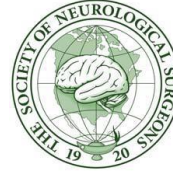




American
Association of
Neurological
Surgeons



Congress of
Neurological
Surgeons

March 8, 2022

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 N. Michigan Avenue, Suite 2000
Chicago, IL 60611

SUBJECT: Conflict of Interest Issues During Residency Training

Dear Dr. Nasca:

On behalf of the American Academy of Neurological Surgeons, American Association of Neurological Surgeons, American Board of Neurological Surgery, Congress of Neurological Surgeons and Society of Neurological Surgeons, we are writing to encourage the Accreditation Council on Graduate Medical Education (ACGME) to adopt new institutional and program requirements to govern conflict of interest during residency training.

A long history of research collaboration between faculty members and trainees has strongly contributed to progress in medicine. In neurological surgery, such collaborations have advanced technology and quality of care to the demonstrable benefit of patients. In addition, the presence of collaborative research environments that engage clinical trainees characterizes highly effective training programs. Our organizations wish to continue our tradition of fostering the creativity of neurosurgical faculty members and trainees who collaborate to advance the interests of patients and society.

Recent events, however, have drawn attention to potential sources of conflict or duality of interest between faculty members and trainees involved in graduate medical education programs. In some circumstances, shared intellectual property (IP), ownership of patents, or a stake in private companies may develop from faculty-trainee collaborations. Shared ownership and economic interest may result in conflicts or duality of interest (COI) that jeopardize the integrity of the trainee evaluation process and could potentially distract participants from the core missions of the training program and sponsoring institution (SI).

We propose that conflicts be disclosed within the program and, when appropriate, reported to the SI so that they may be externally monitored and the risk of adverse outcomes appropriately mitigated. Such measures would protect the public, promote the integrity of the training process, and safeguard the creative and collaborative processes that fundamentally improve patient care.

We believe that several principles should help define the parameters of these conflicts:

GOALS

From our point of view, new Institutional ACGME requirements should accomplish the following goals:

1. Clarify conflict of interest scenarios between faculty and residents or fellow trainees when they create inventions and/or business ventures external to the university or hospital.

2. Clearly define reporting guidelines.
3. Clearly define methods to mitigate conflict.
4. Achieve goals 1-3 without stifling creativity and opportunities to improve the quality and outcomes of patient care.

CONFLICT OF INTEREST DEFINITION

Conflict or duality of interest arises when a faculty member and resident or fellow trainee create an invention or business venture external to the university or hospital.

REPORTING GUIDELINES

If a faculty member and resident or fellow trainee collaborate in creating an invention or business venture, in addition to standard reporting according to university and hospital policies, their collaborative undertaking and resulting COI must be reported annually to the Designated Institutional Official (DIO). Reporting must include the nature of conflict, funding sources for the venture, resulting faculty member or trainee personal income, and resulting faculty member or trainee equity interest/stake.

SPECIFIC RECOMMENDATIONS

Organized neurosurgery recommends the following specific policy recommendations:

1. If a chair, program director, or clinical competency committee (CCC) member has a research collaboration that includes shared IP or business ownership with a resident or fellow trainee, this relationship must be disclosed to the Departmental CCC and the DIO.
2. A conflicted faculty member may not evaluate the collaborating resident or fellow trainee. If the conflicting faculty member has concerns regarding the performance of the collaborating trainee, they must report these concerns to a prospectively identified, non-conflicted supervisor and then recuse themselves from further adjudication. In small programs, a conflicted faculty member may be the only person knowledgeable about the trainee's performance in a particular area of training. The department chair or DIO (if necessary) should appoint a faculty designee from inside or outside the department to discuss the trainee's performance with the conflicted faculty member. That designee could then serve ad hoc on the CCC to discuss the resident or fellow's progress in that specific area of practice.
3. A conflicted faculty member must not be present for CCC discussion and evaluation of a collaborating resident or fellow trainee.
4. After graduation of collaborating resident or fellow trainee, conflicted faculty members must recuse themselves from providing an evaluation of the collaborating trainee to health systems, hospitals, or regulatory agencies. In such a circumstance, the requesting entity could be referred to the chair, program director or other non-conflicted faculty member.
5. If the Graduate Medical Education Committee (GMEC), DIO or other institutional (extra-departmental) oversight body deems that a faculty member-trainee collaboration has adversely affected the performance of the collaborating resident or fellow trainee or the conflicted faculty member in fulfilling the core missions of the program or institution, the DIO and/or dean will define specific mitigation procedures to eliminate the COI. These procedures may involve:

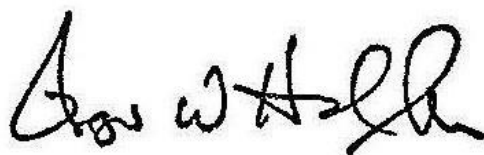
- Cessation of clinical teaching by the conflicted faculty member of the collaborating trainee except for call or emergency-related clinical care.
- Transfer of shared IP, business ownership, and/or equity into a blind trust.
- Withdrawal of one or more parties from the collaborative venture.
- Other measures appropriate to institutional and/or GMEC policy and appropriate to the nature of the performance failure(s).

Thank you for considering our recommendations. We appreciate the opportunity to contribute to this evolving discussion.

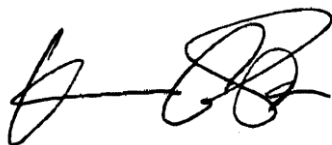
Sincerely,



James M. Markert, MD, President
American Academy of Neurological Surgery



Regis W. Haid, Jr., M.D., President
American Association of Neurological Surgeons



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American Board of Neurological Surgeons



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