

AMSA Scorecard Revision & Expansion

FAQs

General Questions

- Q: Why did AMSA decide to add new domains to the Scorecard?
 - A: Since the inception and implementation of the Scorecard in 2007, AMSA has worked closely with medical schools across the country to develop and improve conflict of interest (COI) policies. In working with these institutions, feedback was collected from various stakeholders including practicing clinicians, medical educators, trainees, and the grading analysts on the scorecard methodology and how it could be improved. Based on this and the recommendations from an Expert Task Force of medical school deans and compliance officers, AMSA decided to revise the scorecard and include these new domains to not only further the standards of COI policies, but also to better assess the nuances of medical center and industry relationships.

- Q: Why was the scope of the Scorecard expanded to include teaching hospitals?
 - A: Since a great deal of medical education occurs in teaching hospitals, it made sense to expand the assessment of COI policies to include these institutions. With the increasing evidence that strong COI policies have a positive impact on prescribing behavior, it is important that both the public and medical professionals alike gain a clear picture of how specific teaching hospitals are dealing with these issues.

- Q: What happens if I'm late with submitting my policy or if my institution does not have a policy? Do I get an "F" grade?
 - A: If an institution knows that it will be late submitting its policy, it should let AMSA know immediately so that its deadline can be extended for uploading the policy (the deadline for submission is December 6). The same goes for an institution that does not yet have a policy. These institutions will receive a one-year period to submit and during that time will be assigned a grade of "In-Process/Incomplete". After this one-year grace period, if an institution does not submit a policy it will receive an "X". Under the new Scorecard, only institutions with poor policies will receive an "F" grade.

- Q: Is there any way to get a preview of how a medical school would be graded on its current policy under the new scoring?
 - A: Medical schools may request a preview of their grade under the new scoring by emailing scorecard@amsa.org one month ahead of the Scorecard release in April 2014. In case of disputes regarding an institution's final grade,

our conflict resolution policy is to allow any institution the opportunity to request a second analysis of their policies. The dispute resolution time period is for 1 month after the 2014 Scorecard publication.

- Q: Are the scores for each COI domain weighted equally in computing the final grade, or do certain domains scores contribute disproportionately?

- A: The scores for all 16 domains are weighted equally. The final grade is determined as a simple numeric average of these scores.

- Q: Why don't all the categories have the same 5,4,3,2,1 scoring metric? There are some categories that only have 5,3,2,1, for example. In these categories, if you have a policy that does not meet a standard for a 5 but is better than a 3, can you still get a 4?

- A: In the revised Scorecard, the range of scores for each domain was extended from a 4 point to a 5 point system. This 5-1 scoring system is roughly analogous to the letter grades of A-F. For some domains, there are common "second best" policies which, while not mirroring our best practice "A" policy recommendations, are still quite good and merit a "4", or a B score. In other domains, however, the most common second best policy does a relatively poor job of preventing excessive industry influence on medical education. In these domains, the second best policy may merit only a "3", or C policy. Nevertheless, if a school submits a policy in a domain where no "4 point" policy had been outlined, and the policy merits a "4 point" score, scorecard analysts have the discretion to score as such. The scoring was based on expert judgment, including input from a methodology work group.

- Q: Is each teaching hospital responsible for reporting its own policies, or can the affiliated medical school report the policies for both itself and its teaching hospitals?

- A: Each institution (whether medical school or teaching hospital) should submit its own policies since a medical school may receive a different grade than its affiliated teaching hospital(s). Even when a school and hospital have a close relationship, it cannot be assumed that they will have the same policy. After policies are collected, the aim is that the overall educational environment of each medical school and its affiliated hospital(s) will be reflected on the Scorecard site in some way. This may mean that we take an average of the policies and/or provide additional details for the public to gain insights into the overall medical educational environment with respect to COI policies.

- Q: Who do I reach out to at AMSA if I have a specific question about the scoring of

my institution's policies?

- A: AMSA will inform institutions of their AMSA contact person. If you would like additional technical assistance on drafting or revising your policy you may contact scorecard@amsa.org.
- Q: Does AOA-accredited CME qualify as the same as ACCME-accredited CME for some of the categories?
 - A: AMSA will accept another type of CME if the accreditation criteria are similar to that of the ACCME.
- Q: Who does the scoring?
 - A: We have hired a dozen qualitative data analysts who will analyze and score the policies. They join us with years of research and policy experience; each analyst has a graduate degree (Masters or PhD) in public health, public policy, psychology, or another related field. Each policy is graded by an analyst who is blinded to the institution of origin. The assessors receive formal training in the use of the scoring system, independently evaluating and coming to a consensus on training policies before beginning to evaluate the newly submitted policies.

Specific Domain Area Questions

1. *Gifts (defined as free items, excluding meals)*
2. *Meals (including CME and non-CME related meals, whether onsite or offsite)*
3. *Industry-funded speaking relationships (not ACCME-accredited)*
4. *Industry-Support of Accredited CME*
 - Q: What's the difference between a "central pool" and a "blinded pool" of CME money?
 - A: A blinded pool of CME money is an aggregated educational fund to which companies can contribute. The funding is used to support any CME course considered necessary by the institution, without regard to whether the course topic is in any way related to an industry therapeutic area of interest.
 - A central pool is a commonly used mechanism in AMCs in which a central CME committee accepts funds from companies and handles the logistics of disbursement. In such arrangements, companies can typically specify which topic area it will fund, and which academic department should receive the funds.
5. *Attendance of industry-sponsored educational events*
6. *Industry-supported fellowships*
 - Q: Are scholarships considered "fellowships"? Or are you talking strictly about post-residency fellows?

- A: Any funding from a company to a trainee (medical student, resident, or post-graduate fellow) which has as its purpose the support of clinical training is considered a clinical fellowship. However, if the funding is for research, it is considered a research fellowship.

7. *Ghostwriting and honorary sponsorship*

8. *Consulting and Advising Relationships for Marketing*

9. *Consulting and Advising Relationships for Research and Scientific Activities*

- Q: Some categories that don't have explanations for each score (1-5) are not as clear in terms of how institutions will be scored. Particularly, could you please comment on "consulting and advising relationships for research and scientific activities"? Many institutions do not have consulting contracts submitted for review, but do review a description of the outside activity for oversight/management. How would this be scored? There seems to be a large gap between "no policy" and "contract must be submitted". Without seeing the contract, the institution can still make an adequate judgment on the consulting activity and apply a management plan by receiving and reviewing a detailed disclosure from the faculty member that describes the activity and dollars received. However, it appears to receive a score of "3" or better in this category, a contract must be submitted. Is this correct?
 - A: The institution can receive a score of "3" if a description of the relationship is submitted to the school for review, instead of the actual contract. Scorecard analysts have the discretion to score as such. AMSA will review over the course of the next year whether language should be adjusted accordingly for a score of "5" in next year's scorecard.

10. *Pharmaceutical Samples (teaching hospital scorecard only)*

- *Institutions that ban sales reps but accept samples do exist and therefore both domains can be assessed in this situation*

11. *Pharmacy and therapeutics committee (teaching hospital scorecard only)*

12. *Access of Pharmaceutical Sales Representatives*

- Q: Can you clarify the policy on pharmaceutical sales representatives? Is it ok for a doctor to see a representative as long as it is not marketing? What if the representative talks about a new drug but not in a promotional way?
 - A: By definition, the primary role of a pharmaceutical sales representative is to promote the use of a product. This generally includes "medical liaisons" or "medical science liaisons" who are employees of companies with some medical training who provide a combined sales and educational function. Institutions allowing meetings with either sales reps or medical liaisons will not qualify for a "5" on the Scorecard. However, doctors may meet with company research scientists who are engaged strictly in

research and development—often called “pharmaceutical scientists”.

13. Access of Medical Device Representatives to AMCs

14. Conflict of Interest Disclosure

15. Existence of an Adequate COI Curriculum

- Q: Is a score of “5” that requires an institution to have objectives defined by AMSA’s Model Curriculum in violation of ED-34 and ED-36 of LCME Accreditation standards?
 - A: To help guide institutions in developing strong COI curricula, AMSA has created a Model Curriculum based on models developed by medical educators around the world. To receive a “5” score for the *Curriculum* domain, we ask that institutions base their curricula on the framework suggested by AMSA. The administration and faculty retain complete responsibility for tailoring the curriculum for their needs.

16. Extension of COI policies from AMCs to community affiliates