American College of Emergency Physicians
Clinical Policies Committee and Clinical Policy Development Panels
Process for Identifying and Managing Conflicts of Interest
September 2015

ACEP has processes in place to ensure that clinical policies are free from Company* influence. Companies are not allowed to participate in ACEP's clinical policy development process, and are not permitted to provide support for the development of ACEP's clinical policies. Companies are not permitted to provide support for initial printing, publication, or distribution of ACEP's clinical policies. Clinical Policies Committee, Panel, and Subcommittee members and staff are not allowed to discuss the content of a guideline in development with Companies, and cannot accept unpublished data from Companies.

Members of ACEP's Clinical Policies Committee, Panels, and Subcommittees are required to annually complete a conflict of interest disclosure and assignment of copyright statement. Disclosure statements will be reviewed by the Clinical Policies Committee Chair(s) or Clinical Policies Development Panel Chair(s) and Staff Liaison, plus the Board Liaison as needed, to determine the level of participation allowed for specific topics or critical questions by members with conflicts of interest. Members are required to update their disclosures whenever changes occur. Members will announce any potential conflicts of interest during meetings/conference calls and refrain from voting on policy recommendations for which they have financial conflicts of interest or substantial intellectual conflicts (eg, direct salary support for research related to the critical question).

The Chair(s) of the Clinical Policies Committee or Panel**,** and the Lead Methodologist are required to be free of conflicts of interest, and to remain free of conflicts of interest for at least one year after serving as Chair, Co-Chair, or as Lead Methodologist. Subcommittee chairs are required to be free of conflicts of interest for the topic during policy development. Methodologists assigned to grading the evidence for a critical question must be free of conflicts of interest for that question.

A clinical policy is initially drafted by a subcommittee with at least two subcommittee members assigned to each critical question being addressed. All articles used in the formulation of a clinical policy are graded by at least two methodologists for strength of evidence. Each Clinical Policies Subcommittee consists of Clinical Policies Committee members and subcommittee members with expertise in the topic, when feasible. A committee member is paired with a subcommittee member for each critical question. At least one of the subcommittee members for each assigned question must be free from conflicts of interest for that critical question, and a simple majority of committee members must be free from conflicts of interest for a particular topic. For contracted Clinical Policy Development Panels, in which panel members have expertise in the topic area and represent multiple healthcare disciplines, two panel members are assigned to each critical question, and all articles are graded by at least two methodologists. At least one of the panel members for each assigned question must be free from conflicts of interest for that critical question, and a majority of panel members must be free from conflicts of interest for the topic.

Once the methodologists have graded the literature and prepared an evidentiary table, subcommittee members prepare the draft text, then the entire Clinical Policies Committee discusses the draft and provides input to the subcommittee or panel. The Clinical Policies Committee must approve the proposed final subcommittee or panel draft. Clinical Policies Committee members or panel members with financial or substantial intellectual conflicts must recuse themselves from voting; methodologists do not vote.

When the draft is finalized, it is sent to the ACEP Board of Directors and Council Officers, applicable internal committees and sections, and appropriate outside medical professional organizations and individuals for review and comment. The draft is also posted within ACEP communications for open comments. Companies are not allowed to provide review of the draft.

The main role of the reviewers is to identify if there is any pertinent literature that has been omitted. Reviewers are asked if they have any relevant industry relationships† for the topic. Comments from reviewers are carefully reviewed by the committee or panel. However, changes are not made to the clinical policy draft unless the comment enhances the clarity of the policy or additional evidence is provided by reviewers that is

of sufficient quality to include after grading by at least two methodologists.

ACEP's clinical policies undergo internal and external review during development and copyediting by the journal in which they are published. There is not an additional editorial journal review.

Relevant Industry Relationships† of Clinical Policies Committee, Panel members and Subcommittee developers are published in the final, approved document, along with any abstentions from voting.

Clinical Policies Committee, Panel, and Subcommittee members shall decline paid offers from affected Companies to speak about the clinical policy on behalf of the Company for at least one year after publication.

This document is to be posted on the ACEP Web site.

Definitions

*Company: A Company is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions. This includes employees of the Company and/or individuals engaged to represent the Company. This definition is not intended to include nonprofit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients.

†Relevant Industry Relationships: Relationships with companies associated with products or services that significantly impact the specific aspect of disease addressed in the critical question.