

## **ATS Principles to Foster Greater Inclusiveness and Collaboration**

### **Introduction**

We have witnessed a remarkable explosion of knowledge in the basic, translational and clinical sciences. In the future, we must apply this knowledge more effectively to the benefit of patients and the healthcare system. Professional societies, such as the ATS, will play a critical role in fostering and communicating this translation of knowledge and discoveries into improved patient care.

A goal of the ATS is to create an environment fostering this continual improvement of effective tools and systems of patient care. In order to achieve this goal, the ATS must incorporate the diversity of opinions, backgrounds, expertise and unique collaborations its membership offers and apply these to develop creative solutions to the many difficult healthcare challenges we face. (While the US and EU support the concept of fostering innovation through collaboration among university, government, industry and patient perspectives, professional societies, like the ATS, must join in these efforts).

The best interests of our patients are served by creating an environment where diversity, inclusiveness, and collaboration among all stakeholders, including all scientists are fostered. All who can contribute should be actively encouraged to participate, while the society and its members address conflict and conflicting interests (of all types) through simple and transparent approaches.

In order to achieve these important ends, principles of inclusion and collaboration need to be clearly defined and articulated. Further, practical actions need to be outlined. Continual feedback from ATS members is needed to support this endeavor. Communication and interaction among scientists from diverse backgrounds including industry, academia, and government is needed to achieve the goals of the ATS.

To these ends, the Drug, Device, Discovery and Development Committee was given an assignment to address these issues through a forum programmed at the ATS 2013 International Conference. In this forum, proposed principles and actions, including those discussed in a number of venues within the society, were presented for input and discussion from the membership and other interested parties. As a consequence of this forum, recommendations to ATS leadership for implementation are proposed and contained within this document.

### ***Visionary Goal***

The ATS is becoming a crucible of innovation in respiratory health in its approach to research and patient care. We believe that this goal can be achieved through fostering collaboration among diverse points of view, skills, capabilities, and approaches that have shown to lead to innovation.

ATS should be the leader among societies for implementing this goal, and for fostering public awareness of the value of collaboration. All ATS members should honor and reflect in practice this visionary goal in the best interest of the organization.

## ***Transparency and Inclusion***

### **Principles**

- 1) ATS values and promotes diversity and inclusiveness of scientific backgrounds and perspectives to foster improvements in respiratory health.
- 2) All respiratory scientists (basic, translational and clinical) are welcome in the organization and the organization will actively determine what it can offer its members and determine how each member can contribute.

### **Actions**

- 1) The ATS should encourage industry to have their scientists and clinicians join the organization.
- 2) Collaboration and inclusiveness must be actively practiced, promoted, and modeled by those in leadership positions.
- 3) The society should recognize and reward excellence in all types of high quality innovations for improvements in respiratory health: e.g. science, procedures, therapeutics, and devices.
- 4) Specifically, the Society needs to reach out to industry members and engage them and make them feel as they are indeed wanted and can participate. An educational effort in that area would be very useful.

## ***Conflicts of interest***

### **Principles**

- 5) The ATS encourages membership and broad participation in the society by professionals in academia, industry, clinical care, government, and patient advocacy organizations. The ATS encourages interactions between members based in these diverse disciplines. Inclusion, peer review, and debate are valued over exclusion.
- 6) Fairness requires that COI principles *apply broadly (not to financial interests only) and evenly to all*. The perception of society at large is that money can negatively influence the quality and direction of scientific research, innovation, and its translation to patient care. Therefore, financial interests need to be carefully managed.
- 7) The presence of a conflict of interest should be managed to foster the transmission of unbiased science to ATS members and the public. This includes scientific dialogue, with scientifically sound alternate points of view. Exclusion, in this paradigm, is a last resort.
- 8) These principles of managing conflicting interests must be transparent and consistent with the inclusiveness and collaboration values.

### **Actions**

9) All ATS members should be encouraged to hold positions throughout all levels of the organization. However, there are only three organization groups where conflict of interest would undermine the product of that group, consistent with ATS policy and supported by the CMSS Code for Interactions with Companies. These ATS groups are guideline committees, journal editors, and the ATS executive committee.

10) The COI policy should be transparent and easily implemented.

### ***Program Optimization***

#### **Principles**

11) The ATS will encourage science that focuses on translation of new knowledge and discoveries into innovative clinical care, and its implementation into practice.

12) Science (basic, translational and clinical) should be included in ATS meetings with the goal of providing a more complete understanding of improvements in respiratory health. The patient voice and perspective must also be included in these endeavors.

13) All members of the ATS, including those employed by industry, are welcome to be included in development of content and work within the assemblies where it's appropriately managed, per the ATS COI policy and (with content) ACCME Standards for Commercial Support.

#### **Actions**

14) **Encourage ATS IC programs, content and debate that cross disciplines.**

In addition, the ICC should ensure that the conference has a substantial footprint in translational research including consideration of conference expansion, targeted programs (such as a translational core) and other new activities.

For example: programs covering health care policies, translational (T1, 2, 3) lessons, patient perspectives, and integrative discovery and development.

15) The ICC already considers diversity of speakers and chairs, including gender and country, as a selection criterion for programming sessions. Add diversity of work setting to that criterion (academic, industry, government).

## ***Continuing Medical Education***

### **Principles/Actions**

16) Within the boundaries established for CME by the ACCME, innovative approaches to encourage scientific debate and dialogue on scientific information, if in the benefit of the patient or the public health, should be facilitated.

17) There may be utility in a clinical education committee that determines and approves innovative approaches to debating scientific information.

### ***Conclusion***

Pharmaceutical, biotech, and the device industry scientists must be seen as scientific and research partners. All of our membership should be encouraged to be active participants in ATS activities.

By adopting a culture of enhanced collaboration, embracing translational research and promoting a more inclusive environment for industry scientists, the ATS will be better able to achieve its goals.

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