### Supplemental Digital Table 1

**Recommendations from Three Sources for Managing Clinical Conflicts of Interest (CCOIs) at U.S. MD-Granting Medical Schools**

<table>
<thead>
<tr>
<th>Policy area</th>
<th>American Board of Internal Medicine–Institute on Medicine as a Profession, 2006</th>
<th>Association of American Medical Colleges, 2008</th>
<th>Institute of Medicine, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts from industry</td>
<td>Prohibit</td>
<td>Prohibit</td>
<td>Prohibit</td>
</tr>
<tr>
<td>Meals provided by industry</td>
<td>Prohibit</td>
<td>Prohibit</td>
<td>Prohibit</td>
</tr>
<tr>
<td>Vendor provision of product samples</td>
<td>Central repository</td>
<td>Central repository</td>
<td>Central repository</td>
</tr>
<tr>
<td>Vendor access</td>
<td>Register/limit/train</td>
<td>Register/limit/train</td>
<td>Register/limit/train</td>
</tr>
<tr>
<td>CCOI policies for pharmacy and therapeutics committees</td>
<td>Members should be conflict-free</td>
<td>Members should be conflict-free</td>
<td>Members should be conflict-free</td>
</tr>
<tr>
<td>Industry funding for continuing medical education</td>
<td>Central repository</td>
<td>Central repository</td>
<td>“Reform funding system” (no specific policy proposals)</td>
</tr>
<tr>
<td>Consulting agreements</td>
<td>Full transparency</td>
<td>Full transparency</td>
<td>Full transparency</td>
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<tr>
<td>Honoraria</td>
<td>Full transparency</td>
<td>Full transparency</td>
<td>Full transparency</td>
</tr>
<tr>
<td>Industry donations for scholarships, fellowships, travel</td>
<td>Central repository</td>
<td>Central repository</td>
<td>Central repository</td>
</tr>
<tr>
<td>Faculty authorship on articles ghostwritten by industry employees</td>
<td>Prohibit</td>
<td>Prohibit</td>
<td>Prohibit</td>
</tr>
<tr>
<td>Faculty participation in industry-organized speakers’ bureaus</td>
<td>Prohibit</td>
<td>Strongly discourage</td>
<td>Strongly discourage</td>
</tr>
</tbody>
</table>

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Supplemental Digital Appendix

Codebook for Assessing Policy Strength

This codebook is designed as a flow chart and is used to assess the strength of each school’s 12 CCOI policy areas:

1. Gifts from Industry
2. Meals from Industry
3. Vendor Access to Medical Center
4. Pharmaceutical Samples from Industry
5. Pharmacy and Therapeutics Committee
6. Continuing Medical Education
7. Consulting for Industry
8. Receipt of Honoraria from Industry
9. Travel Paid for by Industry
10. Industry-Funded Scholarships
11. Ghostwriting
12. Participation in Speakers’ Bureaus

For each policy area, a final score of 3 indicates a stringent policy, a 2 indicates a moderate policy, a 1 indicates a permissive policy, and a 0 indicates that no policy was found for the school. Definitions and notes are provided as needed to clarify any possible ambiguities.
1. GIFTS FROM INDUSTRY

**DEFINITION:**
Gifts are defined as any item (tangible or intangible) of any value given by Industry to a member of the medical school. It does not include gifts to patients from industry.

In addition, de minimus gifts (e.g., tote bags) provided to all attendees at off-site conferences are not included in “Gifts” coding.

**NOTE:**
*If the policy states that all gifts are banned, without elaborating further, it is assumed that it applies to both on- and off-campus gift acceptance.*

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1.1 Does the medical school have a policy on gifts from Industry?  
**NO** 0

1.2 Does the policy apply to individuals only when on-campus or on-duty?  
**YES** 1

1.3 Does the policy prohibit all gifts from Industry both on- and off-campus?  
**YES** 3

1.4 Does the policy only allow educational/patient care gifts for shared use if they are given at a level above the department?  
**YES** 3

1.5 Does the policy only allow educational/patient care gifts (e.g. patient info brochures) to be given directly to departments/divisions/programs or individuals?  
**YES** 2

1.6 Does the policy permit gifts under a threshold or dollar value?  
**YES** 2

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2. MEALS FROM INDUSTRY

**DEFINITION:**
Meals are defined as any food or beverage supplied by Industry on the property of a medical school. It does not include off-campus meals or meals at on-campus ACCME accredited events.

**NOTE:**
* Even if the policy provides a dollar limit, if individuals can accept food directly from an Industry representative at on-campus, non-educational events, code the policy area as a 1.
† In this case, a central repository has to be at a higher level than the department.
3. VENDOR ACCESS TO MEDICAL CENTER

**NOTE:**
* Requiring vendors to sign an agreement stating that they have read and are aware of the schools policies is tantamount to training/orientation.
† The following are excluded from coding Vendor Access: If accompanied by a physician, vendors may enter patient care areas only if it is necessary for patient care (e.g., for training on devices) or unavoidable (e.g., if individuals must pass through such an area on the way to a physician’s office).

- **3.1 Does the medical school have a policy for vendor access?**
  - **NO**
  - **YES**

- **3.2 Does the policy prohibit vendors from being anywhere on-campus or at the medical center in a professional capacity?**
  - **NO**
  - **YES**

- **3.3 Does the policy put in place all of the following requirements?**
  - Training/orientation* of new vendors
  - Registration
  - Visits by appointment only
  - Badges/IDs must be worn
  - Prohibited from patient-care areas†
  - **NO**
  - **YES**

- **3.4 Does the policy put in place some (but not all) of the requirements from 3.3?**
  - **NO**
  - **YES**
DEFINITION:
Samples include any product or device that is given by Industry to the provider/hospital free of charge and is intended for distribution to patients or for personal use. For example, "starter packs," are considered samples. Demonstration products for patient education and products for evaluation are not treated as "samples."

EXCEPTIONS:
If the policy provides an exception to an otherwise blanket rule on samples, that exception may be ignored for coding purposes if:
1. Specific clinics/centers are singled out in the policy (e.g., an eye clinic), or
2. The policy requires clinics/other outpatient centers to provide a reason for wanting to accept samples (e.g., for a specific population).

NOTE:
* This does not apply if the policy states that a designated clinician is responsible for accepting samples.
† This is often mentioned when allowing samples for low-income/indigent patients.
‡ Managing samples: If samples are stored and dispensed at the department level, it means that samples are managed at the department level.

4. PHARMACEUTICAL SAMPLES FROM INDUSTRY

4.1 Does the medical school have a policy for Industry samples?
4.2 Does the policy prohibit the acceptance of Industry samples at the entire medical center?
4.3 Does the policy state that clinicians may accept samples/vouchers directly from Industry representatives?*
4.4 Does the policy specify that the pharmacy is the only area where samples/vouchers can be accepted and managed?
4.5 Does the policy only permit sample distribution in ambulatory or outpatient care areas (i.e., not in inpatient care areas)?†
4.6 Does the policy state that departments or divisions may accept and/or manage samples?‡
4.7 Does the policy mention a voucher system?
4.8 Does the policy specify to whom the vouchers are given and/or how they are dispensed?
5. PHARMACY & THERAPEUTICS COMMITTEE

**DEFINITION:**
P&T Committees or Formulary Committees are responsible for selecting the hospital formulary's medications and for evaluating their safety and efficacy.

If the policy only mentions how to regulate COI in a university committee, do not code it as P&T. The policy must specifically apply to purchasing, procurement, the formulary, and/or the school of medicine.

For coding purposes, non-voting individuals who provide expert opinion to the committee are excluded from this policy area.

**NOTE:**
* The policy must only mention that recusal is a possible outcome. It need not state that it will happen or exactly how it will happen.

† Example policy language for recusal requirements:

Recusal from voting and discussion: "Conflicted individuals are prohibited from participating in the decision"  
Recusal only from voting: "Conflicted individuals are prohibited from approving..."
6. CONTINUING MEDICAL EDUCATION

**DEFINITION:**
For coding purposes, Continuing Medical Education (CME) refers to ACCME-accredited, on-campus CME events hosted or organized by the medical school. Funds received from Industry for CME refers to funds to host and/or organize the events and not those used by faculty, staff, or trainees to attend off-campus CME events.

**NOTE:**
* If the school is not accredited, but the primary network of hospitals (e.g., health system) is accredited, only code as "yes" if the whole network--as opposed to just one hospital--is accredited.
† A "central repository" means anything above the department level (e.g., the CME office, a "University account," the "School of Medicine foundation," etc.)

6.1 Is the medical school or its primary network of hospitals* ACCME-accredited?

- YES
- NO

6.2 Does the policy prohibit Industry funds for CME events?

- YES
- NO

6.3 Does the policy state that individuals, departments, divisions, or programs can receive grants directly from Industry?

- YES
- NO

6.4 Does the policy require Industry funds to be donated to a central repository†?

- YES
- NO

6.5 Does the policy allow Industry to earmark funds (given to the central repository) for divisions, programs, or individuals?

- YES
- NO

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7. CONSULTING FOR INDUSTRY

**DEFINITION:**
Consulting refers to professional relationships with for-profit entities, such as the pharmaceutical or device industries, entered into by a physician outside of his or her duties as an employee of the school of medicine or hospital, often of an advisory nature. Consulting is often included within the category of "Outside Professional Activities."

**NOTE:**
* Requiring individuals to "advise" chairs and/or deans does not count as institutional disclosure.
† For the Consulting category, "Public Disclosure" means disclosure via a publicly accessible website. Disclosure in presentations or papers does not count as public disclosure for the purposes of this policy area.
8. RECEIPT OF HONORARIA FROM INDUSTRY

**DEFINITION:**
Honoraria refers to compensation received from Industry for speaking or presenting at events, meetings, or conferences. Policies only addressing honoraria for speakers at CME programs organized by the medical school are not applicable to this category.

**NOTE:**
* Examples of phrases synonymous with FMV:
  - Explicit dollar limits
  - "Compensation according to professional standards"

Phrases that are NOT synonymous with FMV: "reasonable," "modest," "appropriate."

† For the purpose of coding, public disclosure means disclosing industry funding at the speaking event by the individual speaker.

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8.1 Does the medical school have a policy for accepting honoraria from Industry?

- YES
- NO

8.2 Does the policy only require that restrictions/prohibitions be followed if the individual wishes to use his/her university title, affiliation, and/or logo?

- YES
- NO

8.3 Does the policy prohibit Industry honoraria?

- YES
- NO

8.4 Does the policy put in place all of the following requirements?

- Prior approval
- Payments at fair market value (FMV)*
- Public disclosure†

- YES
- NO

8.5 Does the policy put in place some (but not all) of the requirements from 8.4?

- YES
- NO

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9. TRAVEL PAID FOR BY INDUSTRY

**DEFINITION:**
Travel funds are defined as those received from Industry for the purposes of attending educational events, training or education on devices, or other travel not related to outside professional activities. Travel funds related to such activities (e.g., consulting, speaking) are not included in this policy area.

For coding purposes, unless the policy specifies that the following activities are included in a purchasing contract, include in this policy area:
1. Vendors pay for individuals to travel to evaluate equipment for purchase, or
2. Vendors pay for individuals to travel for training on a specific piece of equipment.

**NOTE:**
If the policy states that personnel may not receive compensation for traveling to meetings, lectures, or conferences, code as travel unless another part of the policy elaborates further on the receipt of travel funds.

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9.1 Does the medical school have a policy on Industry-funded travel?

9.2 Does the policy prohibit Industry funds for travel?

9.3 Does the policy provide any allowance for individuals to receive travel funding/reimbursements directly from Industry, or for funds to be earmarked for specific individuals?

9.4 Does the policy state that there is a central repository for the receipt of funds above the level of the department?

9.5 Does the policy state that funds may be earmarked for a specific division or program?

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10. INDUSTRY-FUNDED SCHOLARSHIPS

**DEFINITION:**
Scholarship funds are defined as those received from Industry for individuals’ educational needs or purposes (e.g., scholarships, fellowships), including funds given to mitigate the cost of attendance for students or trainees at educational events.

**NOTE:**
Scholarship policies typically only apply to students/trainees, and so do not need to specifically address faculty or staff.

10.1 Does the medical school have a policy on industry-funded scholarships? **NO**

10.2 Does the policy prohibit Industry funds for scholarships? **YES**

10.3 Does the policy provide any allowance for individuals to receive scholarship funds directly from Industry or for funds to be earmarked for specific individuals? **YES**

10.4 Does the policy state that there is a central repository for the receipt of funds above the level of the department? **NO**

10.5 Does the policy state that funds may be earmarked for a specific division or program? **YES**

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11. GHOSTWRITING

NOTE: "Discouraging" ghostwriting is not equivalent to banning it.

11.1 Does the medical school have a policy for ghostwriting?

YES 0

NO 1

11.2 Does the policy prohibit ghostwriting?

YES 3

NO

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12. PARTICIPATION IN SPEAKERS’ BUREAUS

NOTE:
In this codebook, Speakers’ Bureaus and Industry-sponsored speaking engagements are treated as equivalent.
Stating that Industry-sponsored speaking engagements are “discouraged” is not equivalent to prohibition.
* For coding purposes, public disclosure means disclosing Industry funding at the speaking event by the individual speaker (either verbally or on a slide).

12.1 Does the medical school have a policy for faculty/staff participation in Industry-sponsored speaking or speakers’ bureaus?  
NO 0

12.2 Does the policy only require that restrictions/prohibitions be followed if the individual wishes to receive compensation or use his/her university title, affiliation, and/or logo?  
YES 1

12.3 Does the policy state that it does not apply during the summer and non-academic sessions?  
YES 1

12.4 Does the policy prohibit participation in Industry speakers’ bureaus or Industry-sponsored speaking events?  
YES 3

12.5 Does the policy require prior approval for participation?  
NO 1

12.6 Are there restrictions on content or purpose?  
− Content control (e.g., the speaker must prepare all content without input from or prior review by Industry)  
− Purpose (e.g., if sole or main purpose is marketing, the speaker cannot participate)  
NO 1

12.7 Does the policy require public disclosure?*  
YES 2

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