

<b>Policy Name:</b>	ASPS Conflict of Interest Governing Principles
<b>Background / Purpose:</b>	<p>The ASPS /PSF Board of Directors adopted the Conflict of Interest Governing Principles in June 2015. It is modeled after the AMA Conflict of Interest Principles.</p> <p>This document is the foundation of the COI Governing Documents as developed by the 2014 COI Task Force. When combined, the full COI Governing Documents includes the following appendices:</p> <ul style="list-style-type: none"><li>A. Policy on Conflicts of Interest</li><li>B. CMSS Code for Interactions with Companies</li><li>C. ASPS/PSF Board Policy on Corporate Opportunities</li><li>D. ASPS/PSF Code of Conduct for Board Members</li></ul>
<b>Program Area or Business Line</b>	Governance
<b>Policy Sponsor (Staff Officer):</b>	Michael Costelloe, Executive Vice President
<b>Approving Body:</b>	ASPS/PSF Board of Directors
<b>Authorized Signatories:</b>	Scott Hollenbeck, MD, ASPS President
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## AMERICAN SOCIETY OF PLASTIC SURGEONS CONFLICT OF INTEREST GOVERNING PRINCIPLES

### Introduction

The American Society of Plastic Surgeons (“ASPS” or “the Society”) and The Plastic Surgery Foundation (“PSF” or “the Foundation”) approved at their Board meetings held on March 27, 2015 the Recommendations of the Conflict of Interest (“COI”) Task Force addressing a variety of issues including adoption of the Council of Medical Specialty Societies Code for Interactions with Companies, the adoption of Conflict of Interest Principles and Procedures and the establishment of a Conflict of Interest Committee.

This document will outline the process to be followed by ASPS and PSF and its affiliates in addressing and resolving conflicts of interest, include the Conflict of Interest Principles to be used as a guidepost in addressing and resolving conflicts and incorporate by reference other documents adopted by ASPS and PSF relating to or addressing conflict of interest disclosure and management.

## **I. ASPS AND PSF CONFLICT OF INTEREST POLICY**

The American Society of Plastic Surgeons and The Plastic Surgery Foundation Policy on Conflicts of Interest requires that annually and at the start of the new governance year, all officers, directors, trustees, committee chairs, committee members, task force chairs, and task force members of ASPS, PSF, and wholly owned subsidiaries, and the Editor and Editorial Boards of PRS and PRS GO are to sign a conflict of interest disclosure statement. A copy of the Policy together with the disclosure statement is attached as Appendix A.

The Policy defines a conflict of interest, provides specific examples of interests requiring disclosure, and includes a number of illustrations. The Policy notes that interests held by members of one's immediate family, as defined in the Policy, require disclosure as well. The Policy provides a definition of financial interests, a description of affiliations requiring disclosure, and what is meant by support from commercial sources requiring disclosure.

The Policy also provides a mechanism for resolving conflicts and requires the ASPS President, The PSF President, Executive Vice President and Chair of the Conflict of Interest Committee to review the Conflict of Interest Disclosure Statements and agenda in advance of Society and Foundation Board and Executive Committee meetings to be alert to potential conflicts. In the case of the Editorial Boards, committees, and task forces, the Chair (and Co-Chair or Vice Chair, if applicable) and Staff Liaison perform this function. As a part of the Policy, a summary of the information disclosed by officers, directors, Trustees and, Committee or Task Force members is provided to members at the beginning of each meeting.

The cornerstone of this procedure for disclosing conflicts of interest is the principle that, in most cases, disclosure of the conflicting or potentially conflicting interest will itself suffice to protect the integrity of Society and Foundation decisions. In other words, once such an interest is fully disclosed to the other participants in any Society or Foundation activity, those other participants will be able to evaluate and adjust for the possible influence of the disclosed interest. At the same time, there will be certain matters for which the nature of the conflict of interest will require recusal of the member from a Board, Committee, or Task Force discussion or vote.

## **II. CONFLICT OF INTEREST PRINCIPLES**

The Board of Directors has established these Conflict of Interest Principles to assist the officer, director, trustee, committee chair, committee member, task force chair, task force member, the editor and members of the editorial boards of the Plastic and Reconstructive Surgery Journal and Plastic and Reconstructive Surgery-Global Open and others holding leadership positions in the Society and Foundation, including the official delegates and designated alternates representing stakeholders in the ASPS Council of Representatives ("Volunteer Leader," or collectively "Volunteer Leaders,") in interpreting their obligations under the Conflict of Interest Policy and Conflict of Interest Disclosure Statement. A Conflict of Interest Committee has been established to serve in an advisory and consultative role and to provide interpretation and guidance on matters of conflict of interest. These Conflict of Interest Principles together with the other Policies referenced in the Governing Document are designed to serve as a guide and blueprint for the deliberations and activities of that Committee.

### **III. ADDRESSING AND RESOLVING CONFLICTS OF INTEREST**

Members of ASPS and PSF Boards of Directors, Committees, and Task Forces have certain obligations they must fulfill to insure that a conflict of interest does not harm the interests of the Society or Foundation. The following examples are intended to incorporate by reference the Foundation, whenever a reference is made to the Society:

#### **Disclosure**

A Volunteer Leader who has an interest in a matter under consideration by the ASPS Board of Directors, Committee or Task Force must disclose all material information regarding his or her interest. Any personal interest or affiliation with another organization that may pose a conflict of interest should be disclosed, e.g. employment or consulting arrangements, and memberships on boards of trustees or directors. Disclosure benefits the Volunteer Leader, as it provides a certain level of protection for the Volunteer Leader from a claim that he or she is not acting in the best interest of the Society. Disclosure also provides notice to the other Board, Committee or Task Force Members of the Volunteer Leader's interest and potential bias.

#### **Obligations of the Interested Volunteer Leader**

The interested Volunteer Leader must act in the best interest of the Society. If the Volunteer Leader's personal interest or affiliation with another organization does not prevent the Volunteer Leader from fairly evaluating the matter before the Board of Directors, Committee, or Task Force, the Volunteer Leader may participate in the Board of Director's, Committee's, or Task Force's actions. If the Volunteer Leader's interest will cause the Volunteer Leader to take action or to try to influence other Volunteer Leaders to take action that would benefit the Volunteer Leader, or the organization the Volunteer Leader is affiliated with, the Volunteer Leader's participation in Board, Committee or Task Force actions should be limited. Specifically, the Volunteer Leader should excuse himself or herself from discussion and/or vote. In certain circumstances, it may be appropriate for the Volunteer Leader to resign from either the ASPS Board of Directors, Committee, or Task Force or from the other organization with which he or she is affiliated.

#### **Obligations of the Non-Interested Volunteer Leader**

Each Volunteer Leader has an obligation to evaluate the opinions and recommendations made by an interested Volunteer Leader in light of the interest such Volunteer Leader holds. If a Volunteer Leader has an interest arising out of an affiliation with another organization, the other Volunteer Leaders should consider that such Volunteer Leader may be biased by his or her affiliation. Usually, an awareness of this possible bias coupled with the ability of the non-interested Volunteer Leaders to fairly evaluate the matter under consideration and to outvote the interested Volunteer Leader is sufficient to insure that the best interests of ASPS are served. If the other Volunteer Leaders believe that a Volunteer Leader's interest may result in the approval of a policy or the undertaking of activity that is not in the best interest of ASPS, the other Volunteer Leaders should raise concerns and attempt to resolve this conflict.

Examples of potential conflict of interest situations and recommended actions are set forth below. While these examples are intended to provide guidance in resolving conflicts, it is not

possible to identify every potential conflict of interest situation. Therefore, these recommendations include a procedure intended to identify and resolve conflicts. Under this procedure, the Volunteer Leaders are required to disclose their personal interests and affiliations with other organizations, and the entire Board of Directors, Committee or Task Force is informed of these affiliations and participates in resolving conflicts which arise out of such affiliations.

#### IV. EXAMPLES OF CONFLICT OF INTEREST

There is limited guidance provided by the courts and legal and business authorities as to how to resolve conflicts arising out of affiliations with other organizations. However, concepts underlying the conflict of interest statutes and concerns raised by commentators provide a framework for analyzing potential conflict of interest situations and suggesting appropriate resolutions.

The following are examples of possible affiliations which may raise conflict of interest concerns, and recommendations for resolution of such conflicts.

In general, the recommendations can be summarized as follows:

- As guided by the examples in this document, affiliations with organizations with conflicting goals should be avoided.
- Affiliations with organizations that do not have a financial interest in an ASPS policy are generally permissible.
- Affiliations with organizations that have a financial interest in an ASPS policy, or that have competing business activities, raise concerns. Public advocacy may raise concerns. In these situations, limitations on a Volunteer Leader's affiliation or on participation in Board, Committee or Task Force actions may be appropriate.

##### A. Position As An Officer, Trustee or Council or Committee Member With Another Organization.

ASPS encourages participation on the Boards of Trustees, Directors and committees of other organizations. ASPS also recognizes that Volunteer Leaders may hold officer positions in other organizations. Participation in policy-making positions of other organizations is frequently beneficial to ASPS, as Volunteer Leaders gain expertise and form relationships which help further ASPS's goals. However, these organizations may have competing or dual goals or have competing business and professional interests and activities.

Conflicts of interest arise from these affiliations when decisions intended to further the best interests of each organization conflict. In resolving these conflicts, the predominate concern is insuring that the Volunteer Leader's actions in fulfilling his or her duties to another organization do not cause the Volunteer Leader to violate his or her fiduciary duties to ASPS.

In order to help ensure that the Presidents of ASPS and PSF are primarily focused on the interests of ASPS and PSF and to minimize the potential for conflicting or dual fiduciary responsibilities, the Board of Directors of ASPS and PSF have determined that an ASPS President

and a PSF President will not hold the position of president of another plastic surgery organization or another national medical society while serving as ASPS President or PSF President.

### **Conflicting Organizational Goals**

A Volunteer Leader would be unable to act in the best interests of ASPS and another company if the fundamental goals of the two organizations were in conflict. Acting in the best interest of one organization would necessarily mean breaching the duty of loyalty owed to the other organization. In these situations, the Volunteer Leader should resign from one of the organizations.

**Example 1:** Volunteer Leader is elected to the Board of Directors of a tobacco company.

**Recommendation:** Acting to further the goals of the tobacco company would prevent the Volunteer Leader from acting to further ASPS's goals on public health. The Volunteer Leader should resign from one of the positions.

### **Conflicting Goals on Major Policy Issue**

A Volunteer Leader may hold a position with an organization that generally strives to reach the same public health goals as ASPS. The organizations can be expected to hold different positions on certain issues from time to time. Conflicts arising from an occasional difference in policy can be resolved, as discussed in the following sections. However, differences in policy on major issues, such as health system reform, may warrant special consideration.

It may be difficult to determine which policy issues are "major" policy issues sufficient to result in a Volunteer Leader's resignation. The Board of Directors, Committee, or Task Force itself, in consultation with the Conflict of Interest Committee, may designate certain issues as major policy issues. The Board of Directors, Committee or Task Force, in consultation with the Conflict of Interest Committee, may decide on a case by case basis whether the position of an organization with which a Volunteer Leader is affiliated is in such conflict with the Board of Directors', Committee's, or Task Force's policy that the Volunteer Leader should resign from that position. The Process by which a Volunteer Leader will be asked to resign from a position is set forth in Paragraph B., Dissociation, under the heading Resolving Conflicts of the Conflict of Interest Policy.

### **Organizations Without A Financial Interest In An ASPS Policy**

A Volunteer Leader may hold a position with a medical society or other organization that addresses issues similar to those issues addressed by the Council, Committee, or Task Force. If the medical society or other organization does not have a direct financial interest in a Council, Committee, or Task Force policy, a Volunteer Leader's affiliation with such organization normally will not interfere with the Volunteer Leader's obligations to ASPS.

**Example 2:** A member of the ASPS Board of Directors is a member of the Board of Directors of a medical specialty society. The specialty society has approved a policy on a specific issue that differs from the policy under consideration by the ASPS Board of Directors.

**Recommendation:** ASPS encourages participation by its Volunteer Leaders in other medical specialty societies. The organizations can be expected to approve different policies on specific issues from time to time. In this example, the specialty society does not have a financial interest in the matter before the Board of Directors. While there may be a tangential benefit to the specialty society if the Board of Directors approves a similar policy, the benefit is likely to be too remote to affect a Volunteer Leader's judgment. Therefore, it is not likely that a Volunteer Leader will be unduly influenced by his or her affiliation with the society, and the Volunteer Leader should be allowed to maintain his or her affiliation with the specialty society and participate in Board of Directors actions on the issue. However, if there are indications that either the specialty society or the Volunteer Leader may derive a significant benefit from approval of a particular ASPS policy, the Board of Directors may limit the Volunteer Leader's participation.

### **Organizations With A Financial Interest In An ASPS Policy**

This situation is very similar to the conflict of interest situations governed by conflict of interest statutes.

**Example 3:** A member of the ASPS Board of Directors has a direct financial relationship with a medical device/pharmaceutical/healthcare company. The Board of Directors is considering a policy that could have a direct economic impact on the medical device/pharmaceutical/healthcare company. The Volunteer Leader's loyalties would be divided between the benefit to ASPS and the benefit to the medical device/pharmaceutical/healthcare company. The Volunteer Leader may not be objective. The Volunteer Leader should not participate in voting on this issue. The Board, Committee or Task Force may also place limitations on the Volunteer Leader's participation in discussion and access to information it may deem confidential on the issue.

**Recommendation:** The Board of Directors' policy could have a direct financial effect on the medical device/pharmaceutical/healthcare company. The Volunteer Leader's direct financial relationship with the device/pharmaceutical/healthcare company requires the Volunteer Leader to fulfill that Volunteer Leader's contractual responsibilities to the Company and to promote the economic interests of the Company. This obligation would prevent the Volunteer Leader from considering the ASPS policy objectively. The Volunteer Leader should not participate in the vote on this issue. The Board of Directors may place limitations on the Volunteer Leader's participation in discussion and access to information it deems confidential on this issue.

**CMSS Code For Interactions with Companies:** The CMSS Code for Interactions with Companies, attached as Appendix B, as approved by the ASPS and PSF Boards of Directors, provides that no key society leader defined as the President, President-Elect, Immediate Past President, Executive Vice President and Editor in Chief of the Journal may have direct financial relationships with commercial entities during his or her term of Office. A Direct Financial Relationship, as defined in the CMSS Code, is a relationship held by an individual 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. The term Direct Financial Relationship does not include stock ownership in or intellectual property licensing arrangements with commercial entities.

Accordingly, the ASPS and PSF Presidents, Presidents-Elect, Immediate Past Presidents, Editor in Chief of the Journal and the ASPS/PSF Executive Vice President will not have a direct financial relationship as addressed in Example 4.

Although the CMSS Code for Interaction with Companies does not preclude stock ownership or intellectual property licensing arrangements with commercial entities, the ASPS and PSF Conflict of Interest policy requires disclosure of such interests in order that the Boards of Director and Executive Committees may appropriately evaluate and adjust for such interests.

### **Competing Business Activities**

Medical societies and other organizations with which a Volunteer Leader may be affiliated conduct business activities that compete with ASPS's business activities. In most cases, conflicts relating to competing business activities can be resolved without requiring a Volunteer Leader to choose between organizations.

**Example 4:** A committee member is a member of the Board of Directors of an organization that conducts several business activities, one or more of which compete with ASPS business activities (e.g. registries, Physician Data Bases, consumer materials, meetings and education etc.)

**Recommendation:** The Volunteer Leader should not participate in the vote on any issue relating to the competing activities. The Board, Committee, or Task Force may prohibit or impose limits on the Volunteer Leader's participation in discussion of the competing activities and on the Volunteer Leader's access to business plans, financial information, and other information which could harm the ASPS business activity if known by a competitor.

In certain circumstances, competition with a significant ASPS business activity may be so direct and so potentially harmful that a Volunteer Leader could not fulfill his or her duties to both organizations. For instance, if the sole purpose of the other organization is to compete with an ASPS business activity which is the subject of the Committee, the Volunteer Leader would be unable to objectively perform his or her obligations on the Committee. Under such circumstances, it would be appropriate for the Volunteer Leader to resign from one of the positions.

The Board, or Committee, or Task Force will request the Conflict of Interest Committee to review the facts and circumstances surrounding the businesses activity and the Volunteer Leader's obligations to the competing organization and make a recommendation as to how to best address and manage the conflict, including considering recommending that the Volunteer Leader resign from the position with the competing organization.

#### **B. Employment or Consulting Arrangements with Medical Device/Pharmaceutical/Healthcare Companies**

Participation as a Volunteer Leader is not intended to significantly impair employment opportunities. Restrictions on outside employment may discourage qualified plastic surgeons from seeking a position on the Board of Directors, a Committee or a Task Force. Accordingly, employment and consulting arrangements and similar direct financial relationships with such companies will be permitted, subject to appropriate disclosure and management of the conflict. As

noted in Example 4, the President, President-Elect, Immediate Past President, Executive Vice President and Editor in Chief of the Journal may not have an employment or other direct financial relationship with a Medical Device/Pharmaceutical/ Healthcare Company during their terms of office.

### **Conflicting Organizational Goals**

Employment or consulting arrangements with companies whose principal goals conflict with ASPS's principal goals could be detrimental and embarrassing to ASPS. These arrangements should not be permitted.

**Example 5:** Volunteer Leader is a consultant to a tobacco company.

**Recommendation:** Although the Volunteer Leader is not in a fiduciary role for the tobacco company, and may not be involved in setting policy for the company, the Volunteer Leader's affiliation with the tobacco company could undermine ASPS's public health initiatives and present an appearance of impropriety. The Volunteer Leader should resign from one of the positions.

The Process by which a Volunteer Leader will be asked to resign from a position is set forth in Paragraph B., Dissociation, under the heading Resolving Conflicts of the Conflict of Interest Policy.

The Board, Committee, or Task Force will request the Conflict of Interest Committee to review the facts and circumstances surrounding the business activity and the Volunteer Leaders obligations to the competing organization and make a recommendation as to how to best address and manage the conflict including considering recommending that the Volunteer Leader resign from the position with the competing organization.

### **Organizations Without A Financial Interest In ASPS Policy**

A Volunteer Leader may have an employment or consulting arrangement with a medical organization, such as a state medical society or specialty society, that addresses issues similar to those addressed by the Board of Directors or Committee. Unless the Volunteer Leader has a personal interest in a specific policy, a Volunteer Leader's employment by such an organization is not likely to influence the Volunteer Leader in considering ASPS policy.

**Example 6A:** Volunteer Leader is employed by a medical specialty society. The specialty society has approved a policy on a specific issue that differs from the policy under consideration by the ASPS / PSF Board of Directors . The Volunteer Leader was directly involved in developing the policy for the specialty society.

**Recommendation:** This example raises the possibility of a personal interest that may conflict with ASPS's interests. Since the Volunteer Leader was personally involved in developing the specialty society's policy, he or she may not be objective in considering the ASPS's policy. However, the Volunteer Leader's opinion and knowledge on the issue may be useful to the Board of Directors in its deliberations. In these situations, the interested Volunteer Leader should disclose his or her participation in the development of the specialty society's policy. The other



Board of Directors members should evaluate the potential bias of the Volunteer Leader and determine appropriate limits, if any, on the Volunteer Leader's participation.

**Example 6B:** Same as Example 8A, except the Volunteer Leader did not participate in developing the policy for the specialty society.

**Recommendation:** Since approval by an ASPS Board of Directors of a certain policy will not have a direct financial effect on the specialty society, and since the Volunteer Leader does not have a personal interest in the policy before the Board of Directors this affiliation probably would not prevent the Volunteer Leader from acting in the best interest of ASPS. In most cases the Volunteer Leader should be allowed to participate in Board of Directors actions. There may be instances where the Volunteer Leader may derive a personal benefit, e.g. increased status in the specialty society, if the Volunteer Leader successfully encourages the Board of Directors to adopt the same policy as the specialty society. If there are indications that the Volunteer Leader is acting to benefit himself or herself, the Board of Directors may limit the Volunteer Leader's participation.

### **Organizations With A Financial Interest In An ASPS Policy**

If a Volunteer Leader's employer may be affected financially by an ASPS policy, the Volunteer Leader may have a difficult time separating the financial interest of his or her employer from ASPS's interests. Similarly, if a Volunteer Leader's personal financial interests may be affected, the Volunteer Leader may not be able to separate his or her own financial interest from ASPS's interests.

**Example 7A:** A Volunteer Leader is a consultant to a medical device/pharmaceutical/technology company. The Board, Committee or Task Force is considering a policy on the direct-to-consumer advertising of medical device/pharmaceutical/healthcare product. Volunteer Leader provides consulting services on this specific issue.

**Recommendation:** Approval of a specific policy would financially benefit the medical device/pharmaceutical/healthcare company, and could benefit the Volunteer Leader personally. The Volunteer Leader's personal interest would most likely influence the Volunteer Leader's consideration of the policy. The Volunteer Leader may consciously or inadvertently attempt to influence the Board, Committee, or Task Force to approve a policy favorable to the medical device/pharmaceutical/healthcare company. In addition, the Volunteer Leader's participation would raise the appearance of impropriety to outside parties. The Volunteer Leader should not participate in the vote on this issue. The Board, Committee, or Task Force may place limitations on the Volunteer Leader's participation in discussion and access to information it deems confidential on this issue.

If the Volunteer Leader's consulting activities will frequently involve issues that will be considered by the Board of Directors, the Volunteer Leader should resign from either the consulting position or the Board / Committee position.

The Process by which a Volunteer Leader will be asked to resign from a position is set forth in Paragraph B., Dissociation, under the heading Resolving Conflicts of the Conflict of Interest Policy.

**Example 7B:** Same as Example 9A, except that the Volunteer Leader's consulting activities do not relate to this issue.

**Recommendation:** Participation on the ASPS Board of Directors, Committees, and Task Forces is not intended to prohibit outside employment. Although approval of a certain policy on this issue would affect the medical device/pharmaceutical/healthcare company financially, the Volunteer Leader does not have a personal interest in the policy. The Volunteer Leader will probably not have a strong incentive to place the financial interests of the medical device/pharmaceutical/healthcare company above the interests of ASPS. Therefore, the affiliation should be permitted, and the Volunteer Leader should be allowed to participate in Board, Committee, or Task Force's actions. However, if there are indications that the Volunteer Leader is acting in a manner to benefit the medical device/pharmaceutical/healthcare company instead of ASPS, the Board, Committee, or Task Force may limit the Volunteer Leader's participation.

**Example 8:** An ASPS Board, Committee, or Task Force is considering a policy on the referral of patients to physician-owned health care facilities. The Volunteer Leader has an ownership interest in a health care facility.

**Recommendation:** The Volunteer Leader has a direct financial interest in the issue before the Board, Committee, or Task Force. As the Volunteer Leader has made a decision to invest in such a facility, the Volunteer Leader has already considered the issue and made a personal decision that his or her investment is appropriate. The Volunteer Leader would most likely not be able to make an objective, unbiased decision on this issue. Therefore, the Volunteer Leader should not participate in the vote on this issue. The Volunteer Leader may be allowed to participate in discussion of the policy, as the Volunteer Leader has personal knowledge and experience which may be useful to the Board, Committee, or Task Force.

It is important to recognize that many of the issues that come before a Board of Directors, Committee, or Task Force could affect a Volunteer Leader's medical practice or personal finances. A concern about a conflict of interest arises if the Volunteer Leader has a direct and significant financial interest in the issue before the Board, Committee, or Task Force or Committee, as in this example. In most instances, the financial effect of a policy would probably not be so significant as to prevent a Volunteer Leader from setting aside his or her personal interest and making a fair and independent decision. If there is an indication that the member is unable to limit his/her financial interest, the Board may limit the Volunteer Leader's participation.

## **Business Activities**

A Volunteer Leader may be a consultant or employed by an organization which conducts business activities that compete with ASPS's business activities. Such positions of employment or consulting are not likely to interfere with the Volunteer Leader's ability to further the ASPS mission. Restrictions are appropriate, however, if the Board of Directors, Committee or Task Force is discussing or considering taking action regarding a competing business if the Volunteer Leader is directly involved.

**Example 9A:** A Committee is established to review the formation of a captive insurance that includes malpractice insurance. The Volunteer Leader is employed by a malpractice carrier.

**Recommendation:** The Volunteer Leader must act in the best interest of ASPS, which includes acting to encourage the success of ASPS business activities. The Volunteer Leader's employment on a competing product benefits his or her employer at the expense of ASPS. The Volunteer Leader should resign from either the employment position or the Committee.

**Example 9B:** A Volunteer Leader is asked to speak at the scientific program at another sub-specialty organization

**Recommendation:** This is not an example of a conflict of business activities because the member is not employed by either organization. However, this may be an example of a Competing Business Activity addressed under Example 5.

### C. Public Representation During Term

Special areas of concern are positions held by a Board of Directors, Committee, or Task Force member which involve public representation and advocacy. An inherent conflict exists when a Volunteer Leader espouses the views of another organization, in an attempt to influence legislators, government officials, or the public, while representing ASPS. The Volunteer Leader's affiliation with ASPS may imply ASPS endorsement or support for the position promoted by the Volunteer Leader on behalf of the other organization. Also, the affiliation with ASPS may be used, consciously or inadvertently, to establish credibility and to gain access to legislators or other public officials.

This conflict will arise if a Volunteer Leader is hired as a paid lobbyist for a specific company or for an industry. This conflict may also arise if a Volunteer Leader is a Trustee, Board of Directors member or officer of another organization and is expected to participate in public advocacy on behalf of such other organization.

**Example 10:** Volunteer Leader is hired as a paid lobbyist for the insurance industry or medical device/pharmaceutical/healthcare industry.

**Example 11:** Volunteer Leader is a member of the Board of Directors of a medical society. The medical society asks the Volunteer Leader to meet with government officials and speak on behalf of a specific policy.

**Recommendation:** In these examples, there is a risk that ASPS may be viewed as being affiliated with another organization's policy positions. These situations may also place the Volunteer Leader in the difficult position of representing conflicting policies. The Volunteer Leader's public advocacy of a conflicting policy could undermine ASPS's efforts to promote its policy, and is likely to cause confusion in the minds of government officials and the public.

The Board of Directors, Committee, or Task Force in consultation with the Conflict of Interest Committee will review these activities on a case by case basis. Activities which would be in direct conflict with an ASPS policy or activity will not be permitted. If the activity would not conflict with ASPS policies or activities, it may be permitted. The Conflict of Interest Committee may recommend placing restrictions on the Volunteer Leader's activity to protect ASPS interests, such as prohibiting the Volunteer Leader from promoting his or her affiliation with ASPS in conversations with government officials. The Volunteer Leader's affiliation with ASPS may

inevitably become known during the course of the Volunteer Leader's public advocacy activities. In order to protect ASPS interests, the Volunteer Leader should clarify that he or she is not representing ASPS in conducting these activities.

In those circumstances where a Volunteer Leader's activities as a paid lobbyist are permitted, the Volunteer Leader should not vote on any issue which has been the subject of his or her lobbying activities. The ASPS Board of Directors, Committee or Task Force may impose additional limitations on the Volunteer Leader's participation. The Conflict of Interest Committee may be asked to interpret on a case-by-case basis.

**Example 12:** Volunteer Leader is a member of the Board of Directors of a medical society. The medical society approves a policy that conflicts with ASPS policy. The medical society wants to inform the public of its policy, using the Volunteer Leader's name and affiliation with ASPS.

**Recommendation:** The Volunteer Leader should ensure that the Medical Society does not suggest or imply that ASPS endorses or approves the Policy. If asked, the Volunteer Leader should directly state that he or she is not representing ASPS on the issue.

#### D. Activities Following Term

A former Volunteer Leader's affiliation with another organization following his or her term raises a concern that the Volunteer Leader's prior affiliation with ASPS might be used to promote the policies of such other organization. This situation could arise if ASPS's name is used in connection with any policy of another organization, or if the former Volunteer Leader participates in public representation and advocacy for another organization.

The Board of Directors has expanded the Conflict of Interest Policy to include the following restrictions on a Volunteer Leader's activities following the end of the Volunteer Leader's term:

- A former Volunteer Leader shall not use the ASPS name or his or her prior affiliation with ASPS in any manner which would imply ASPS support or endorsement of policies or activities of another organization.
- A former Volunteer Leader shall not use the ASPS name or his or her prior affiliation with ASPS for commercial gain.
- A former Volunteer Leader shall not disclose confidential or proprietary information.
- A former Volunteer Leader shall refrain from disparaging ASPS. However, the expression of differences or disagreements with ASPS policies or positions following the conclusion of a Volunteer Leader's term do not constitute disparagement.

These restrictions on a Volunteer Leader's actions following his or her term shall be a condition of the Volunteer Leader's acceptance of a position on an ASPS Board of Directors, Committee, or Task Force.

All Volunteer Leaders will be required to sign the ASPS Non-Disclosure Agreement prior to the time of election.

E. Affiliations of Family Members

Affiliation of a Volunteer Leader's family members with other organizations may raise possible conflicts of interest. For example, a Volunteer Leader's spouse may be employed by a medical specialty society, or a Volunteer Leader's child may provide consulting services to the pharmaceutical industry.

A Volunteer Leader shall disclose affiliations of his or her immediate family members with any health care organization or health-related professional association. The Board of Directors, Committee, or Task Force will evaluate the potential bias of the Volunteer Leader and determine appropriate limits, if any, on the Volunteer Leader's participation in Board of Directors, Committee, or Task Force actions related to any conflicting activity.

F. Ethics Committee Referral

There may be instances in which a Volunteer Leader fails to disclose a conflict and takes action to promote or carry-out the initiatives or policies of another organization with which the Volunteer Leader is affiliated that may adversely impact the Society or Foundation. In those instances, the Conflict of Interest Committee, after reviewing the facts and circumstances surrounding the failure to disclose, may determine that the matter should be referred to the Society's Ethics Committee for a determination as to whether the failure may constitute a violation of Article XXII, Discipline of the Society's Bylaws, providing that a member may be censured, suspended, expelled or otherwise disciplined for violating the Society's Bylaws, Code of Ethics, or rules or regulations or for any other conduct detrimental to the reputation or the best interests of the Society.

**Example 13:** A Volunteer Leader has a material financial interest as defined in the Conflict of Interest Policy in a medical device manufacturer and without disclosing that material financial interest convinces the Society to deny exhibit space at its Annual Meeting to a competing exhibitor which results in a legal action against the Society by the rejected exhibitor.

G. Corporate Opportunities

The Society and Foundation have developed and adopted a Policy on corporate opportunities, a copy of which is attached as Appendix C. The essence of the Policy is that opportunities, and in particular commercial opportunities, that are presented to an officer, Executive Committee or Board member by a third party that are directly related to current or planned activities of the Society or Foundation fall within the scope of the Policy and must first be brought to the Society or Foundation for the organization to determine whether to undertake the opportunity. The Conflict of Interest Committee will serve as a resource to the Boards of Directors and Executive Committees of the Society and Foundation in assessing whether an opportunity is in fact one intended to be addressed by the Policy.

**Example 14:** The Society has decided to cause to be written and to endorse a book for the lay consumer focused on appearance enhancement which will include chapters on fillers, cosmetic

surgery, skin products and exercise. A director is approached by a commercial publisher and asked to write a comparable consumer-focused book. This opportunity falls within the scope of the Policy and the director is to present the opportunity to the Society for its review and consideration before proceeding. The Corporate Opportunity Policy does not implicate or affect the right of members of the Board of Directors to contribute to durable materials for scientific and educational treatises and comparable publications.

#### H. Board Code of Conduct

The Board of Directors of the Society and the Foundation have adopted a Code of Conduct for Board members, a copy of which is attached, as Appendix D. The Code requires Board members to disclose any perceived or potential conflict of interest in accordance with the Society's Conflict of Interest and Disclosure Policy. The Conflict of Interest Committee shall act as a resource to the Boards of Directors in assessing whether this component of the Board Code of Conduct has been violated and may recommend to the Board of Directors appropriate action to be taken in the event of such a violation.

### V. PROCEDURE

In order to implement the Conflict of Interest Policy and address any potential conflicts, the following procedure is adopted:

- The Conflict of Interest Policy and these Guidelines will be distributed to all candidates seeking election or appointment to the Society and Foundation Board of Directors, Committees, and Task Forces.
- At the start of each new governance year, ASPS and PSF officers, Directors Trustees, Committee Chairs, Committee Members, and the Editors and Members of the Editorial Boards of the Plastic and Reconstructive Surgery Journal and Plastic and Reconstructive Surgery - Global Open will disclose all affiliations including outside interests, outside relationships, affiliations with other organizations, investments, compensation from other sources and institutional grants received as more specifically set forth in the Conflict of Interest Disclosure Statement.
- The President, the Executive Vice President and Chair of the Conflict of Interest Committee of the Society and the President of the Foundation shall review the conflict of interest disclosure statements and agenda in order to be alert to potential conflicts and to resolve conflicts wherever possible in advance of meetings of the Society and Foundation's Board and Executive Committee. The Committee or Task Force Chair, Vice Chair, and Staff Liaison shall review the conflict of interest disclosure statements and agenda in order to be alert to potential conflicts and to resolve conflicts wherever possible in advance of Committee and Task Force meetings.
- A listing of all Volunteer Leaders' affiliations will be distributed as part of the agenda materials for each meeting of the Board of Directors, Committee, or Task Force meeting.

- If a Volunteer Leader becomes affiliated with another organization, or ceases an affiliation, the Volunteer Leader should promptly update his/her COI Disclosure Statement and announce any changes in his or her affiliations at the next Board of Directors, Executive Committee, Committee or Task Force Meeting.
- Any member may raise a question about a possible conflict of interest of another member of the Board of Directors, Committee, or Task Force at any time. A Volunteer Leader may express his or her concern at any Board of Directors, Committee, or Task Force Meeting, or may notify the Chair of the Board of Directors, Committee, or Task Force, or Conflict of Interest Committee, or the Legal Counsel of his or her concern. Any concern directed to the COI Committee must be submitted in writing according to the COI Instructions for Filing a COI Inquiry.
- The Conflict of Interest Committee and/or Legal Counsel will recommend any necessary action to resolve a conflict of interest. The Conflict of Interest Committee and Legal Counsel may discuss their recommendations with the affected Volunteer Leader or with the Board of Directors, Executive Committee, Committee or Task Force, or with the Board of Trustees, as appropriate.
- The Board of Directors, Committee, or Task Force will be advised if the conflict of interest has been resolved with the affected Volunteer Leader. If the conflict is not resolved, additional steps will be taken consistent with these Governing Documents, including seeking the Volunteer Leader's resignation or, in appropriate circumstances, referring the matter to the Ethics Committee for its consideration.

<b>Policy Name:</b>	Policy on Conflicts of Interest
<b>Background / Purpose:</b>	This policy describes volunteer leaders' responsibilities to ensure that decisions made during board and committee meetings are made free from bias.
<b>Program Area or Business Line</b>	Governance
<b>Policy Sponsor (Staff Officer):</b>	Michael D. Costelloe, Executive Vice President
<b>Approving Body:</b>	ASPS/PSF Board of Directors
<b>Authorized Signatories:</b>	Scott Hollenbeck, MD, ASPS President and Alan Matarasso, MD, FACS, PSF President
<b>Effective Date of Policy:</b>	October 2015, reaffirmed December 2024
<b>Next Review Date:</b>	December 2027

**AMERICAN SOCIETY OF PLASTIC SURGEONS**  
**PLASTIC SURGERY FOUNDATION**

**Policy on Conflicts of Interest**

In order for the Society and Foundation to further the purposes for which they are organized and to maintain the excellent reputation in which they are held by the public and the medical profession, it is important that Society and Foundation decisions and actions not be influenced unduly by any special interests of individual members. The Society and Foundation depend upon their members to shape their policies and the actions of those members in shaping such policies must not be inappropriately affected by outside influences. Therefore, it has always been and continues to be important to identify actual or potential conflicts of interest which might improperly affect Society and Foundation activities and decisions. As the professional and business settings and relationships in which Society and Foundation members play significant roles become increasingly varied and complex, informal means of identifying actual or potential



conflicts of interest become increasingly inadequate. Accordingly, the Board of Directors of the Society and the Board of Directors of the Foundation have adopted this more formal system for the disclosure and evaluation of possible conflicts of interest.

**A. Definition of a Conflict of Interest.**

A conflict of interest is defined as an interest held by a member that could influence the member or be perceived as influencing the member to act contrary to the interests of the Society or the Foundation and for the member's own personal benefit or for the benefit of an immediate family member or business associate. For purposes of this policy an immediate family member is defined as a member's spouse, children, and parents.

**B. Duty to Disclose Conflicting Interests.**

Each officer, director, trustee, committee chair, committee member, task force chair, task force member, the editor and members of the editorial boards of the Plastic and Reconstructive Surgery Journal and Plastic and Reconstructive Surgery-Global Open and others holding leadership positions in the Society and Foundation, including the official delegates and designated alternates representing stakeholders in the ASPS Council of Representatives, shall disclose all actual or potential conflicts of interest which he or she may identify during the course of his or her service to the Society and Foundation. For the purposes of this document all of the forgoing individuals will be referred to by the term ("Volunteer Leader"). Sources of possible conflicting interests which must be disclosed include the following:

- (1) Interests which may affect economic transactions to which the Society or the Foundation is or may be a direct party. An example would be ownership by a Society or Foundation officer of a financial interest in a company from which the Society or Foundation makes purchases of goods or services.

(2) Interests which might cause a representative of the Society or Foundation to abuse a Society or Foundation position in order to achieve objectives which are inconsistent with the purposes of the Society or the Foundation. An example would be a Volunteer Leader holding a material financial interest in a company that competes with a company whose product is being reviewed by a Society or Foundation committee and/or an ineligible company which is defined by the ACCME as those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. There are some exceptions, such as, eligible non-profit or government organizations, non-health care related companies, and providers of clinical service directly to patients.

(3) Affiliations, including officer, director, committee and consulting positions, with organizations which have conflicting or dual goals or have competing business and professional interests or activities. Examples would include participation on the Board of a medical specialty society that conducts competing business activities such as coding and practice management workshops or sponsored insurance programs; participation on the board of a pharmaceutical company which advocates a reimbursement policy conflicting with that of the Society; serving as a consultant to a company that provides goods and services to Society members; or serving in an officer, director, trustee or committee position in another organization whose membership is comprised principally of surgeons certified by the American Board of Plastic Surgery.

(4) The receipt of research grants or similar contributions from commercial entities from which the Society or Foundation or its members obtain goods or services by

a Volunteer Leader or by the academic institutions or departments or practice groups with which the Volunteer Leader is affiliated.

(5) Other personal relationships, activities or interests that may impair an individual's objectivity or may inappropriately influence the individual's decisions or actions in Society or Foundation matters.

The foregoing examples are illustrative and should not be considered the only ones which might give rise to a conflict of interest. If in doubt, one should err on the side of full disclosure in order to permit an objective and impartial determination of the possible conflict by the Society and the Foundation.

### **Disclosure Statement**

Each Society officer, director, trustee, committee chair, committee member, task force chair, task force member, and the editor and each member of the editorial boards of the Plastic and Reconstructive Surgery Journal and Plastic and Reconstructive Surgery – Global Open and each Foundation officer, director and committee chairperson will be required to sign and submit to the Secretaries of the Society and the Foundation annual disclosure statements. Attached to this policy statement as Exhibit A is a copy of such disclosure statement. The Boards of Directors of the Society and Foundation may from time to time amend the content and form of the statement.

### **Resolving Conflicts**

#### **A. Recusal**

The ASPS President, the PSF President, the Executive Vice President and Chair of the Conflict of Interest Committee of the Society shall review the conflict of interest disclosure

statements and agenda in order to be alert to potential conflicts and to resolve conflicts wherever possible in advance of meetings of the Society and Foundation's Board.

The foregoing procedure shall also be followed by the Editorial Board and Committees of the Society and Foundation except that in the case of Committees, the Committee Chair and Vice Chair shall perform the functions performed by the President and the Staff Liaison shall perform the functions performed by the Executive Vice President.

When any matter comes before the Board of the Society, the Board of the Foundation, Committee or Task Force that has the potential to create a conflict for a Volunteer Leader, the affected Volunteer Leader shall make known the potential conflict, whether or not disclosed by his or her written disclosure statement. Disclosure should be made as soon as practicable to avoid any inadvertent harm to the Society or the Foundation. To ensure appropriate disclosure, a summary of the information disclosed by each Volunteer Leader, including financial data, will be provided to each Board, Committee, or Task Force member with the meeting agenda materials. The Volunteer Leader shall respond to any questions that might be asked by other members of the Board, Committee or Task Force.

The Presiding Officer, with the assistance of legal counsel, may request the Volunteer Leader to:

1. remain in the room, participate fully in the discussion involving the conflict but not vote;
2. remain in the room while the matter is being discussed but not speak or vote;
3. provide his or her opinion and leave the room while the matter is considered and voted upon;
4. remain out of the room while the matter is being considered and voted upon.

The Presiding Officer may also make other determinations related to the matter, including insulating the Volunteer Leader from documents that might be related, or calling for a closed vote.

If the Volunteer Leader disagrees with the ruling of the Presiding Officer or does not agree that a conflict exists, the matter will be referred to the Conflict of Interest Committee.

If the conflict of interest affects the Presiding Officer, the President-Elect (or Co-Chair or Vice Chair in the case of Committees and Task Forces) is empowered to act and to request that the Presiding Officer recuse himself or herself. The same procedures as outlined above will be followed if the Presiding Officer disagrees with the ruling of the President-Elect (or Co-Chair or Vice Chair). For the duration of the discussion and action on the matter, the President-Elect (or Co-Chair or Vice Chair) shall preside.

The minutes of the meeting shall reflect the disclosure of the potential conflict and any actions taken in response to the disclosure.

**B. Dissociation**

Dissociation refers to a Volunteer Leader severing a relationship with another organization which has conflicting or dual goals or has competing businesses or professional interests or activities and which, in the opinion of the Society, poses a sufficient conflict of interest to require such action. It is the policy of the Society that members of the Board of Directors refrain from relationships with Companies (as defined under the Society's Conflict of Interest Governing Principles) in which the Director endorses or otherwise publicly promotes a Company's products or services – whether for compensation, gratis or otherwise. For the avoidance of doubt, the foregoing prohibition means that members of the Society's Board of Directors shall not make public statements, including in their personal or professional capacity, which compare or make qualitative assessments of the comparative effectiveness of one Company's products or services to another, or directly or indirectly disparages or denounces a Company's products or services.

Identifying products or devices by name as with the scope of service offerings by the Director as a practicing plastic surgeon will generally not be considered public promotion. Research and scholarly publications, CME-compliant presentations, and objective, science-based statements aimed at patient safety and education, are generally permitted. It is recommended that personal opinions be disclosed as much. A member of the Board of Directors may seek the recommendation of the Conflict of Interest Committee regarding any proposed relationship and/or communication in accordance with the following paragraph. Violations of the foregoing policy will be handled in accordance with the ASPS/PSF Code of Conduct for Board Members.

Consideration of dissociation for a Volunteer Leader with an organizational conflict may be initiated by any member or by the Conflict of Interest Committee. A request initiated by a member will be provided to the Conflict of Interest Committee in writing together with the rationale supporting the request. The Conflict of Interest Committee either on its own initiative or after considering the request of the member will make a recommendation to the Board of Directors as to whether the Volunteer Leader is to sever his or her relationship with the organization or in the alternative resign his or her position as Director. A two-thirds (2/3) vote of the Board of Directors will be required to approve the recommendation of the Conflict of Interest Committee. If the Board of Directors decides upon dissociation or in the alternative resignation, the Volunteer Leader may appeal the decision to the Trustees where a two-thirds vote of the Trustees will be required to uphold the recommendation of the Conflict of Interest Committee as approved by the Board of Directors. The Trustees will have thirty (30) days after their review to make their decision, and their decision will be final and binding.

### **Activities Following Term**

A former Volunteer Leader's affiliation with another organization following his or her term raises a concern that the Volunteer Leader's prior affiliation with the ASPS might be used to promote the policies of such other organization. This situation could arise if the Society's name is used in connection with any policy of another organization, or if the former Volunteer Leader participates in public representation and advocacy for another organization.

A Volunteer Leader's activities following the end of the Volunteer Leader's term are restricted as indicated below.

(1) A former Volunteer Leader shall not use the ASPS name or his or her prior affiliation with the ASPS in any manner which would imply ASPS support or endorsement of policies or activities of another organization, without prior written approval from the ASPS/PSF Board of Directors.

(2) A former Volunteer Leader shall not use the ASPS name or his or her prior affiliation with the ASPS for commercial gain.

(3) A former Volunteer Leader shall not disclose confidential or proprietary information.

(4) A former Volunteer Leader shall refrain from disparaging the ASPS. However, the expression of differences or disagreements with ASPS policies or positions following the conclusion of a Volunteer Leader's term do not constitute disparagement.

### **Additional Guidance**

(1) In electing members to the Nominating Committee, an effort should be made to avoid multiple individuals from the same institution or geographic area being on the Nominating Committee.

- (2) The Education team should have a time definite within which they should receive disclosures from their Education faculty so that there is adequate time to review and resolve potential conflicts and so that the faculty members know the lead time required.

### **Conclusion**

Because proper disclosure by each individual Society and Foundation Volunteer Leader is essential, it is important to approach with the proper perspective the question of what types of circumstances call for disclosure. The purpose of this policy is not to discourage all involvement by Society and Foundation Volunteer Leaders in outside activities which might produce actual or potential conflicts with interests of the Society or the Foundation. Common sense should guide all decisions about what to disclose. One reasonable test is whether a particular interest or relationship, if disclosed to the full membership of the Society and Foundation would be likely to cause embarrassment for the Society or Foundation and/or the individual involved or evoke suspicion about the motives behind any Society or Foundation action.



**American Society of Plastic Surgeons  
Plastic Surgery Foundation**

**Conflict of interest disclosure statement by an officer, director, trustee, committee chair, committee member, task force chair, task force member, and the Editor and members of the Editorial Boards of Plastic and Reconstructive Surgery Journal and Plastic and Reconstructive Surgery – Global Open; and all accredited continuing medical education related persons involved with educational content, including committee members, activity chairs/co-chairs, planners, reviewers, presenters, faculty, moderators, authors, editors, staff, and others as applicable with the American Society of Plastic Surgeons and/or The Plastic Surgery Foundation; including affiliate and managed organizations.**

I, \_\_\_\_\_, hereby acknowledge that for each of the position(s) and/or role(s) I hold with the Society and/or the Foundation, including affiliate and managed organizations, I occupy a position of trust and that I am expected to act at all times in good faith and with loyalty to the Society and the Foundation. I have read the Conflict of Interest Policy and/or the CME Activity Conflict of Interest Policy of the Society and Foundation and support its intent. I declare that if any interest of mine or of any individual or entity with whom or with which I have a significant relationship conflicts with my duties and responsibilities to the Society or the Foundation or could be perceived as conflicting with those duties and responsibilities, I shall voluntarily disclose that conflicting interest. In furtherance of the foregoing, the following questions have been answered to the best of my knowledge and belief.

1. RELATIONSHIPS WITH BUSINESS CONCERNS AND SERVICE PROVIDERS: Identify any business entity (*ineligible company*) as defined that includes, but not limited to: produces, markets, sells or re-sells or distributes health care products, devices, services or therapies used to diagnose, treat, monitor, manage, alleviate or otherwise treat the health conditions or concerns of patients of society members or that provides goods and/or services to society members and/or their professional practices for which you currently serve or have served

in the preceding 24 months, as any of the following, but not limited to: as an officer, director, consultant, member of a speakers bureau, advisory committee member, review panel member, or other similar position, whether or not compensated, including your specific role or title.

Business Concern	Role / Title

2. AFFILIATIONS: List current memberships or memberships you have had in the preceding 24 months on any of the following, but not limited to: the board of directors, officer positions, editorial positions, committee positions or status as a paid or non-paid consultant or advisor in any health related association or other not for profit organization, specifically including professional associations comprised principally of plastic surgeons certified by the American Board of Plastic Surgery.

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3. FINANCIAL INTERESTS: List and describe all investment(s) and/or financial interest(s) held in the preceding 24 months, including the amount of such investment(s) and/or financial interest(s), in and business entity (*ineligible company*) as defined that includes, but not limited to: produces, markets, sells or re-sells, or distributes health care products, devices, services

and/or therapies used to diagnose, treat, monitor, manage, alleviate or otherwise address the health conditions or concerns of patients or that provides goods and/or services to Society members or their professional practices.

*Examples of financial relationships include: employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed.*

For purposes of this disclosure:

- Listing of public companies can be found here: [S&P500](#), [Dow30](#), [NASDAQ](#).
- Stock options shall be considered to be the ownership of an equity interest in a commercial entity even if they have not been exercised or are not currently exercisable.
- Financial support includes (but not limited to): salary, stock options, royalty arrangements, consulting fees, dividends, or payment for speaking arrangements (*exclusive of reimbursable travel costs*).
- There is no minimum financial threshold (\$0.00) regardless of the amount, with ineligible companies. Disclose all financial relationships regardless of the potential relevance of each relationship to the education.
- In the past 24 months, I HAVE had financial interests with business entity/ineligible companies as either individual stocks, stock options, and/or financial compensation. (If click this box, below drops down and becomes mandatory to fill out below)

- In the past 24 months, I have NOT had any financial interests with business entity/ineligible companies as either individual stocks, stock options, and/or financial compensation.

Investment/Company Name                      Public or Private Company                      Symbol/Ticker

Has the relationship ended? (yes/no)

Current Total Amount of Investment or Financial Interest

- \$100-\$1,000                       \$1,001-\$5,000                       \$5,001-\$10,000
- \$10,001-\$50,000                       \$50,001-\$100,000                       \$100,001-\$200,000
- \$200,001-\$500,000                       \$500,001-\$1,000,000                       \$1,000,001 or more

Type of Financial Interest (Select ALL That Apply)

- Compensation/Salary                      Stock Options                      Dividends                      Royalty Arrangement
- Consulting Fees                      Expert Witness Consulting Fees                      Payment for Speaking Engagement
- Employee/Owner                      Food & Beverage                      Gift                      Other

For any individual or entity with whom or with which I have a significant relationship:

List and describe all investment(s) and/or financial interest(s) held in the preceding 24 months, including the amount of such investment(s) and/or financial interest(s), in and business entity (*ineligible company*) as defined that includes, but not limited to: produces, markets, sells or re-sells, or distributes health care products, devices, services and/or therapies used to diagnose, treat, monitor, manage, alleviate or otherwise address the health conditions or concerns of patients or that provides goods and/or services to Society members or their professional practices.

- In the past 24 months, my immediate family member HAS had financial interests with business entity/ineligible companies as either individual stocks, stock options, and/or financial compensation.

- In the past 24 months, my immediate family member has NOT had any financial interests with business entity/ineligible companies as either individual stocks, stock options, and/or financial compensation.

Investment/Company Name                      Public or Private Company                      Symbol/Ticker

Has the relationship ended? (yes/no)

Current Total Amount of Investment or Financial Interest

- \$100-\$1,000                       \$1,001-\$5,000                       \$5,001-\$10,000
- \$10,001-\$50,000                       \$50,001-\$100,000                       \$100,001-\$200,000
- \$200,001-\$500,000                       \$500,001-\$1,000,000                       \$1,000,001 or more

Type of Financial Interest (Select ALL That Apply)

- Compensation/Salary                      Stock Options                      Dividends                      Royalty Arrangement
- Consulting Fees                      Expert Witness Consulting Fees                      Payment for Speaking Engagement
- Employee/Owner                      Food & Beverage                      Gift                      Other

4. INSTITUTIONAL GRANTS. List research grant(s) and similar contributions by health related business concerns and/or commercial entities from which the Society or Foundation or its members obtain goods and/or services to you individually or to the academic institution or department or practice group with which you are affiliated. Please identify current grants and similar contributions and those within the preceding 24 months. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

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5. OTHER: List any other interests or activities in which you or your immediate family are currently engaged or have been engaged in the preceding 24 months which might be regarded as constituting a conflict of interest or a potential conflict of interest.

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I acknowledge I have received and read the Conflict of Interest Policy and/or the CME Activity Conflict of Interest Policy and have an obligation to report to the Society or the Foundation promptly and in writing on any possible conflict of interest which comes to my attention in the future. I agree not to participate in Society or Foundation meeting discussions in which a matter in which I have a conflict of interest is addressed, unless requested to do so by the presiding officer. I further agree to accept and abide by the decision of the presiding officer that a conflict exists and that my participation in a meeting discussion should be appropriately limited. I further state that neither I, nor any member of my immediate family, have accepted gifts, gratuities or entertainment that might influence my judgment or actions concerning the business of the Society or the Foundation, nor while serving the Society or Foundation will I or any member of my immediate family accept such gifts, gratuities or entertainment.

Please note:

1. The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education.

2. Individuals who own stock (*not through a mutual fund or pension plan*) in privately held ineligible companies are considered owners or employees and therefore must be excluded from controlling content or participating as planners or faculty in accredited continuing education. There are three exceptions to this exclusion-employees of ineligible companies can participate as planners or faculty in these specific situations:

- a. When the content of the activity is not related to the business lines or products of their employer/company.
- b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
- c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Date: \_\_\_\_\_

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<b>Policy Name:</b>	CMSS Code for Interactions with Companies
<b>Background / Purpose:</b>	<p>The ASPS /PSF Board of Directors adopted the CMSS Code for Interactions with Companies (“CMSS Code”) in June 2015 and updated it to reflect that key society leaders have one year after election or appointment to terminate any Direct Financial Relationships.</p> <p>This document is incorporated into the Society’s COI Governing Documents as Appendix B. Further certain provisions of this document are reflected in the COI Governing document.</p>
<b>Program Area or Business Line</b>	Governance
<b>Policy Sponsor (Staff Officer):</b>	Michael Costelloe, Executive Vice President
<b>Approving Body:</b>	ASPS/PSF Board of Directors
<b>Authorized Signatories:</b>	Scott Hollenbeck, MD, ASPS President
<b>Effective Date of Policy:</b>	Adopted by ASPS/PSF Board June 2015, re-affirmed December 2024
<b>Next Review Date:</b>	December 2027



# CODE FOR INTERACTIONS WITH COMPANIES

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March 2011



Council of Medical  
Specialty Societies



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## CMSS Code for Interactions with Companies

### I. Preamble

Medical Specialty Societies play an important role in reaching out to 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 that help translate scientific and medical progress into the efficient delivery of effective medical care. Societies develop resources that guide our members in advancing medical care. Societies provide a forum for presenting new skills and scientific developments.

For-profit entities that develop, produce, market or distribute drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and alleviate health conditions,<sup>1</sup> referred to in this Code as “Companies,” also strive to help patients live longer and healthier lives. Companies invest resources to bring new drugs, devices and therapies out of the laboratory and to the patient while maximizing value for shareholders.

Members and patients count on Societies to be authoritative, independent voices in the world of science and medicine. Public confidence in our objectivity is critical to carrying out our mission. We know the public relies on us to minimize actual and perceived conflicts of interest. The Council of Medical Specialty Societies (CMSS) believes every Society must be sure its interactions with Companies meet high ethical standards.<sup>2</sup>

Societies’ interactions with Companies may include receiving charitable contributions, applying for grants in support of programmatic activities, and conducting a range of business

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<sup>1</sup> See Advanced Medical Technology Association (AdvaMed): Code of ethics on interactions with health care professionals. <http://www.advamed.org/MemberPortal/About/code/>. Accessed May 4, 2009; Accreditation Council for Continuing Medical Education. Definition of commercial interest. [http://www.accme.org/index.cfm/fa/Policy.policy/Policy\\_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm](http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm). Accessed December 17, 2009.

<sup>2</sup> Lo B. Field MJ (eds): Conflict of interest in medical research, education and practice. Washington, DC, National Academies Press, 2009.



# Council of Medical Specialty Societies

transactions.<sup>3</sup> In all of these interactions, Societies are committed to acting with integrity and transparency.

We adopt this Code to reinforce the core principles that help us maintain actual and perceived independence. Adopting this Code helps to ensure that a Society's interactions with Companies will be for the benefit of patients and members and for the improvement of care in our respective specialty fields.

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<sup>3</sup> This Code does not address a Society's interactions with non-profit entities or entities outside of the healthcare sector.



## 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.<sup>4</sup> In Spring 2009, at the request of the CEOs of the CMSS member organizations, the CMSS Board of Directors charged the CMSS Task Force on Professionalism and Conflicts of Interest (“Task Force”) with developing and recommending a voluntary “code of conduct” for Medical Specialty Societies to “enhance professionalism and to disclose, manage, and resolve relationships with industry.” For nearly one year, Task Force representatives from more than 30 Member Organizations worked collaboratively to draft a document in response to this charge. In the Spring of 2010, the Task Force recommended the CMSS Code for Interactions with Companies to the CMSS Council for adoption. The Code was officially adopted by CMSS on April 17, 2010. Modest revisions to the Code were adopted by CMSS on March 19, 2011.

The purpose of the Code is to guide Societies in the development of policies and procedures that safeguard the independence of their programs, policies, and advocacy positions. Because Societies can vary in their activities and corporate structures, these policies and procedures

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<sup>4</sup> The following organizations are CMSS Member Societies: American Academy of Allergy, Asthma & Immunology (AAAAI); American Academy of Dermatology (AAD); American Academy of Family Physicians (AAFP); American Academy of Hospice and Palliative Medicine (AAHPM); American Academy of Neurology (AAN); American Academy of Ophthalmology (AAO); American Academy of Otolaryngology-Head and Neck Surgery (AAOHNS); American Academy of Pediatrics (AAP), American Academy of Physical Medicine & Rehabilitation (AAPMR); American College of Cardiology (ACC); American College of Chest Physicians (ACCP); American College of Emergency Physicians (ACEP); American College of Medical Genetics (ACMG); American College of Obstetricians & Gynecologists (ACOG); American College of Occupational and Environmental Medicine (ACOEM); American College of Physicians (ACP); American College of Preventive Medicine (ACPM); American College of Radiology (ACR); American College of Rheumatology (ACR); American College of Surgeons (ACS); American Geriatrics Society (AGS); American Medical Informatics Association (AMIA); American Psychiatric Association (APA); American Society for Clinical Pathology (ASCP); American Society for Reproductive Medicine (ASRM); American Society for Radiation Oncology (ASTRO); American Society of Clinical Oncology (ASCO); American Society of Colon and Rectal Surgeons (ASCRS); American Society of Hematology (ASH); American Society of Plastic Surgeons (ASPS); American Urological Association (AUA); North American Spine Society (NASS); Society of Critical Care Medicine (SCCM); Society of Hospital Medicine (SHM); Society of Neurological Surgeons (SNS); Society of Nuclear Medicine (SNM); Society of Thoracic Surgeons (STS).



# Council of Medical Specialty Societies

need not be uniform. Each Society that chooses to sign on to the Code is encouraged to adopt policies and procedures that are tailored to meet its individual organizational needs. Societies may choose to adopt policies that are more rigorous than the Code.

The Code is divided into Principles and Annotations. The Principles state what is expected of Societies that sign on to the Code. The Principles are expected to remain relatively constant, and may be changed only by the CMSS Board of Directors. The Annotations, on the other hand, reflect CMSS' current interpretation of a given Principle. An Annotation may explain the purpose of a Principle, or give examples of Society policies and safeguards that are consistent with the Code. Annotations may be clarified periodically by CMSS in response to questions or to changes in the landscape of Society-Company interactions.



## III. Definitions

*The following terms are defined for purposes of this Code. CMSS recognizes that some of these terms may be used or defined differently by individual Societies or outside groups. Some of these terms refer to types of interactions in which Societies may engage with non-profit organizations and individuals as well as with Companies. They are defined here in terms of for-profit Companies in order to create a common vocabulary for the Principles under this Code.*

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

**Business Transaction:** A Business Transaction is an interaction between a Society and a Company in which a Company pays a fee to the Society in exchange for the Society's item, service, or product. Examples of Business Transactions include Company payment of fees associated with subscriptions to Society publications, Advertising in Society publications, registrations for Society meetings, and exhibit space rental.

**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 systematically developed statement to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances.<sup>5</sup> As used in this Code, the term Clinical Practice Guideline also refers to medical technology assessments, clinical opinions, and other evidence-based clinical practice tools, as well as updates to existing Clinical Practice Guidelines ("Guideline

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<sup>5</sup> Lohr KN, Field MJ: A provisional instrument for assessing clinical practice guidelines, in Field MJ, Lohr KN (eds): Guidelines for clinical practice: From development to use. Washington, D.C., National Academy Press, 1992, p 346.





Updates”). Societies will determine whether the term Clinical Practice Guidelines applies to clinical performance measures and safety standards developed by the Society.

**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.<sup>6</sup> This definition is not intended to include non-profit entities, entities outside of the healthcare sector, or entities through which physicians provide clinical services directly to patients. However, a Society may choose to adopt a broader definition of “Company” if doing so would better address the Society’s interactions.

**Continuing Medical Education (CME):** CME consists of educational activities for which the learner may receive CME credit (e.g. American Medical Association (AMA) Physician’s Recognition Award Credit, American Academy of Family Physicians (AAFP) Prescribed or Elective Credit, American Osteopathic Association (AOA) Credit – various categories) based on accreditation awarded to the continuing education provider by a recognized accrediting body (e.g., Accreditation Council for Continuing Medical Education (ACCME), AOA, AAFP). CME activities “serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.”<sup>7</sup> For purposes of this Code, educational activities for physicians and other health care providers that are not CME-accredited are considered Non-CME Educational/Informational Programs.

**Corporate Sponsorship:** A Corporate Sponsorship is an arrangement in which a Company, typically through its marketing department, provides monetary or in-kind support for a particular Society product, service, or event, and is then acknowledged in connection with the

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<sup>6</sup> See Advanced Medical Technology Association (AdvaMed): Code of ethics on interactions with health care professionals. <http://www.advamed.org/MemberPortal/About/code/>. Accessed May 4, 2009; Accreditation Council for Continuing Medical Education (ACCME): Definition of commercial interest. [http://www.accme.org/index.cfm/fa/Policy.policy/Policy\\_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm](http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm). Accessed December 17, 2009.

<sup>7</sup> Accreditation Council for Continuing Medical Education (ACCME): CME content. [http://www.accme.org/index.cfm/fa/Policy.policy/Policy\\_id/16f1c694-d03b-4241-bd1a-44b2d072dc5e.cfm](http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/16f1c694-d03b-4241-bd1a-44b2d072dc5e.cfm). Accessed October 25, 2009; American Medical Association (AMA): The Physician Recognition Award and credit system. <http://www.ama-assn.org/ama1/pub/upload/mm/455/pr2006.pdf>. Accessed December 18, 2009.





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product, service or event. Corporate Sponsorships are distinct from Educational Grants, and do not constitute Commercial Support of CME. For purposes of this Code, Corporate Sponsor refers to a Company that provides a Corporate Sponsorship.

**Direct Financial Relationship:** A Direct Financial Relationship is a relationship held by an individual 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. As used in this Code, the term Direct Financial Relationship does not mean stock ownership or intellectual property licensing arrangements. See Principle 1.4 for additional clarification of the meaning of Direct Financial Relationship.

**Educational Grant:** An Educational Grant is a sum awarded by a Company, typically through its grants office, for the specific purpose of supporting an educational or scientific activity offered by the Society. Educational Grants awarded by a Company to support a CME activity are referred to in the ACCME Standards for Commercial Support as "Commercial Support" of CME.<sup>8</sup> An Educational Grant may also be "in-kind."

**Key Society Leaders:** At a minimum, and for purposes of this Code, the Key Society Leaders are 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).<sup>9</sup>

**Medical Specialty Society:** A Medical Specialty Society (or Society) is a non-profit organization whose membership includes predominantly physicians who practice in a specific medical specialty or sub-specialty that seeks to further the medical specialty, to advance the interests and education of individuals engaged in the specialty, to improve patient care, and to provide information for patients and the general public. Societies may have different corporate structures and encompass several affiliated legal entities. If a function described in the Code is

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<sup>8</sup> Accreditation Council for Continuing Medical Education (ACCME): Standards for commercial support. [http://www.accme.org/dir\\_docs/doc\\_upload/68b2902a-fb73-44d1-8725-80a1504e520c\\_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf). Accessed December 17, 2009.

<sup>9</sup> See definition of Society Journal.



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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. Each Society should decide independently how best to comply with the Code in light of its corporate structure.

**Non-CME Informational/Educational Program:** A Non-CME Informational/Educational Program is a program offered by a Society, Company or other third party that provides educational or promotional information and does not offer CME 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.

**Satellite CME Symposium:** A Satellite CME Symposium is a Company-supported CME program held as an adjunct to a Society meeting where CME credit for the Symposium is provided by a third party CME provider, and for which the Society receives a fee.

**Society CME:** Society CME refers to CME programs that are planned by a Society and for which the Society, as an accredited CME provider, provides CME credit.

**Society Journal:** A Society Journal is a peer-reviewed scientific journal published by a Society or by a publisher on a Society's behalf.



## IV. Principles for Interaction

### 1. 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.

*Annotation: These policies need not be uniform; rather, each Society's policies can be tailored to fit its individual organizational needs. Societies should make these policies available to the public (See Principle 2.1).*

*If a Society collaborates with a Company on a project or utilizes a Company's product or service, there will be an arms-length business relationship between the Society and the Company. The Society will apply its independent judgment to the arrangement and will not allow the Company to control content or project decisions.*

- 1.2.** Societies will separate their efforts to seek Educational Grants, Corporate Sponsorships, Charitable Contributions, and support for Research Grants from their programmatic decisions.

*Annotation: The initial step in program development is the independent assessment by a Society that a program is needed (e.g., to address gaps in care or knowledge). Once a Society determines that a program is needed, it is permissible to assess the availability of funds.*

- 1.3.** Societies will identify the high-level group responsible for guiding Society interactions with Companies.

*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 created for this purpose.*

- 1.4.** No Key Society Leader, defined for purposes of this Code as the Presidential-level officers of a Society's membership organization (e.g., the President, President-Elect, and Immediate Past President as applicable), the chief executive officer of a Society's



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membership organization, and the Editor(s)-in-Chief of Society Journal(s), may have Direct Financial Relationships with Companies during his or her term of service.

*Annotation: Each Society may set a reasonable period: one year after election or appointment for Key Society Leaders to terminate any Direct Financial Relationships. These relationships should be disclosed and managed in accordance with Principles 2.3 and 2.4.*

*Under Principle 1.4, a Key Society Leader may provide uncompensated service to Companies and accept reasonable travel reimbursement in connection with those services. A Key Society Leader may accept research support as long as grant money is paid to the institution (e.g., academic medical center) or practice where the research is conducted, not to the individual. A Key Society Leader may receive wages or other compensation from a Company in exchange for providing or overseeing the provision of health services to Company personnel. A Key Society Leader may accept reasonable compensation for serving on an independent data safety monitoring board in a Company study. A Key Society Leader may own stock or stock options in a Company. A Key Society Leader may receive royalties or similar fees relating to patents or other intellectual property. While permitted under Principle 1.4, all such relationships should nevertheless be disclosed and managed in accordance with Principles 2.3 and 2.4.*

*If a Key Society Leader receives stock or stock options from a Company as wages, consulting fees, honoraria, or other compensation (other than permitted payments as described in the prior paragraph), this is considered a Direct Financial Relationship. If a Key Society Leader directs a Company honorarium or other fee to the Society, a charity, or another entity, this is considered a Direct Financial Relationship.*

*See the definition of "Direct Financial Relationship" for additional information relating to Principle 1.4. See Principles 5.2.5 and 5.4.4 for additional limitations on the relationships of Key Society Leaders.*

- 1.5.** Societies will use written agreements with Companies for Educational Grants, Corporate Sponsorships, Charitable Contributions, Business Transactions, and support of Research Grants.



*Annotation: Good business practices require that funds accepted from Companies be associated with written agreements that specify what the funds are for, the amount given, and the separate roles of the Company and the Society. Such agreements show that a transaction is “arms length,” establish clear parameters for the use of funds, and affirm the independence of the Society.*

*To help Societies comply with this Principle, CMSS will develop customizable agreement templates or standard clauses to serve as a model for Societies’ written agreements. Societies may choose to use these templates or create their own agreements independently.*

## **2. Transparency**

- 2.1.** Societies will make their conflict of interest policies and/or forms available to their members and the public.

*Annotation: Transparency is a key element in fostering confidence in Societies’ independence. Societies should make disclosure forms and policies adopted under Principle 1.1 of this Code available to the public. Societies may choose to make internal conflict of interest 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.

*Annotation: With the support of CMSS, Societies will work together, along with other appropriate stakeholders, to develop a consistent template for disclosure of Company support received by a Society. Generally, disclosure fields should include the name of the Company, the category of support (e.g., Educational Grant, Corporate Sponsorship, Charitable Contribution), the time period of the support, and the dollar amount or range. Some Societies may also decide to disclose information related to Business Transactions, support from donors outside of the for-profit healthcare sector, support from non-profit organizations, and support from individual donors.*

- 2.3.** Societies will adopt written disclosure policies for Key Society Leaders, Board members, committee members and others who serve on behalf of the Society, and will use the





disclosed information to manage conflicts of interest in decision-making. Societies will require volunteers to update disclosure information at least annually and when material changes occur.

*Annotation: CMSS will support and participate in efforts to arrive at a consistent scope and format for individual disclosure across multiple organizations and activities.*

*Societies can manage conflicts of interest in a variety of ways. In some cases, disclosure is sufficient. Additional conflict of interest management mechanisms such as recusal, peer review, and CME session audits may be appropriate. Societies should select conflict of interest management mechanisms that are appropriate for the activity and type of relationship under consideration.*

- 2.4** Societies will disclose all financial and uncompensated relationships that Key Society Leaders and members of the Board of Directors of the Society's membership organization have with Companies, making this information available to their members and the public.

*Annotation: With the support of CMSS, Societies will work together, along with other appropriate stakeholders, to develop a consistent template for disclosure of these relationships. Generally, disclosure fields should include employment, consulting or advisory arrangements, stock ownership, honoraria, research funding paid to an individual's institution or practice, expert testimony, and gifts.*

*A Society is not required to disclose the relationships of Board members elected prior to the time the Society signs on to the Code.*

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

- 3.1.** Societies will control the use of Charitable Contributions in a manner that is aligned with the Society's strategic plan and mission.<sup>10</sup>
- 3.2.** Societies will decline Charitable Contributions where the Company expects to influence Society programs or advocacy positions, or where Company restrictions would

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<sup>10</sup> See Definition of Society for discussion of the role of affiliated foundations.



influence Society programs or advocacy positions in a manner that is not aligned with the Society's mission.

- 3.3.** Societies will adhere to applicable tax rules and legal standards for acceptance of Charitable Contributions and management of institutional funds.
- 3.4.** Reasonable 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 determining research topics).*

- 3.5.** Societies will adopt policies for consistent and appropriate recognition of donors.

*Annotation: Donor recognition is a universal part of fundraising and should be conducted with appropriate limitations. For example, donors can be recognized in print materials, in private or public ceremonies, and with banners or other visible displays. Recognition should not be provided in a manner that implies donor influence over Society programs or advocacy positions (See Principle 1.1).*

## **4. Accepting Corporate Sponsorships**

- 4.1.** Societies will only accept Corporate Sponsorship of an item or program if the item or program is aligned with the Society's strategic plan and mission.
- 4.2.** Societies will make reasonable efforts to seek multiple Corporate Sponsors for sponsored items or programs.

*Annotation: In addition to or instead of seeking multiple Corporate Sponsors for sponsored items or products, Societies may seek support from sources outside of the for-profit healthcare sector.*



- 4.3.** Societies will not place the names or logos of Companies or products on Society-distributed, non-educational “reminder” items (e.g., tote bags, lanyards, highlighters, notebooks, and luggage tags) that Companies are not permitted to give directly to healthcare professionals under generally accepted standards for ethical interactions (i.e., PhRMA Code, AdvaMed Code).

*Annotation: The Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals and the Advanced Medical Technology Association (AdvaMed) Code of Ethics on Interactions with Health Care Professionals do not permit Companies to give promotional, non-educational “reminder” items directly to healthcare professionals.<sup>11</sup> In support of these standards, Societies should not permit the placement of Company names or logos on Society-distributed reminder items.*

## **5. Society Meetings**

### **5.1. Society Educational and Informational Programs**

- 5.1.1.** When providing Society CME, Societies will comply with ACCME Standards for Commercial Support, including by adopting policies and procedures designed to identify and manage conflicts of interest in Company-supported Society CME programs.

*Annotation: Societies should adopt policies and procedures for managing the relationships of individuals who plan, carry out, or contribute to the content of Society CME activities. Adopting and rigorously enforcing these policies precludes Company influence over Society CME content.*

- 5.1.2.** In providing Society CME, Societies will not seek support for product-specific topics.

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<sup>11</sup> See Pharmaceutical Research and Manufacturers of America (PhRMA): Code on interactions with healthcare professionals. <http://www.phrma.org/files/attachments/PhRMA%20Marketing%20Code%202008.pdf>. Accessed March 9, 2010; Advanced Medical Technology Association (AdvaMed): Code of ethics on interactions with health care professionals. <http://www.advamed.org/MemberPortal/About/code/>. Accessed May 4, 2009.





*Annotation: Where the purpose of a Society CME session 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 that develop, produce, market, or distribute that drug, device, service or therapy. In accordance with ACCME Standards, a Society may accept in-kind support from a single Company when other equal but competing products or services are not available for inclusion.*

- 5.1.3.** Societies will make reasonable efforts to achieve a balanced portfolio of support for each Society CME program.

*Annotation: Societies will make reasonable efforts to seek multiple sources of support for Society CME programs, including support from Companies, support from organizations outside the for-profit healthcare sector, and tuition from attendees.*

- 5.1.4.** Societies will retain control over the use of Educational Grants and implement safeguards designed to ensure that educational programs are non-promotional and free from commercial influence and bias.
- 5.1.5.** Societies will appoint their own planning committees to select the objectives, content, faculty, and format of educational activities in a manner that is consistent with their organizational missions.
- 5.1.6.** Societies will not solicit Companies' suggestions about program topics, speakers, or content.

*Annotation: This restriction would not prevent Societies from assessing the availability of funds for a program in accordance with Principle 1.2.*

- 5.1.7.** Societies will prohibit presenters from using Company-controlled presentation materials, and from using slides with Company logos.
- 5.1.8.** Societies will require presenters to give a balanced view of therapeutic options, and will encourage presenters to use generic names in place of product trade names.



- 5.1.9.** Societies will clearly distinguish their Non-CME Informational/Educational Programs from Society CME.

## **5.2.CME-Accredited Satellite Symposia**

- 5.2.1.** Societies will require Satellite CME Symposia<sup>12</sup> to undergo an application and selection process.

- 5.2.2.** Societies will require Satellite CME Symposia to comply with ACCME Standards.

*Annotation: Societies can best implement Principle 5.2.2. by requiring written agreements with third party CME providers. Written agreements should also include consequences for non-compliance.*

*To minimize the potential for bias in Satellite CME Symposia, Societies may also consider the following best practices:*

- 1. Requiring presentations to be evidence-based;*
- 2. Requiring peer review of slide presentations in advance;*
- 3. Prohibiting presenters who disclose unmanageable conflicts from making practice recommendations. These presenters may present on general topics only (e.g., pathophysiology, research data). An additional speaker without unmanageable conflicts may be added to the program to make practice recommendations instead.*
- 4. Requiring presentations to be monitored by reviewers trained to recognize bias.*

- 5.2.3.** Societies will ensure that Satellite CME Symposia are clearly distinguished from Society CME in Society meeting programs and promotional materials.

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<sup>12</sup> See Definition of Satellite CME Symposium. Based on the definition of Satellite CME Symposium, Section 5.2 of the Code does not apply to programs that are held adjunct to Society meetings but (1) are not Company-supported; (2) are not CME accredited; or (3) for which Societies do not receive a fee.



- 5.2.4. Societies will require third party organizers of Satellite CME Symposia to use appropriate disclaimers to distinguish the Symposia from Society CME programs in Symposia advertising and program materials.
- 5.2.5. Societies will not permit Key Society Leaders (as defined above) to participate in Satellite CME Symposia and non-CME industry-sponsored events as faculty members, presenters, chairs, consultants, or in any other role besides that of an attendee who receives no honoraria or reimbursement. Exceptions would be adjudicated by the to-be-formed Conflict of Interest Committee. Key Society Leaders can participate in CME meetings that are not ASPS meetings.

*Annotation: See Principle 1.4 for additional limitations on the relationships of Key Society Leaders.*

### **5.3. Company Informational/Educational Programs**

- 5.3.1. Societies will require Company Informational/Educational Programs to be clearly distinguished from CME.

*Annotation: Through the Company's use of appropriate disclaimers in advertising and informational materials, attendees of Non-CME Informational/Educational Programs should be able to easily ascertain that the Programs are not CME accredited.*

### **5.4. Exhibits**

- 5.4.1. Societies will adopt written policies that govern the nature of exhibits and the conduct of exhibitors, including by requiring exhibitors to comply with applicable laws, regulations, and guidance.

*Annotation: Society policies can place limits on exhibits and exhibitor conduct (e.g., booth décor, size, and activities) to ensure that the tone of the exhibit hall is professional in nature. Policies should be provided to exhibitors and made available to others upon request.*

- 5.4.2. Societies will only permit exhibitor giveaways that are educational and modest in value.



*Annotation: The requirement that Company giveaways be educational (for physicians or patients) and modest in value originates in the standards for ethical interactions set out by AMA, PhRMA, and AdvaMed. The educational giveaway requirement stated in Principle 5.4.2 applies equally to Companies that have signed on to the PhRMA or AdvaMed Codes and those that have not. This approach allows Societies to place all Company exhibitors on an even playing field.*

*Principle 5.4.2 does not apply to non-profit exhibitors or to exhibitors outside of the healthcare sector. However, Societies may apply these requirements more broadly at their individual discretion.*

- 5.4.3.** Societies will make reasonable efforts to place exhibit booths out of attendees' obligate path to Society CME sessions.
- 5.4.4.** Key Society Leaders may not participate as leaders or presenters in Company promotional/marketing events held in exhibit space.

*Annotation: Participation of Key Society Leaders in Company promotional or marketing events has the potential to create the perception that the Society endorses a particular Company or product. In order to avoid this perception, Societies should prohibit Key Society Leaders from participating as leaders or presenters, and may consider extending this restriction to the entire Board of Directors.*

*See Principle 1.4 for additional limitations on the relationships of Key Society Leaders.*

## **6. Awarding of Research Grants**

- 6.1.** Societies will not permit Companies to select (or influence the selection of) recipients of Research Grants.
- 6.2.** Societies will appoint independent committees to select recipients of Research Grants based on peer review of grant applications.



- 6.3.** Societies will not require recipients of Research Grants to meet with Company supporters.

*Annotation: An individual, institution or practice that receives a Research Grant may publicly acknowledge the Company that supported his or her Research Grant, if known. Research Grant recipients may be required to disclose known Company support in connection with the presentation or publication of grant-funded research.*

- 6.4.** Societies will not permit Companies that support Research Grants to receive intellectual property rights or royalties arising out of the grant-funded research.
- 6.5.** Societies will not permit Companies that support Research Grants to control or influence manuscripts that arise from the grant-funded research.
- 6.6.** If a Society receives programmatic support (e.g., an Educational Grant or Charitable Contribution) 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.

## **7. Clinical Practice Guidelines**

- 7.1.** Societies will base Clinical Practice Guidelines on scientific evidence.

*Annotation: Many Societies develop and publish Clinical Practice Guidelines, medical technology assessments, and other clinical practice opinions in order to meet their members' needs for tools that help improve the quality and effectiveness of patient care. The credibility and authority of Society Guidelines depends on a common understanding that Guidelines are developed through a rigorous independent process, based on the best available scientific evidence. Societies may refer to published criteria for rating studies and other evidence, or may use another recognized means of characterizing the strength of medical evidence.*

*The definition of Clinical Practice Guidelines in this Code includes "other clinical practice tools." Some Societies develop and publish measures or standards for quality, safety, or other types of performance. Performance measures may apply to clinical care, research or other professional activities. To underscore the credibility of its performance measures, a Society may choose to treat them as Clinical Practice Guidelines for*





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*purposes of this Code, applying the standards for independence and transparency set out in this Principle 7.*

- 7.2.** Societies will follow a transparent Guideline development process that is not subject to Company influence. For Guidelines and Guideline Updates published after adoption of the Code, Societies will publish a description of their Guideline development process, including their process for identifying and managing conflicts of interest, in Society Journals or on Society websites.

*Annotation: Healthcare providers, payors, and patients regard Society Clinical Practice Guidelines as an important source of information from experts in the field. Societies must therefore take steps to ensure that Guidelines are free from commercial bias and Company influence.*

- 7.3.** Societies will not permit direct Company support of the development of Clinical Practice Guidelines or Guideline Updates.

*Annotation: Societies will not accept Corporate Sponsorship, Educational Grants, Charitable Contributions, support of Research Grants, or any other direct Company support of Guideline development activities. Company support of the overall mission-based activities of a Society is not considered direct support of Guideline development. This also includes Journal supplements.*

- 7.4.** Societies will not permit direct Company support for the initial printing, publication, and distribution of Clinical Practice Guidelines or Guideline Updates. After initial development, printing, publication and distribution is complete, it is permissible for Societies to accept Company support for the Society's further distribution of the Guideline or Guideline Update, translation of the Guideline or Guideline Update, or repurposing of the Guideline content.

*Annotation: After initial development, printing, publication, and distribution of a Guideline or Guideline Update is complete, it is permissible for a Society to engage in Business Transactions where Companies purchase Guideline reprints or license Guideline content for translation or repurposing. A Society may choose to require a written statement with the purchased or licensed material, acknowledging the*



*Company's role and describing the independent nature of the Society's Guideline development process.*

- 7.5.** Societies will require all Guideline development panel members to disclose relevant relationships prior to panel deliberations, and to update their disclosure throughout the Guideline development process.
- 7.6.** Societies will develop procedures for determining whether financial or other 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. An independent Conflict of Interest Committee will evaluate and make determinations related to potential conflicts.

*Annotation: For example, Societies may decide not to permit panel members with conflicts of interest to draft text or vote on panel recommendations.*

- 7.7.** Societies will require that a majority of Guideline development panel members are free of conflicts of interest relevant to the subject matter of the Guideline.

*Annotation: If Guideline development panel members and chairs (see Principle 7.8) have conflicts of interest at the time of adoption of the Code, a Society may permit these individuals to remain actively involved in drafting the Guideline. However, each panel for which this exception is made must meet the requirements of Principle 7.7 by the time of the next Guideline Update. For the minority of panel members who are not free of conflicts, Societies will apply procedures for disclosure and conflict of interest management developed in accordance with Principles 7.5 and 7.6.*

- 7.8.** Societies will require the panel chair (or at least one chair if there are co-chairs) to be free of conflicts of interest relevant to the subject matter of the Guideline, and to remain free of such conflicts of interest for at least one year after Guideline publication.

*Annotation: In addition to minimizing potential conflicts, remaining free of conflicts of interest helps to ensure that a panel chair remains eligible to participate in subsequent Guideline Updates.*



**7.9.** Societies will require that Guideline recommendations be subject to multiple levels of review, including rigorous peer-review by a range of experts. Societies will not select as reviewers individuals employed by or engaged to represent a Company.

*Annotation: As part of their published Guideline development processes, Societies will seek critical feedback on draft Guidelines from independent reviewers. These may include subject matter experts, healthcare practitioners, biostatisticians, and patient representatives, among others.<sup>13</sup> Societies may permit public or member comment on draft Guidelines as a part of a published Guideline development process.*

**7.10.** 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.

**7.11.** Guideline manuscripts will be subject to independent editorial review by a journal or other publication where they are first published.

*Annotation: Editorial review provides an additional safeguard independent of a Society's Guideline development and approval process.*

**7.12.** Societies will publish Guideline development panel members' disclosure information in connection with each Guideline and may choose to identify abstentions from voting.

**7.13.** Societies will require all Guideline contributors, including expert advisors or reviewers who are not officially part of a Guideline development panel, to disclose financial or other substantive relationships that may constitute conflicts of interest.

*Annotation: To identify and manage conflicts of interest among contributors, advisors, and reviewers, Societies should follow similar procedures as those applied to the Guideline development panel. Societies collaborating with or seeking input from*

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<sup>13</sup> The AGREE Collaboration: Development and validation of an international appraisal instrument for assessing the quality of clinical practice guidelines: the AGREE project. *Quality and Safety in Health Care* 2003; 12(1): 18-23.





*outside organizations on guideline development should investigate the conflict of interest standards of those organizations.*

- 7.14.** 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.

*Annotation: A period of at least one year is recommended. An affected company is one that is reasonably likely to be positively or negatively affected by care delivered in accordance with the Guideline.*

Societies will not permit Guideline development panel members or staff to discuss a Guideline's development with Company employees or representatives, will not accept unpublished data from Companies, 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.

## **8. Society Journals**

- 8.1.** A Society Journal will maintain editorial independence from the Society and from Advertisers.

*Annotation: In general, a firewall separates the editorial decisions of a Society Journal from Society governance and operations. Editorial independence should be consistent with accepted standards for medical publishing, such as those established by the International Committee of Medical Journal Editors (ICMJE) and the World Association of Medical Editors (WAME).<sup>14</sup>*

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<sup>14</sup> International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals: Ethical considerations in the conduct and reporting of research: Editorship. [http://www.icmje.org/ethical\\_2editor.html](http://www.icmje.org/ethical_2editor.html). Accessed October 20, 2009; World Association of Medical Editors: The responsibilities of medical editors. <http://www.wame.org/resources/policies#responsibilities>. Accessed October 20, 2009.



- 8.2.** Society Journals will require all authors to disclose financial and other relationships with Companies.

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

- 8.3.** Society Journals will require editors and reviewers to disclose financial and other relationships with Companies.

*Annotation: Each Society Journal will publish its editors' disclosure information on its website.*

- 8.4.** The Editor-in-Chief of each Society Journal will have the ultimate responsibility for determining when a conflict of interest should disqualify an 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>15</sup>*

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

## **9. Standards for Advertising**

- 9.1.** Societies will adopt written policies that set standards for Advertising.

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<sup>15</sup> International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals: Ethical considerations in the conduct and reporting of research: Conflict of interest. [http://www.icmje.org/ethical\\_4conflicts.html](http://www.icmje.org/ethical_4conflicts.html). Accessed March 8, 2010; World Association of Medical Editors: Conflict of interest in peer-reviewed medical journals. <http://www.wame.org/conflict-of-interest-in-peer-reviewed-medical-journals>. Accessed March 9, 2010.



*Annotation: Advertising in all Society publications should be easily distinguishable from editorial content (e.g., through labels and color-coding). Advertising should not be designed to look like scientific articles. In Society Journals, the placement of Advertising adjacent to articles or editorial content discussing the Company or product that is the subject of the ad should be prohibited. Advertising in Society Journals should be subject to review by the Editor-in-Chief and overseen by the Society. Society Journals and other Society publications that publish Advertising for CME activities or provide activities through which readers can earn CME credits should also comply with ACCME requirements for Advertising set out in the Standards for Commercial Support.*

## **10. Standards for Licensing**

- 10.1.** Societies will adopt written standards for licensing that are intended to prevent misuse, unintended use, and modification of licensed materials, prohibit modification of licensed materials in a way that would change their meaning, and prohibit use of Society trademarks to imply Society endorsement of Company products or services.



## **V. Adherence to 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 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 should adopt policies and procedures to guide Society-Company interactions in accordance with the Code. Societies will interpret and implement the Code in the context of their organizational structure and their policies and procedures.

Societies that sign on to the Code are encouraged to comply with as many Principles as possible at the time they sign on, and should set a reasonable timeframe for adopting the policies and procedures required to comply with any remaining Principles. At their individual discretion, Societies may choose to adopt policies that are more rigorous than the Code.

Societies should regularly evaluate their success in adhering to the Code. Societies will be encouraged to affirm annually to CMSS that they continue to adhere to the Code. Societies that affirm that they adhere to the Code will continue to be identified on the CMSS website.

Any comments received by CMSS relating to a Society's adherence to the Code will be referred to the Society.

Questions about the Code may be addressed to CMSS. CMSS will not interpret the Code on an individual basis. However, CMSS may periodically gather its members' views and update the Annotations, or publish answers to "frequently asked questions."



Council of Medical  
Specialty Societies

## **CODE FOR INTERACTIONS WITH COMPANIES**

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Council of Medical Specialty Societies  
230 E Ohio St. Suite 400 | Chicago, IL 60611  
P 312.224.2582 F 312.644.8557 E [mailbox@cmss.org](mailto:mailbox@cmss.org)

<b>Policy Name:</b>	ASPS/PSF Board Policy on Corporate Opportunities
<b>Background / Purpose:</b>	This policy describes the responsibility of members of the ASPS/PSF Board of Directors when it comes to corporate opportunities.
<b>Program Area or Business Line</b>	Governance
<b>Policy Sponsor (Staff Officer):</b>	Michael Costelloe, Executive Vice President
<b>Approving Body:</b>	ASPS/PSF Board of Directors
<b>Authorized Signatories:</b>	Scott Hollenbeck, MD, ASPS President and Alan Matarasso, MD, FACS, PSF President
<b>Effective Date of Policy:</b>	Reaffirmed December 2024
<b>Next Review Date:</b>	December 2027

**AMERICAN SOCIETY OF PLASTIC SURGEONS**  
**PLASTIC SURGERY FOUNDATION**  
**BOARD POLICY ON CORPORATE**  
**OPPORTUNITIES**

**PREAMBLE**

It is an established and accepted principal of corporate governance that in all matters of interest to the organization which a director serves that the director must put the organization's interest first and ahead of the director's interests. As stated by the Illinois Attorney General: "If an opportunity related to an organization's purposes comes to an individual serving as a Board member, the Board member must first make it available to the organization."

**POLICY**

It is the policy of the Board of Directors of the American Society of Plastic Surgeons ("the Society") and of the Plastic Surgery Foundation (the "Foundation") that directors refrain from exploiting opportunities that become available to them because of their position with the Society or the Foundation or opportunities that are presented to them if such opportunities fall within the scope of the Society's or the Foundation's current or planned activities ("a corporate opportunity or opportunities"). All corporate opportunities are to be referred by the director to the Society or the Foundation for its consideration and possible action. An example of a corporate opportunity to which this policy is applicable would occur when a director is approached by a drug or device manufacturer to develop or assist in the development of an educational program designed for the plastic surgery community.

## **SCOPE**

Directors are not obligated to send every opportunity to the Society or the Foundation. An opportunity that comes to the attention of a Director is a corporate opportunity that must be referred to the Society or the Foundation for appropriate action when

1. it comes to the attention of the Director because of the Director's Board position;

or

2. it is an activity the Society or the Foundation is engaged in or an activity so closely related that the Society or the Foundation might reasonably be expected to pursue it because if it is an area of activity in which the Society or the Foundation has expertise and knowledge and is consistent with the Society's or the Foundation's strategic plan and mission;

or

3. the Society or the Foundation has not formally declined to pursue the opportunity.

If the Society or the Foundation decides to forego the opportunity, directors are free to pursue it themselves under this policy. However, such pursuit may raise issues regarding confidentiality or conflict of interest or the appearance of a conflict of interest. Directors need to understand that the acceptance of a Board position might result in their needing to forego opportunities that they otherwise might be able and willing to pursue.

## **NOTIFICATION**

A Director presented with an opportunity coming within the scope of this Policy is to provide the President of the Society and/or the Foundation and the Executive Vice President with notice of the substance of the opportunity in order to permit the appropriate organization to determine whether to pursue the opportunity.

<b>Policy Name:</b>	ASPS/PSF Code of Conduct for Board Members
<b>Background / Purpose:</b>	This policy outlines the expected conduct of ASPS and PSF Board members.
<b>Program Area or Business Line</b>	Governance
<b>Policy Sponsor (Staff Officer):</b>	Michael Costelloe, Executive Vice President
<b>Approving Body:</b>	ASPS/PSF Executive Committee
<b>Authorized Signatories:</b>	Scott Hollenbeck, MD, ASPS President and Alan Matarasso, MD, FACS, PSF President
<b>Effective Date of Policy:</b>	Revised December 2024
<b>Next Review Date:</b>	December 2027

**AMERICAN SOCIETY OF PLASTIC SURGEONS  
/ PLASTIC SURGERY FOUNDATION  
CODE OF CONDUCT FOR BOARD MEMBERS**

WHEREAS, the Board of Directors of the American Society of Plastic Surgeons (the “Society”) and The Plastic Surgery Foundation (“The Foundation”) wish to ensure that they and their individual members maintain high standards of ethical and professional conduct in the performance of their responsibilities as Directors,

NOW, THEREFORE, BE IT RESOLVED THAT the Boards hereby adopt the following Code of Conduct:

- 1. Board Members shall act in the best interests of the Society and The Foundation as a whole.** Board Members serve for the benefit of the entire membership of the Society rather than any particular constituency, and shall, at all times, strive to do what is best for the Society and The Foundation as a whole and to promote and enhance the reputation and standing of the Society and The Foundation.
- 2. Board Members shall carry out their responsibilities in good faith with reasonable care, honesty and due diligence.** Board Members shall be informed, actively participate in Board discussions, regularly attend Board meetings and be responsible for setting the Society and The Foundation’s strategic direction.
- 3. Board Members shall comply with governing documents and relevant law.** Board Members shall use their best efforts at all times to make reasonable decisions that are consistent with the Articles of Incorporation, Bylaws, and other governing documents of the Society and The Foundation, and to be familiar with all such documents. Board Members shall comply with all applicable laws, rules and regulations.
- 4. Board Members shall refrain from using their position on the Board for their personal advantage.** Board Members are not to engage in self-dealing or exploit



opportunities that become available to them because of their position on the Board if those opportunities fall within the scope of the Society or The Foundation's current or planned activities.

5. **Board Members shall maintain confidentiality.** Board Members shall at all times maintain the confidentiality of all legal, contractual, personnel, and similar confidential and non-public information entrusted to them or acquired during their service on the Board.
6. **Board Members shall disclose conflicts of interest.** Board Members shall disclose any perceived or potential conflict of interest in accordance with the Society and The Foundation's Policy on Conflicts of Interests, and related policies (collectively, the "Conflict of Interest Policies"). In addition to disclosure, Board Members are expected to adhere to any conflict mitigation and/or dissociation or divestiture procedures and requirements under the Conflict of Interest Policies.
7. **Board Members shall behave professionally at meetings.** Board Members shall conduct themselves at all meetings, including board meetings, annual meetings of the members, and committee meetings, in a professional, courteous, respectful and businesslike manner. Personal attacks against other Board Members, members, management, employees, or guests are not consistent with the best interests of the Society or The Foundation.
8. **Board Members shall refrain from harassment.** Board Members shall not in any way harass, threaten, or otherwise attempt to intimidate any other Board Member, member, or management staff.
9. **Board Members shall refrain from making public statements on behalf of the Society or The Foundation unless authorized to do so.**
10. **Board members shall comply with all Society and The Foundation policies addressing their conduct.** Such policies include the Policy on Conflicts of Interest, the Corporate Opportunity Policy, the Whistleblower Policy, the Record Retention Policy, the Policy on Sexual Harassment and the Anti-Nepotism Policy.

### **Violation of the Code of Conduct.**

Board Members should report violations of the Code to the Society President, The Foundation President and Executive Vice President. Alleged violations will be investigated and appropriate action taken in the event of a violation. Sanctions may be imposed by the Board commensurate with the degree of the violation and may include a cautionary admonition, a private letter of censure, a request for counseling or other remedial action, a request for resignation or such other action, including removal from office by vote of the membership, as the Board may deem appropriate.