



# **CMSS Code for Interactions with Companies**

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## **CMSS Code for Interactions with Companies**

### **I. Preamble**

Medical Specialty Societies play an important role in engaging and connecting health professionals, patients, and other groups. Our members guide biomedical research, discover new therapies, and engage in high quality medical practice. Societies offer educational opportunities and publications and develop resources that help translate scientific and medical progress into the efficient delivery of effective medical care. In addition, Societies provide a forum for presenting new skills and scientific developments. Through rigorous peer review and management of potential conflicts of interest, Societies enable researchers to publish and present trustworthy and credible new knowledge. Societies' policies are intended to support scientific integrity and evidence-based recommendations.

Entities whose primary business is to develop, produce, market, sell, re-sell or distribute products, devices, services or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions – referred to in this Code as “Companies” — also strive to help people live longer and healthier lives. Companies invest resources to bring new or improved drugs, devices, products, services and therapies to the healthcare professional and ultimately to the patient while maximizing value for shareholders. Societies may choose to seek support from Companies for Societies' independent and varied programs and services that benefit Society members and their patients.

Healthcare professionals and patients count on Societies to be authoritative, independent voices in the world of science and medicine. Public confidence in a Society's objectivity is critical to carrying out its mission, and Societies and their members are committed to acting with integrity and transparency across all their initiatives and collaborations, including their interactions with Companies. The Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies exemplifies this commitment by reinforcing the core principles that sustain Societies' independence. We adopt this Code as a framework to help ensure that a Society's interactions with Companies will be focused on the benefit of patients and members and the improvement of care in our respective specialty fields.

## **II. About the Code**

The Council of Medical Specialty Societies is a 501(c)(3) non-profit organization committed to education, professionalism and quality of care. In Spring 2009, at the request of the Chief Executive Officers (CEOs) of the CMSS member organizations, the CMSS Board of Directors charged the CMSS Task Force on Professionalism and Conflicts of Interest with developing a voluntary “code of conduct” for Medical Specialty Societies to enhance professionalism and to disclose, manage, and resolve relationships with industry. The Code for Interactions with Companies (Code) was officially adopted by CMSS on April 17, 2010. Modest revisions to the Code were adopted by CMSS in 2011 and 2015.

In Summer 2024, the CMSS Board of Directors convened a new multidisciplinary CMSS Code Task Force (Code Task Force) with the goal of ensuring that the Code remains an up-to-date, credible and comprehensive guide for Societies’ interactions with Companies in the healthcare marketplace. The Code Task Force reviewed all aspects of the Code, recommended updates, and evaluated and incorporated comments received from CMSS members and others. The result is a revised Code that embodies Societies’ core principles of independence and transparency while facilitating ethical Society-Company interactions that further Societies’ critical missions. The CMSS Board of Directors officially adopted the revised Code on August 27, 2025, and approved limited updates on April 7, 2026.

The purpose of the Code is unchanged, as it serves to guide Societies in the development of policies and procedures that safeguard the independence of their programs, policies, publications, and advocacy positions. Because Societies vary in their activities and corporate structures, these policies and procedures may be tailored to meet individual organizational needs while maintaining the underlying tenets of the Code. Notably, Societies may choose to adopt policies that are more rigorous than the Code.

The revised Code is still divided into Principles and Annotations, with “Why It Matters” text introducing each section of the Code and explaining the significance of the Principles. The Principles state what is expected of Societies that sign on to the Code, while Annotations may provide further clarification or give examples of how a Principle might be implemented. The Principles and Annotations are expected to remain relatively constant, and may be clarified periodically by CMSS in response to questions or to changes in the landscape of Society-Company interactions. Any changes to the Code will be approved by the CMSS Board of Directors.

### III. Definitions

*The following terms are defined for the purposes of this Code. CMSS recognizes that some of these terms may be used or defined differently by individual Societies or outside groups. Further, some Societies may engage with non-profit organizations and individuals differently than they do with for-profit entities. The terms are defined below to create a common vocabulary for the Principles under this Code.*

**Accredited Continuing Education (ACE):** Accredited Continuing Education (ACE) consists of educational activities developed by an organization that is accredited by a national accrediting body (e.g., Accreditation Council for Continuing Medical Education (ACCME), American Osteopathic Association (AOA), American Academy of Family Physicians (AAFP), American Nurses Credentialing Center (ANCC), Accreditation Council for Pharmacy Education (ACPE)) in accordance with required accreditation criteria for which learners are able to receive educational credits.

**Advertising:** Advertising is a Business Transaction in which a Company or its agent pays a fee to a Society or its agent in exchange for the Society’s publication of a promotional announcement that highlights the Company’s activities, products, or services. For purposes of this Code, Advertiser refers to a Company or its agent that purchases Advertising.

**Business Transaction:** A Business Transaction is an arms-length interaction between a Society and a Company in which a Company pays a fee to the Society in fair value exchange for the Society’s item, service, or product.

**Charitable Contribution:** A Charitable Contribution is a gift, including an in-kind gift, given by a Company to a qualified tax-exempt organization (e.g., a Society or its affiliated Foundation) for use in furthering the organization’s charitable purposes and in accordance with applicable tax rules and legal standards.

**Clinical Practice Guideline:** A Clinical Practice Guideline (or Guideline) is a statement that includes recommendations intended to optimize patient care and is informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.<sup>1</sup> Section 8 of this Code addresses Guidelines, as well as updates to existing guidelines (“Guideline Updates”), medical technology assessments, clinical opinions, and other evidence-based clinical practice tools.

**Company:** A Company is an entity whose primary business is developing, producing, marketing, selling, re-selling or distributing products, devices, services or therapies used to diagnose, treat, monitor, manage or alleviate health conditions. This definition is not intended to include entities operating outside of the healthcare sector or entities through which clinicians provide clinical services directly to patients.

**Company-Directed Program:** A Company-Directed Program is a program offered by a Company or third party that may inform healthcare providers about specific Company initiatives, products or brands through content directly controlled by a Company. Company-Directed Programs are not eligible for ACE credit.

**Corporate Sponsorship:** A Corporate Sponsorship is an arrangement with an identified Company in which financial or in-kind support for a Society program, product or service is made in exchange for certain forms of acknowledgement of the Corporate Sponsor. Corporate Sponsorships are distinct from Educational Grants and do not constitute Commercial Support of ACE. For purposes of this Code, Corporate Sponsor refers to a Company that provides a Corporate Sponsorship.

**Educational Grant:** An Educational Grant is financial or in-kind support awarded by a Company, typically through its grants office, for the specific purpose of offsetting part or all of the expenses associated with an educational or scientific activity offered by the Society, typically ACE. Educational Grants include terms to ensure that activity development remains independent and free from Company influence. Educational Grants typically include terms regarding recognition of the grant-maker in connection with the activity and provision to the grant-maker of post-activity metrics mutually agreed upon. Educational Grants awarded by a Company to support an ACE activity are referred to in the ACCME Standards for Integrity and Independence in Continuing Education as “Commercial Support”.<sup>2</sup>

**Financial Relationship:** A Financial Relationship is a relationship between a Company and an individual, in effect any time within 24 months of the disclosure, that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock options, or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual’s services or expertise from or on behalf of the Company. Examples of Financial Relationships include employee, researcher, consultant, advisor, speaker, expert witness, independent contractor (including contracted researcher), royalties or patent beneficiary, executive role, and ownership interest. Ownership of individual stocks and stock options, bonds or other securities of either publicly traded or privately held companies are considered Financial

Relationships; investments in diversified mutual funds do not need to be disclosed. Research funding from Companies is considered a Financial Relationship with the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

**Key Society Leaders:** For purposes of this Code, Key Society Leaders are individuals who, by virtue of their senior leadership position in the Society, exercise substantial influence over the Society's educational or scientific programs, products, services or advocacy positions. Key Society Leaders will likely include, but are not necessarily limited to, officers at the Presidential level (e.g., the President-Elect, the President, and the Immediate Past President as applicable) of a Society's membership organization, the chief executive officer of a Society's membership organization, and the Editor(s)-in-Chief of Society Journal(s).

**Medical Specialty Society:** A Medical Specialty Society (or Society) is a non-profit organization whose membership includes physicians and allied healthcare professionals practicing in a specific medical specialty or sub-specialty that seeks to further the medical specialty, to advance the professional interests and education of individuals engaged in the specialty, to improve patient care, and/or to provide information for patients and the public. Societies may have different governing structures and encompass several affiliated legal entities. If a function described in the Code is carried out by an entity other than a Society's membership organization (e.g., by an affiliated Foundation), Code provisions dealing with that function apply to the other entity to the extent the membership organization controls that entity.

**Medical Specialty Society Journal:** A Medical Specialty Society Journal (or Society Journal) is a peer-reviewed scientific publication produced by a Medical Specialty Society to disseminate scientific research, clinical findings, or professional insights related to a specific field of medicine. A Medical Specialty Society Journal may be published by or on behalf of the Society.

**Non-Accredited Education:** Non-Accredited Education activities include both formal and informal education that is offered by a Society or other third party to meet a defined educational need that enables the acquisition or reinforcement of knowledge and/or skills to improve practice or research, but where the decision has been made to not offer ACE credit.

**Research Grant:** A Research Grant is an award that is given by a Society to an individual, institution, or practice to fund the conduct of scientific research. Companies may provide Societies with programmatic support (e.g., an Educational Grant or Charitable Contribution) designated for the specific purpose of funding Research Grants.

## IV. Principles for Interaction

### 1. *Independence*

**Why It Matters:** Societies act in the best interests of their members and the patients they serve. While they may accept support from and interact with Companies in furtherance of these interests, Societies are aware of the risk of undue influence and take steps to preserve their independence.

- 1.1** Societies will commit that their educational activities, scientific programs, products, services and advocacy positions are independent of Company influence, and will develop and adopt policies and procedures that foster independence. When Societies collaborate in an arms-length business relationship with a Company on a project or utilize the Company's product or service, the Society will apply its independent judgment and will remain the ultimate decision-maker with respect to content or project decisions.
- 1.2** A Society's programmatic decisions must be made independently of the Society's efforts to seek Educational Grants, Corporate Sponsorships, Charitable Contributions, and support for Research Grants.
- 1.3** Societies will identify the individual(s) or high-level group(s) responsible for ensuring that Society interactions with Companies are consistent with the Principles of this Code or any more stringent principles the Society may adopt.

*Annotation: A Society may assign the responsibility of monitoring and guiding Society-level interactions with Companies to an existing group, such as its Board of Directors (or a subcommittee of the Board), Ethics Committee, or Conflict of Interest Committee, or to a new group of members or staff created for this purpose.*

- 1.4** Societies will use written agreements with Companies for Educational Grants, Corporate Sponsorships, Charitable Contributions, Business Transactions, and support of Research Grants. The elements of each agreement will vary according

to the agreement's purpose; at a minimum, the agreement specifies what the funds are for, the amount given, and the separate roles of the Society and the Company as well as partnering organization(s) if applicable.

## ***2. Transparency***

**Why It Matters:** Transparency and the management of real or perceived conflicts of interest are key elements in fostering confidence in a Society's independence and integrity. Potential conflicts of interest may arise from Financial Relationships between Companies and individuals who are involved in Society programs and services, or they may arise from interactions between Companies and the Society itself. Each Society's processes for identifying and managing Financial Relationships will vary, but commitment to the fundamental principles of independence and transparency must be strong and unwavering.

- 2.1** Societies will make their conflict of interest and Financial Relationship management policies and/or forms available to their members and the public. Societies may choose to make their internal conflict of interest and relationship management procedures publicly available as well.
- 2.2** Societies will disclose Company support (at a minimum Educational Grants, Corporate Sponsorships, Charitable Contributions, and support of Research Grants), making this information available to their members and the public by a method and in a frequency of Society's choice.

*Annotation: Generally, disclosure fields include the name of the Company, the category of support (e.g., Educational Grant, Corporate Sponsorship, Charitable Contribution), and the type of support if applicable (monetary vs. in-kind) received during the stated period (e.g., for the prior calendar/fiscal year).*

- 2.3** Societies will adopt written disclosure policies for the identification and management of Financial Relationships held by Key Society Leaders, Board members, committee members and others who serve on behalf of the Society.

Societies will require these individuals to update disclosure information at least annually and when material changes occur. Societies may elect to provide access to Key Society Leader disclosures by making them publicly available or available upon request.

*Annotation: Generally, disclosure fields include employment, consulting or advisory arrangements, stock ownership, honoraria, research funding paid to the individual or an individual's institution or practice, expert testimony, and gifts. Societies may request a "dollar range" be disclosed for certain Financial Relationships to help clarify the scope of disclosed relationships.*

- 2.4** A Society will review each individual's disclosures submitted as part of the Society's formal process to identify and manage Financial Relationships and will address any identified Financial Relationships in accordance with the Principles of this Code or any more stringent principles the Society may choose to adopt.
- 2.5** Societies will utilize Financial Relationship disclosure and management standards that are appropriate for the disclosing member's position in the Society and the types of activity and Financial Relationship under consideration.

*Annotation: A Society may wish to adopt more stringent standards for Key Society Leaders given the significance of their roles and responsibilities in the Society and/or the types of activities in which particular Key Society Leaders are engaged (e.g., ACE or development of Clinical Practice Guidelines).*

### ***3. Accepting Charitable Contributions***

**Why It Matters:** Societies welcome Charitable Contributions that support their mission without compromising the integrity of the Society's programs and positions. Donor recognition is a universal component of fundraising and must be implemented with appropriate limitations.

- 3.1** Societies (and their affiliated foundations, if applicable) will control the use of Charitable Contributions in a manner that is aligned with the Society's strategic plan and mission.
- 3.2** Societies will adhere to applicable tax rules and legal standards for acceptance of Charitable Contributions and management of institutional funds.
- 3.3** Societies will adopt policies for solicitation and acceptance of contributions and for consistent and appropriate recognition of donors. Recognition must not suggest that a donor has influenced Society or advocacy positions.

*Annotation: Societies may acknowledge support in ways that are transparent and appropriate, including but not limited to listing donor names, using tiered recognition, or including Company logos, so long as the recognition does not imply editorial or decision-making involvement by the Company.*

- 3.4** Reasonable donor restrictions on the purposes for which Charitable Contributions will be used are acceptable, as are reasonable requirements for reporting on the uses of the donated funds.

*Annotation: For example, it is appropriate for Charitable Contributions to be designated to support a broad section of a Society's mission (e.g., general research, research in a particular disease area, or patient information). It is also appropriate for Charitable Contributions to be designated to support a specific Society program (e.g., a research award or fellowship), as long as the donor is not permitted to influence or control the program (e.g., selecting award recipients or attempting to influence research questions, methodologies, data analysis, or publication).*

- 3.5** Societies will decline Charitable Contributions where the Company expects to influence Society programs or advocacy positions, or otherwise direct Society use of funds in a manner that impinges on Society independence.

## ***4. Accepting Corporate Sponsorships***

**Why It Matters:** Corporate Sponsorships, when appropriately managed, further the ability of Societies to fulfill their missions in service of Society members and their patients.

- 4.1** A Society will only accept Corporate Sponsorships that are consistent with the Society's strategic plan and mission. This may include support for a specific item or program or broader, multi-program partnerships that reflect long-term alignment and are managed with appropriate safeguards to maintain independence.
- 4.2** When determining whether the names or logos of Companies or Company products may be placed on Society-distributed, non-educational items, Societies will follow the generally accepted standards governing Company distribution of such items directly to healthcare professionals (e.g., PhRMA Code, AdvaMed Code).<sup>3</sup>
- 4.3** If accepting Corporate Sponsorship of data registries, Societies will prohibit Corporate Sponsors from participating in the day-to-day management of the registry unless the data registry is in part operating as a public/private Medical Society, device/drug manufacturer and government partnership or for the purpose of meeting regulatory objectives of device/drug surveillance and patient safety from the U.S. Food and Drug Administration.

*Annotation: Registry governance structures will be disclosed on Medical Society websites and platforms that describe the project. Corporate Sponsors may be permitted to serve on registry steering groups and committees, as long as governance structures prohibit Corporate Sponsors from holding a collective majority representation on any operating or data committee. If the registry is being used to meet regulatory requirements for post-marketing surveillance, Corporate Sponsors may receive special access to their specific device/drug data.*

## 5. *Society Education*

**Why It Matters:** Societies have unique responsibilities as trusted providers of education for their members, particularly in disciplines where the evidence base is rapidly evolving. As such, Societies must adopt policies and procedures to maintain independence and transparency in the planning and delivery of Society meetings and other educational activities where they are held accountable for having final control of the content. Societies must leverage these policies and procedures to mitigate any perceived Company influence over Society Accredited Continuing Education content, with the intent that all education activities developed by the Society are evidence-based and do not intend to promote the interests of any Company.

*Annotation: These principles are intended for activities that meet the definition of ACE. Societies may choose to develop other activities for member benefit (educational or non-educational) where the decision has been made not to offer ACE credit; those activities should meet the overall aims of the CMSS Code for independence and transparency and sustain trust in the Society as a provider of unbiased, evidence-based activities, but are not considered in the principles of this section.*

- 5.1 When providing Society Accredited Continuing Education Activities (ACE), Societies will comply with ACCME Standards for Integrity and Independence in Accredited Continuing Education or standards adopted by other accrediting bodies<sup>4</sup>, including: by ensuring that content is valid and independent of Company influence; by adopting policies and procedures designed to identify, mitigate and disclose relevant Financial Relationships; and by adopting policies to ensure the appropriate management of commercial support and other ancillary Company activities.
- 5.2 Where the purpose of a Society ACE activity is to demonstrate or train attendees in the safe and effective use of a particular drug, device, service, or therapy, Societies may accept in-kind support from Companies. A Society may accept in-kind support from a single Company when other equal but competing products or services are not available for inclusion.

- 5.3** Societies will make reasonable efforts to seek multiple sources of support for Society ACE activities, including support from Companies, support from organizations outside the for-profit healthcare sector, and registration fees from attendees.
- 5.4** Societies that partner with, or offer opportunities for, other accredited providers to offer ACE activities adjunct to or as part of their educational portfolio will set an expectation that those accredited providers will abide by Section 5 of this Code.

## ***6. Company Opportunities***

**Why It Matters:** Societies may choose to enter into Business Transactions with Companies that involve structured opportunities for Company promotion or information sharing with Society members and audiences. These principles are designed to ensure Society independence from Company influence and clarify to audiences that these Company Opportunities do not imply Society approval or endorsement.

### **6.1 Company-Directed Programs**

- 6.1.1** Societies will require Company-Directed Programs to be clearly distinguished from ACE, preferably separated by physical space as well as time. Generally, Societies will choose to note through disclaimers, limitations on use of Society trademarks, and/or other appropriate means that the content of Company-Directed Programs is not endorsed or sponsored by the Society.

*Annotation: If Company-Directed Programs are held in conjunction with ACE activities, the Society must ensure compliance with ACCME Standard 5.*

- 6.1.2** Societies will direct Companies to disclose to attendees the fact that individuals employed or paid by the Company were involved in developing and presenting the Company-Directed Program.

### **6.2 Exhibits**

- 6.2.1** Societies will adopt written policies that govern the nature of exhibits and the conduct of exhibitors, including the requirement that exhibitors comply with applicable laws, regulations and guidance to ensure that the tone of the exhibit hall is professional in nature. Policies will be provided to exhibitors and made available to others upon request.

*Annotation: If Exhibits are held in conjunction with ACE activities, the Society must ensure compliance with ACCME Standard 5.*

- 6.2.2** Societies will permit Companies to exhibit and promote goods and services only within their defined exhibiting footprints and during established times (e.g., exhibit hall hours, Company-Directed Programs).

### **6.3** Advertising

- 6.3.1** Societies will adopt written policies that set standards for Company advertising and for overseeing compliance with these standards to ensure that Advertisers do not influence Society editorial or programmatic decisions.
- 6.3.2** Society will ensure that Company advertising in Medical Specialty Society Journals and other Society publications is easily distinguishable in design and placement from editorial content.
- 6.3.3** Societies will ensure that Company advertising for activities through which attendees may earn ACE credits comply with ACCME requirements for marketing and advertising in the Standards for Integrity and Independence in Accredited Continuing Education.

### **6.4** Licensing

- 6.4.1** Societies will adopt written standards for licensing that are intended to prevent misuse, unintended use, and modification of licensed Society content in a way

that would change its meaning.

- 6.4.2** Societies will prohibit use of Society trademarks in ways that imply Society approval of Company products or services.

## ***7. Awarding of Research Grants***

**Why It Matters:** The awarding of Research Grants may help Societies meet their mission to support objective, merit-based research that can improve the care of patients. Companies may offer funding opportunities that could support those research efforts. This section provides guidance on how Societies can maintain independence from Company influence and transparency regarding Company support for Society Research Grants.

- 7.1** Societies will not permit Companies to select (or influence the selection of) recipients of Research Grants.
- 7.2** Societies will appoint independent committees to select recipients of Research Grants based on peer review of grant applications.
- 7.3** Societies will not require recipients of Research Grants to communicate with Company supporters about their work, outside of the parameters clearly defined in the grant agreement between the Society and the Research Grant recipient.
- 7.4** Societies will not permit Companies that support Research Grants to obtain ownership rights or receive royalties arising out of the grant-funded research.
- 7.5** Societies will not permit Companies that support Research Grants to control or influence manuscripts that arise from the grant-funded research.
- 7.6** If a Society receives programmatic support from a Company to support the Society's own research, the Society will disclose the Company support. The Society will act independently in the selection of research topics and the conduct

of the research itself.

## ***8. Clinical Practice Guidelines***

**Why It Matters:** Many Societies develop and publish Clinical Practice Guidelines, medical technology assessments, and other clinical practice guidance to meet their members' needs for unbiased, evidence-based tools that improve the quality and effectiveness of patient care. Healthcare providers, payors, and patients regard Society Clinical Practice Guidelines as an important source of information from experts in the field. The credibility and authority of Clinical Practice Guidelines depend on a common understanding that guidelines are developed through a rigorous process based on the best available scientific evidence and free of commercial bias.

- 8.1** Societies will follow a transparent Guideline development process and will not accept sponsorship, grants, contributions, or other direct support from Companies for the development of Clinical Practice Guidelines or Guideline Updates.
- 8.2** Societies will ensure that Clinical Practice Guideline recommendations are informed by a review of the best available evidence and, where possible, based on an extensive, reproducible, and robust body of evidence.
- 8.3** After Guideline development is complete, it is permissible for Societies to accept Company support or engage in licensing arrangements with Companies for the distribution, publication, translation, repurposing or archiving of the Guideline or Guideline Update. In any Company-supported context, a written statement should accompany the Guideline or Guideline Update, acknowledging the Company's role and describing the independent nature of the Society's Guideline development process.

*Annotation: For purposes of this Code, development of a Guideline or Guideline Update is complete when the Society's reviewing body has approved the final text pursuant to Principle 8.9 and the Society has published the Guideline or Guideline*

*Update online or in a peer-reviewed journal.*

- 8.4** Societies will require all Guideline development panel members to disclose all Financial Relationships with Companies prior to panel deliberations, and to update their disclosures throughout the Guideline development process.

*Annotation: Societies are encouraged to use a time frame for disclosures that includes one year prior to initiation of the project until publication.*

- 8.5** Societies will require that a majority of Guideline development panel members are free of Financial Relationships relevant to the subject matter of the Guideline.

- 8.6** Societies will require the panel chair (or at least one chair if there are co-chairs) to be free of Financial Relationships relevant to the subject matter of the Guideline and should consider requiring panel chair(s) to remain free of such Financial Relationships for at least one year after Guideline publication.

- 8.7** Societies will develop procedures for determining whether Financial Relationships between Guideline development panel members and Companies constitute conflicts of interest relevant to the subject matter of the guideline, as well as management strategies that minimize the risk of actual and perceived bias if panel members do have conflicts.

*Annotation: For the minority of panel members who are not free of all Financial Relationships relevant to the subject matter of the guideline, Societies will apply procedures for management of relevant Financial Relationships in accordance with this Principle 8.7.*

- 8.8** Societies will require that Guideline recommendations be subject to multiple levels of review, including rigorous peer-review by a range of experts.

- 8.9** Societies' Guideline recommendations will be reviewed and approved before submission for publication by at least one Society body beyond the Guideline development panel, such as a committee or the Board of Directors.

- 8.10** Societies will publish Guideline development panel members' Financial Relationship disclosure information in connection with each Guideline and may choose to identify abstentions from voting.
- 8.11** Societies will require all Guideline contributors, including expert advisors or reviewers who are not officially part of a Guideline development panel, to disclose Financial Relationships that may constitute conflicts of interest.
- 8.12** Societies will recommend that Guideline development panel members decline offers from affected Companies to speak about the Guideline on behalf of the Company for a reasonable period after publication. An affected company is one that is reasonably likely to be positively or negatively affected by care delivered in accordance with the Guideline.
- 8.13** Societies will not permit Guideline development panel members or staff to discuss a specific Guideline's development with Company employees or representatives and will not permit Companies to review Guidelines in draft form, except if a Society permits public or member comment on draft Guidelines as a part of the Society's published Guideline development process.

## ***9. Society Journals***

**Why It Matters:** In general, a firewall separates the editorial decisions of a Medical Specialty Society Journal from Society governance and operations. In addition to maintaining editorial independence, Societies must ensure that Company contributions to Society Journals are transparent and easily distinguishable from editorial content.

- 9.1** A Society Journal will maintain editorial independence from the Society and from Advertisers, consistent with accepted standards for scholarly medical publishing, such as the recommendations provided by the International Committee of Medical Journal Editors (ICMJE) and the World Association of Medical Editors (WAME).<sup>5</sup>

- 9.2** Society Journals will require all authors, editors and reviewers to disclose Financial Relationships with Companies.

*Annotation: Authors' disclosure information will be considered by Society Journal editors in evaluating an article for publication. Society Journals will include the authors' disclosure information with the published article or issue and editors' disclosure information on the Society's website. The "look-back" period for disclosure will be at least one year. Society Journals will adopt policies governing the scope and format of disclosure, including consistent disclosure categories.*

- 9.3** The Editor-in-Chief of each Society Journal, in consultation with the Society, will have the ultimate responsibility for determining when a conflict of interest disqualifies a Society Journal editor or reviewer from reviewing a manuscript, according to established policies.

*Annotation: When establishing these policies, Society Journals may find it helpful to consult accepted standards for medical publishing, such as those established by ICMJE and WAME.<sup>6</sup> If a question arises about a conflict of interest involving the Editor-in-Chief, the Society would have the ultimate responsibility for determining issues of disqualification, according to established policies.*

- 9.4** Society Journals will adopt policies prohibiting the submission of "ghost-written" manuscripts prepared by or on behalf of Companies.

- 9.5** Society Journals may publish Company-sponsored supplements if they are clearly distinguishable from other Society Journal editorial content and disclosed as being Company-sponsored.

## V. Applying the Code

Signing on to this Code is voluntary and is not a condition of continued membership in CMSS. Societies that sign on to the Code indicate that they will use good faith efforts to implement the Code in their interactions with Companies, and signatory Societies will be identified on the CMSS website. Societies that are not members of CMSS may also sign on to the Code and will be listed on the CMSS website as well.

Societies that sign on to the Code are expected to have policies and procedures that guide Society-Company interactions in accordance with the Code. Societies will interpret and implement the Code in the context of their unique organizational structures and activities and as a complement to their policies and procedures.

At their individual discretion, Societies may choose to adopt policies that are more rigorous than the Code.

Societies are expected to regularly assess their implementation of the Code.

Any comments received by CMSS relating to a Society's implementation of the Code will be referred to the Society. Questions about the Code may be addressed to CMSS, but CMSS will not interpret the Code's application on an individual basis.

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<sup>1</sup> Institute of Medicine. 2011. Clinical Practice Guidelines We Can Trust. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13058> (Accessed June 4, 2025).

<sup>2</sup> Accreditation Council for Continuing Medical Education (ACCME): Standards for Commercial Integrity and Independence in Accredited Continuing Education. <https://accme.org/rules/standards/>. (Accessed June 4, 2025).

<sup>3</sup> Pharmaceutical Research and Manufacturers of America (PhRMA): Code on Interactions with Healthcare Professionals, <https://cdn.aglty.io/phrma/global/resources/import/pdfs/PhRMA%20Code%20-%20Final.pdf> (Accessed June 4, 2025); Advanced Medical Technology Association (AdvaMed): Code of Ethics. <https://www.advamed.org/wp-content/uploads/2023/06/2023-AdvaMed-Code-of-Ethics.pdf>. (Accessed June 4, 2025).

<sup>4</sup> See <https://accme.org/rules/standards/> for a list of other accrediting bodies that have adopted the ACCME Standards for Integrity and Independence in Accredited Continuing Education.

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<sup>5</sup> International Committee of Medical Journal Editors: Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. <https://www.icmje.org/icmje-recommendations.pdf>. (Accessed June 4, 2025); World Association of Medical Editors: The Responsibilities of Medical Editors. <https://wame.org/responsibilities-medical-editors>. (Accessed June 4, 2025).

<sup>6</sup> International Committee of Medical Journal Editors: Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals: Disclosure of Financial and Non-Financial Relationships and Activities, and Conflicts of Interest. <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html>. (Accessed June 4, 2025); World Association of Medical Editors: Conflict of interest in peer-reviewed medical journals. <https://wame.org/conflict-of-interest-in-peer-reviewed-medical-journals>. (Accessed June 4, 2025).