Whereas, Professionalism is a core competency in medical education. Previous studies have demonstrated that medical students are more likely to practice professional behavior if training is initiated at every stage of medical education; set forth by role models, including academic faculty; and reinforced by experiential learning;

Whereas, Collaborations, including financial relationships, between academic medicine and industry are vital toward the discovery and development of new pharmaceuticals and medical devices; and

Whereas, Academic-industry partnerships have resulted in nearly half of all new pharmaceuticals. Notable testimonials of the academic-industry enterprise include: recombinant protein therapeutics such as erythropoietin and bone morphogenetic proteins, cholesterol-lowering drugs such as statins, several HIV antiretroviral medications, and targeted cancer therapies such as the tyrosine kinase inhibitor Gleevac®. Each of these pioneering treatments were a result of the dynamic-reciprocal relationship, including financial ties, between academia and industry; and

Whereas, At the same time academic-industry relationships have risks. Bekelman et al., in a systematic review, reported a statistically significant association between industry financial sponsorship and pro-industry conclusions published by physicians and scientists in academia. A study in The British Medical Journal reported that physicians who had financial relationships with industry were three-times more likely to express favorable views on drug efficacy and safety than physicians who had not received industry money. Moreover, several cases have emerged where industry-supported academic physicians endorsed pharmaceuticals despite existing concerns regarding drug-related adverse outcomes; and

Whereas, In an effort to identify, limit, and manage real or perceived conflicts of interest organized medicine has endorsed disclosure policies as a mechanism to mitigate some of the biases and undue influences that industry financial support may bring to scientific investigations, clinical trials, patient care, and medical education. An emerging tenet in medical professionalism and education is the transparent management of academic-industry financial ties as recognized by the Institute of Medicine of the National Academy of Science, the Association of American Medical Colleges, and the American Medical Student Association; and
Whereas, Academic medical centers, the National Institutes of Health, professional societies, continuing medical education, and the International Committee of Medical Journal Editors have enacted institutional policies that require physicians to disclose financial interests with industry, thereby promoting transparency among colleagues and protecting the integrity of academic-industry partnerships; and

Whereas, In 2010 the United States Congress enacted the healthcare reform bill (H.R.3590) that includes Section 6002, requiring industry to record payments to physicians on a searchable database accessible to the public starting September 30, 2013; and

Whereas, The University of Colorado School of Medicine (SOM) requires faculty members to disclose, on an annual basis, “all [significant] financial interests regardless of amount” but faculty are not required to disclose their significant financial relationships to medical students, thereby missing an important opportunity to model professional behavior.

NOW, THEREFORE, BE IT RESOLVED that the University of Colorado School of Medicine incorporate curriculum during Phase I and II that focuses on the merits of academic-industry collaboration and the benefits of disclosing academic-industry financial relationships;

AND, BE IT FURTHER RESOLVED that that during lectures [involving medical students], faculty members should declare, verbally or on a slide or lecture handout, the existence of financial ties as disclosed on the UCSOM Conflict of Interest and Commitment Disclosure form by stating either: “I have financial ties that relate to the content of this presentation that are disclosed to the university [and list relevant ties];” or "I have no financial ties to report;"

AND, BE IT FURTHER RESOLVED that, a disclosure statement shall also be encouraged [during] small group seminars, clinical experiences, and mentored research activities, if the subject matter discussed by the faculty member is directly related to a financial tie disclosed on the UCSOM Conflict of Interest and Commitment Disclosure form.

AND, BE IT FURTHER RESOLVED that, if adopted, Resolutions 1, 2, and 3 shall be included as amendments in the University of Colorado School of Medicine Policy to Limit Conflicts of Interest between Health Care Professionals and Industry Representatives and The University of Colorado School of Medicine Teacher-Learner Contract.
References:

Relevant Existing Policy:

Policy to Limit Conflicts of Interest Between Health Care Professionals and Industry Representatives, University of Colorado Denver School of Medicine
May 27, 2008.

G. Disclosure of Conflicts of Interest
All medical students, residents and other trainees shall submit the same annual disclosure of potential conflicts-of-interest currently required of faculty and staff.

H. Educational Programs
1. “Shielding students and residents from all marketing activity will not prepare them for coping with the barrage of marketing they will face ... when they complete training and enter practice.” Therefore, the five health sciences schools and the health sciences library faculty will develop inter-disciplinary instructional programs that will help learners understand the conflicts that may arise between industry representatives and health care professionals and how to develop and sustain productive and ethical relationships. Educational programs should also include evidence-based medicine, literature search strategies, critical appraisal of the health care literature and academic “counter-detailing” exercises.

2. The health sciences schools should develop programs to educate students, residents and faculty members about the processes of drug discovery and development, clinical testing, marketing, regulation and adverse event reporting.

3. The health sciences schools and library faculties should explore opportunities to develop, in partnership with industry, new portals for disseminating objective and unbiased information about drugs and products that will “optimize the potential of modern information technology.”

I. Implementation
The five health professional schools and the library faculty agree to form an inter-disciplinary committee to assist in implementation of this policy, address questions regarding interpretation of the restrictions and recommend changes to the policy as needed.

J. Enforcement
It is the responsibility of all students, residents and faculty members to understand their obligations under this policy.