

**AMERICAN COLLEGE OF RHEUMATOLOGY**  
**PRINCIPLES GOVERNING INDUSTRY SUPPORT FOR**  
**RHEUMATOLOGY FELLOWSHIP TRAINING**

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The funding of rheumatology training programs, like all medical subspecialty programs in the U.S., depends upon a fragile patchwork of private and public resources that is neither adequate nor dependable. Training programs have, in fact, become reliant in many cases on the largesse of industry to address many needs that are consistent with their educational missions. Yet such dependency upon industry comes with a price and may threaten the professional integrity of training programs. Reliance upon the pharmaceutical/biotechnology industry for direct financial support jeopardizes the ability of training programs to remain free of marketing influences – a fundamental imperative of professional training programs in medicine. Some of these arrangements of support leave training directors and/or individual fellows with an inappropriate but inevitable sense of obligation to industry that undermines professionalism.

Instilling the value of professionalism is a fundamental and preeminent goal of every training program. At the core of professionalism is the primacy of the patient's interests over the self-interest of the physician. Public trust for physicians and the institutions that train them is based upon the presumption that professionalism lies at the heart of their value system. It is, therefore, the duty of rheumatology training programs and the ACR, as the professional society that represents them, to ensure that rheumatology training is free from those influences that may threaten professionalism. These efforts proceed while recognizing the significant contribution that industry makes in supporting the educational mission of training programs. Focusing this support on an educational agenda that is established by the training programs serves the best interests of both industry and the training programs.

Pharmaceutical and biotechnology companies represent an important source of financial support for the American College of Rheumatology and, through its Research and Education Foundation, for rheumatology training programs. Industry funding directed to individual institutions provides additional support to training programs. Yet the benefits that may accrue to programs from these arrangements do not diminish their potential to erode a program's ability to remain free of marketing influence.

Promotion and marketing of products is a legitimate and necessary obligation of pharmaceutical companies to their shareholders. Protecting the training environment from marketing influences and inappropriate obligations to industry from gifting arrangements is an obligation of the training director and is part of the commitment to professionalism. The inherent conflict between the primary obligation of companies to their shareholders and the primary obligation of training programs to the patients they serve makes collaborative activities a challenge to manage.

Strong subspecialty training programs serve the best interests of academic medicine, industry, the public and, most importantly, the patients. Subspecialty medicine divisions represent the crown jewels within academic departments of medicine and serve as the primary locus for research and training that serves the public good. As such, they deserve both public and private financial support. Indeed industry support of training arises in part from a corporate sense of

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responsibility to serve that public good. Nonetheless the potential conflict of interest between academic medicine and industry is real, documented, and a focus of growing public concern and scrutiny. It is, therefore, crucial that a set of principles and guidelines exist to govern the relationships between industry and rheumatology training programs and such guidelines be publicly available to training programs, industry, private and governmental regulatory agencies, and the general public. The following principles were developed by the Committee on Training and Workforce Issues and approved by the ACR Board of Directors.

1. **Fellowship training programs must be secure from marketing influences of the pharmaceutical and biotechnology industry.** Training programs by their nature bear a special social responsibility to preserve and instill the primacy of patient interests in physician behavior and attitudes. This is the essence of professionalism, one of the six core competencies that form the foundation of the training curriculum. As the ACGME in its “Principles to Guide the Relationship Between Graduate Medical Education and Industry” has stated: “The public and the profession look to teaching institutions to demonstrate particular clarity around issues of patient advocacy, complete and unbiased medical knowledge, and the application of that knowledge to continually improve the practice of medicine.”
2. **Industry support of training must come with “no strings attached.”** This support may not be encumbered by efforts to market products or to foster personal relationships that are, in the end, designed to promote marketing goals. Studies indicate that physicians are susceptible to such marketing efforts. Acknowledgment of that reality is a first and necessary step in managing conflict of interest in physician – pharmaceutical company interactions.
3. **Training programs are obligated to limit funding requests to activities that are essential to fulfilling the educational mission and to utilize such funding in a prudent and responsible fashion.** Helpful areas of collaboration between training programs and industry include support for independent lecture programs designed and coordinated entirely by the training program, salary support for fellows, travel support for fellows to attend important scientific meetings, and the provision of unbiased educational materials (such as textbooks) that are not related to products and that have not been produced through pharmaceutical company support, whether direct or indirect.
4. **The Training Program Director bears primary responsibility for the education of fellows about conflict of interest related to physician interactions with industry.** Training directors should ensure that such education is included in that part of the curriculum that deals with the core competency of professionalism. In addition, the program director should be the first point of contact between industry representatives and fellows. Furthermore, all of the training program’s faculty members bear the burden of

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responsibility for educating fellows as it pertains to conflicts of interest through their direct interaction with fellows and their professional conduct.

5. **The education of rheumatology fellows is the responsibility of accredited academic training programs and not the pharmaceutical/biotechnology industry.** Industry has no role to play in setting the educational agenda for rheumatology training programs or their fellows. The educational agenda should be established by program faculty, either at individual sites or through collaborative efforts fostered by professional societies. For example, the ACR, through its Committee on Training and Workforce Issues and other relevant standing committees, may act on behalf of the training directors of accredited programs to create educational opportunities designed to meet the needs of fellows.

Educational programs targeting fellows should not arise directly from industry or indirectly through commercial educational companies, community hospitals without accredited rheumatology training programs or other intermediary vendors. The granting of CME for a course directed at rheumatology fellows cannot be presumed to ensure balance.

6. **Fellows have a fundamental right to privacy from industry intrusions.** Direct targeting and contact with rheumatology fellows by pharmaceutical/biotechnology companies or their representatives is to be discouraged. All announcements of pharmaceutical sponsored educational programs should be directed to the training director and not marketed directly to fellows. The fellows' office space should be considered off limits for pharmaceutical representatives. ACR databases that include fellows' contact information including email addresses should not be shared with industry. Similar nationwide databases should not be developed independently of the ACR, ACGME, ABIM or any other organization with legitimate educational responsibility for fellowship training.
7. **All gift giving by pharmaceutical companies that is directed at individual rheumatology fellows must include only educationally related items, must fall within the AMA guidelines for gifts and must have prior approval of the training program director.** Gifts beget obligations. Rheumatology fellows are entitled to leave fellowship unencumbered by obligations to individual sales representatives or companies. Program directors may prefer that gifts such as books be donated to a fellow's library rather than to an individual fellow. Direct gift giving to individual fellows by industry representatives is to be discouraged.
8. **Industry support for rheumatology training programs at a national level should flow through the ACR Fellow Education Fund.** This fund supports a wide variety of programs including attendance of fellows at the annual meeting. It may be used to support other initiatives of the ACR Committee on Training and Workforce Issues, which serves as the developmental center and clearinghouse for ACR educational products,

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programs, and other resources that support training programs. Such resources may be developed in conjunction with or be initiated by other ACR Committees including Education, Research and Quality Measures.

9. **Direct industry support for individual training programs provided at the local level should be contributed to a designated Fellow Education Fund.** Such an account, like the ACR Fellow Education Fund, should allow revenue streams from multiple companies to be commingled and used at the discretion of the training program director. Blending multiple sources of industry support diminishes the opportunity for any individual company to exert undue influence on a program or a fellow. In cases where industry dollars are being used to provide salary support for fellows, there should be no linkage between an individual fellow and a specific company that might engender a personal sense of obligation from the fellow to the company. Ideally all salary support for fellows would flow through a central office that makes such funding sources anonymous to the individual fellow.
  
10. **The ACR supports a public policy of funding for GME that will reduce reliance of training programs on pharmaceutical industry support.** As long as training programs remain reliant upon industry support for survival functions such as salary support for fellows they will remain vulnerable to marketing influences. The ACR encourages innovative national and local programs that generate public and private sources of revenue for training programs.

*Approved by ACR Committee on Training and Workforce Issues, July 2005  
Approved by ACR Board of Directors, August 2005*