hospitality provided by a commercial company for educational purposes• A non-personal financial interest involves payment or other benefit that benefits a department or organisation for which an individual has managerial responsibility, but which is not received personally.• The main examples include the following: 1) fellowships, 2) a grant from a company for the running of a unit or department for which a member is responsible, 3) a grant or fellowship or other payment to sponsor a post or member of staff in the unit for which a member is responsible 4) the commissioning of research or other work by, or advice from, staff who work in a unit for which the member is responsible.
Personal non-financial interest (if you have no interests in this category, state 'None')
Description: This potential conflict of interest of this type may be difficult to determine as they are related to personal beliefs or convictions or loyalties.

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- A clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- A public statement in which an individual has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence.
- Holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- Strong political, intellectual or other commitment that may cause a conflict
- Other reputational risks in relation to an intervention under review.

Personal family financial interest

Description: These consist of indirect financial gains that may benefit family members.

- A personal family interest relates to the personal interests of a family member and involves a current payment to the family member of the employee or member.

Target groups: CME providers and educators

These requirements of the EACCME to declare COI apply to all:

1. Providers
2. Content planning faculty
3. Scientific contributors of accredited CME event or e-Learning
4. Presenters of CME. EACCME accreditation criteria should include the recommendations for presenting COI at the live events and some proposals in the devices.
5. Accreditors and reviewers (annual report) to increase transparency like in some scientific journals that apply open review.

Principles of declaring conflicts of interests in continuous medical education in live events and eLearning

General principles (Note: in accordance to ESC):

- I. UEMS EACCME supports high quality CME that is based on evidence, need assessment of learners and healthcare and eventually patients. Declarations of COI provide a tool for assessing the independency of education providers and planners.
- II. EACCME promotes a professional environment in which it is comfortable to ask questions relating to COI and where excluding oneself from participation in discussions that might be perceived as constituting a conflict is the norm rather than the exception.
- III. CME provider, planner or teacher with a COI for one specific CME activity or task are not necessarily precluded from participation in all other CME activities. EACCME does not wish to imply that any involvement with a commercial entity prohibits

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integrity or provider or educator, but rather that the review of such relationships is appropriate and correct thereby encouraging transparency and ethical integrity.

- IV. All potential conflicts must be disclosed so that the learners and accreditors can evaluate the relevance of the conflict to the CME content or implementation.
- V. Support from a commercial entity for CME must be acknowledged and presented transparently prior the CME content e.g. on a separate slide or on a screen view. The considerations of COI are relevant not only to pharmaceutical or equipment industry collaboration and research but may extend to all phases of biomedical research, IT-technology, health service sector and educational technologies.

Principles for **declaring** COI are:

- I. Personal financial considerations must never be allowed to influence educators', physicians' and scientists' decisions on the content of the continuing postgraduate medical education (CME) activities, which must be free of bias, or perceived bias, evolving from financial arrangements or considerations.
- II. All professionals have potential COI per se: speciality, employer or research interest for focus on expertise. Therefore, it is not possible to fully control COI but **aim at transparency with feasible means**.
- III. There are potential COI and direct COI that might be declared. Both types can be financial or non-financial nature.
- IV. **Declaring of COI is based on trust on informer**
- V. Declaration is made in **context of educational content** and does include personal judgement.
- VI. Educators need to be aware of the **publicity of the COI** thus this acts as a quality control at this point
- VII. COI are provided **prior educational content** either online or at the presentation and on a screen view. On e-Learning devices or websites, COI's are equally declared in an operational mode of a platform. Speaker disclosure information is provided on a slide shown before the presentation. For abstract presentations, the disclosure could be included in the abstract itself, both in the print copy and online or on the conference application. Poster presentations should contain a disclosure statement on the poster itself or at least when presented.
- VIII. Providers hold a responsibility over providing information on potential COI to accreditors and learners.

Forms for declaring

Working group has recognised variation in declaring conflicts of interest. Common rules of the depth and detailing needs to be agreed in the next phase by EACCME/UEMS. There are four possibilities to execute declarations of conflicts of interest in the next phase of EACCME:

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1. Keep current system, where no details are asked, but only signed disclosure.
2. Formulate a free text form of conflicts of interests to be filled and signed in four categories of conflicts of interest (e.g. NICE, SIGN -model).
3. Formulate a short, structured form of conflicts of interest in detailed information of potential conflicts of interests.
4. Formulate a long, structures for of conflicts of interest in detailed information of potential conflicts of interests.

Option 1. Current declaration of COI in use currently without reporting any additional or detailed information for accreditors

In accordance with criterion 24 of document UEMS 2012/30 “Accreditation of Live Educational Events by the EACCME”, all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application.

Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Other support (please specify):

Date

Signature

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There is a common understanding that current declaration is not sufficient information for EACCME accreditors to evaluate the potential conflicts of interests. **Working group proposes a more detailed form for declaring like in scientific papers, guidelines and in international organisations.** The content should serve educational purposes and transparency of CME. We present the long version of COI's that are available used by some scientific publications and current care guideline organisations (Option 4.).

In next phase, trusted providers or other major stakeholders could be invited to discuss common ground for providing this information in CME and CME accreditation. After this consultation EACCME new form for declaring COI could be implemented. Working group proposes that option 4 serves as starting point in condensing new form for reporting.

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Option 2. COI form modified by COI forms used by major scientific journals and some large institutions. “all possible sources”

Note that there is no common form in use anymore as many scientific papers have developed more detailed COI forms than ICLME requires (JAMA, BMJ...). This form needs to be a stepwise tool, which opens in ascending mode from item to item. Here is one template, which is based on BMJ Publishing Group model, Stanford University guideline and current care guideline organisations models like NICE.

Main group	Questions	Options
Personal details	Name	
	Primary employer	
	Speciality	
	Other profession(s)	
Degrees and competencies		
	Medical degree	
	Specialist degree(s)	
	Other university degrees	
	Other degrees	
	Competencies	
1. Occupation and work		
Main occupation	Job Title	
	Post	
	Past main activities over a period of three years	
Secondary occupations	Job Title, Post	
Financial conflicts of interests related to work		
	Are you in a leading position and responsible for cooperation with healthcare companies?	Yes/No, if Yes specify
	Have your management, association, company or other company received funding from healthcare companies for grants, research funding, sponsorship or order research?	Yes/No, if Yes specify
2. Expert functions in health care		
Activities in health care guidance processes		
	Have you worked as a national expert in projects or working groups for health care guidance	Yes/No, if Yes specify
	Have you made expert statements or statements (not for business)?	Yes/No, if Yes specify
	Have you been a member of a national or regional	Yes/No, if Yes

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	<i>recommendation group?</i>	<i>specify</i>
	<i>Have you worked as a national expert in projects or working groups for health care guidance</i>	<i>Yes/No, if Yes specify</i>
	<i>Are you a national or international organization expert or deciding on national or international organizations or expert activities</i>	<i>Yes/No, if Yes specify</i>
Consulting		
	<i>Have you worked as an expert for a health care company or in project related to health care?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you given an expert testimony to commercial company?</i>	<i>Yes/No, if Yes specify</i>
3. Financial compensations for training attendance		
	<i>Have you received support from a healthcare provider to participate in training (trips, accommodation, participation)</i>	<i>Yes/No, if Yes specify</i>
	<i>Have your employers mentioned compensation from your healthcare provider for your participation in training?</i>	<i>Yes/No, if Yes specify</i>
	<i>Significant financial compensation or hospitality, and travel, accommodation or meeting expenses not related to the aforementioned activities</i>	<i>Yes/No, if Yes specify</i>
4. Teaching, training and learning materials		
	<i>Have you worked as an lecturer for healthcare companies against reward?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you designed training materials for healthcare companies?</i>	<i>Yes/No, if Yes specify</i>
	<i>Are you a commercial speaker bureaux?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received financial compensation for training or learning materials in a healthcare sector?</i>	<i>Yes/No, if Yes specify</i>
5. Research and publishing		
	<i>Have you received financial compensation for publishing publications from a healthcare company, organization or marketing company, like cost of publishing on e-papers?</i>	<i>Yes/No, if Yes specify</i>
	<i>Do you receive royalties from publications</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received funding from research foundation over the last three years?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received or expecting a research grant in next 12 months</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received funding from a healthcare company</i>	<i>Yes/No, if Yes</i>

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	<i>over the last three years?</i>	<i>specify</i>
	<i>Has your employer received a research funding, where do you play a major role?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received any other material to support research (medicines, equipment, statistical support)? From health care company?</i>	<i>Yes/No, if Yes specify</i>
	<i>Will the research participants share information about healthcare products?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received an extension of a research publication or a report from a healthcare company?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you acted as a referee and received a financial allowance from it?</i>	<i>Yes/No, if Yes specify</i>
6. Ownerships and possessions in companies related to health care (includes service providers, IT)		<i>Yes/No, if Yes specify</i>
	<i>Are you in charge of leading positions (e.g. management group or Advisory Board) in healthcare companies?</i>	<i>Yes/No, if Yes specify</i>
	<i>Have you received financial compensation?</i>	<i>Yes/No, if Yes specify</i>
	<i>Do you have patents in healthcare products?</i>	
	<i>Do you own shares in a healthcare business?</i>	<i>Yes/No, if Yes specify</i>
7. Significant ownerships and possessions of family members (healthcare related)		
	<i>Do your close relatives or family members own shares of a healthcare business or own this type of business?</i>	<i>Yes/No, if Yes specify</i>
	<i>Does your family member work as the health care business executive?</i>	<i>Yes/No, if Yes specify</i>
8. Other conflicts of interests		
	<i>Do you have convictions or social affiliations?</i>	<i>Yes/No, if Yes specify</i>
	<i>Do you have meaningful civic functions that can be linked?</i>	<i>Yes/No, if Yes specify</i>

Proposal for new EACCME form for reporting conflicts of interest in CME/CPE Live events and e-Learning and for EACCME reviewers

Please fill in this form in regarding the educational event, e-Learning material or reviewer or accreditor role that you are managing or proposing. Consider the topic, relevance and

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audience in evaluating potential conflicts on interests. If wondering the relevance, then report it. Potential conflicts of interests are reported from three years prior to the event, publications of e-Learning or reviewing.

1. Professional details		Options
	Name	
	Primary employer	
	Medical degree	
	Speciality	
	Other profession(s)	
2. Financial conflicts of interests related to work		
	Are you in a leading position and responsible for cooperation with healthcare companies?	Yes/No, if Yes specify
	Have your management, association, company or other company received funding from healthcare companies for grants, research funding, sponsorship or order research?	Yes/No, if Yes specify
3. Expert functions in health care and consulting health care guidance processes		
	Have you worked as a national expert in projects or working groups for health care guidance	Yes/No, if Yes specify
	Have you worked as an expert for a health care company or in project related to health care?	Yes/No, if Yes specify
	Have you given an expert testimony to commercial company?	Yes/No, if Yes specify
4. Financial compensations for training attendance or teaching		
	Have you received support from a commercial company to participate in training (trips, accommodation, participation)	Yes/No, if Yes specify
	Have you worked as an instructor for healthcare companies and get paid?	Yes/No, if Yes specify
	Have you designed training materials for healthcare companies or educational companies?	Yes/No, if Yes specify
	Are you a member of a commercial speaker bureaux?	Yes/No, if Yes specify
5. Research and publishing		
	Have you received financial compensation for publishing publications from a healthcare company, organization or marketing company, like cost of publishing on e-papers?	Yes/No, if Yes specify
	Have you received research funding from a healthcare company over the last three years?	Yes/No, if Yes specify
	Have you acted as a referee and received a financial allowance from it?	Yes/No, if Yes specify
6. Ownerships and possessions in companies related to health care (includes service provides, IT)		
	Are you in charge of leading positions (e.g. management group or Advisory Board) in healthcare companies?	Yes/No, if Yes specify

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Do you own shares in a healthcare business?

Yes/No, if Yes specify

Resolving conflicts of interests in CME and e-Learning

COI can arise at any time. CME providers and educators and also learners need to remain ever alert to this possibility. Disclosures need to be done to the relevant people in a timely and effective manner. CME providers need to set of principles and procedures prior the CME or e-Learning planning for resolving COI's. Relevant policy of the entity contains a clear rule covering the situation, but bearing in mind, that there needs to be room for personal judgement. There are broad range actions e.g.:

- Deciding not to take any actions
- Defining a formal exemption to allow participation or partial participation
- Imposing additional oversight or review over the official by external person
- Withdrawing person from discussing or voting on a particular item of CME
- Re-assigning certain tasks or duties to another person
- Or finally resignation or dismissal from one or other position

In resolving COI, it must be remembered that many situations are not clear-cut, and so a range of possible judgements could be reasonable. The decision about what to do in any particular case is an internal matter and needs to be dealt with confidentiality

Once a COI is recognised, the most common response should be withdrawal or exclusion from considering the matter. It is wise to make a written record about any decision. This might include details of the facts, who undertook the assessment and how, and what action was taken as a result.

Working group proposal for a question for application:

Does the provider have an agreed practice to resolve COI's	Yes/No (both accepted)
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Process of presenting conflicts of interest in CME events

Conflicts of interest are typically presented at the beginning of the speech. However, in their learning materials, abstracts and in the abstract devices, they are not seen that often. EACCME could support good practices that ensure transparency in the e-Learning as well. This may be a clear separation of commercial materials in publications, devices and more explicit COI declarations. New technology makes this actually easier and cheaper.

Some tips for presenting: (from ESC document)

- Staff members ensure there is a disclosure slide for each presentation is made.
- Session chairs are provided with disclosure information for each of the speakers in their sessions.

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- The centralized disclosure system allows staff to track and follow up with any individual who neglects to disclose.
- COI are asked when posting an abstract
- Electronic abstract book provides COI automatically
- If in the event that EACCME discovers that there has been a “speaker bias” or “failure to disclose”, a report is presented to the EACCME office and board and accreditation cancelled or if trusted provider, this status may go under a new review.
- There could be questions from attendees on the observing conflicts of interest or marketing acts in CME events. There is a clear distinction between the scientific sessions and the industry sessions in CME, but little is known how this is fulfilled.
- Speakers are requested to disclose potential conflict in their introduction slide and EACCME share template for this for trusted providers. Some CME providers ask slides prior to the event and check that conflicts of interest are presented. Another practice is to publish them together with abstracts in electronic devices or on the Web.

Learner involvement

Working group proposes that EACCME recommends CME providers to include learners and attendees in assessing the transparency of CME. All LEE’s and e-Learning users are asked for feedback from the event or a content of e-Learning. This provides a valuable possibility to ask learners perception of presenting COI’s. This can be seen as an educational method to increase the awareness of physicians to the COI. EACCME receives a summary of feedback and thus gets information on perceptions of learners.

Feedback forms may use questions like:

1. Conflicts of interests were presented at the workshops, seminars and symposia?
2. Content was presented with information on COI’s
3. Content was independent of commercial influence like pharmaceutical companies.

Consequences for not declaring of conflicts of interests in EACCME process

1. Applications are not accepted if COI are not presented.
2. Trusted providers may lose their position as trusted provider if they repeatedly are found to brake COI guidelines

Accredited programmes, trusted providers and the involvement of commercial partners

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In optimal situation, there would be a common form for COI declaration among trusted providers. Then same forma could be used in managing the CME event and applying accreditation. However, we need to realize that we are shifting trust and assessment to organisations, so we need to explicit on rules. Perhaps there needs to be some common items like proposed before by ESC. There is a need for further discussions after EACCME has agreed on next phase of managing COI. Some questions raised in the working group include:

- 1) What issues need to be considered in accredited programmes with a large commercial involvement?
- 2) How much does accreditor need to know about funding to be able to trust the transparency: this is the key issue?
- 3) How this can be made robust: not overloading the accreditors?
- 4) What changes we need in the process: should this be a separate process with extra work, secondary external review like in guidelines?
- 5) Do we need to establish some guidance for organisations for multiple accrediting such as these? <http://med.stanford.edu/siip/home.html>

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EACCME criteria for e-Learning materials:

https://www.uems.eu/_data/assets/pdf_file/0017/40157/EACCME-2.0-CRITERIA-FOR-THE-ACCREDITATION-OF-ELM-Version-6-07-09-16.pdf

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif – International non-profit organisation

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Working group and timeline

Group:

UEMS Sections and Boards:		
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Myra Stern	Myra.Stern@rcplondon.ac.uk	UK
Dr. Ivica Bilic	ibilic@kbsplit.hr	Croatia

Timeline

Setting up the group	4/2017
Teleconference 1.	19.5.2017
Version 0.1	31.5.2017
Questionnaire on relevance of COI items sent	28.6.2017
Version 0.2	1.8.2017
Conflict of interest form 1.0: items questionnaire	1.8.2017
Teleconference September 2017, Nathalie	7.9.2017 (no participants)
Version 0.3	14.9.2017: deadline 29.9.2017
Proposal to UEMS	1.10.2017
Comments from UEMS/EACCME	10.12.2017
Version presented at EACCME	13.1.2018
Comments from EACCME meeting applied to version	20.1.2018
New version to UEMS council (meeting in April)	31.1.2018
Adoption and presentation at UEMS CME conference	23.11.2018