

OMeGA Medical Grants Association

October 2015

Vision

To provide an independent process to distribute funds from industry to support graduate medical education to advance the discipline of orthopaedic surgery and improved patient care.

Core values

Education

OMeGA administers funds to approved orthopaedic fellowship programs and ACGME-approved residency programs to support graduate medical education training and development.

Independence

This activity is for educational purposes only and will not promote any specific business interest of the Donor(s). Contributions may be directed to one or more designated subspecialty areas but Donors have no role in directing funds to specific institutions or programs.

Transparency

OMeGA will implement transparent conflict of interest policies to ensure leadership, reviewers and staff are not influenced to evaluate grant requests. OMeGA will establish objective criteria to administer funds.

Mission

To advance the discipline of orthopaedic surgery by supporting fellowship and residency programs through the independent and transparent administration of educational grants.

General policies

AOA independence policy

OMeGA will operate independently from AOA. The AOA Executive Committee will appoint the OMeGA Board of Directors, using selection criteria that require rigorous standards of independence, selecting only those who have no current ties to industry and who have received no remuneration from industry in the past two (2) years.

Review committee policy

The OMeGA Board of Directors will establish one or more review committees composed of at least two AOA members who are qualified by their education and experience to evaluate education programs in various sub-specialties. Committee members must satisfy OMeGA's conflict of interest policies.

Disclosed financial interests

The OMeGA Board of Directors will review disclosed Financial Interests and Leadership Roles of potential Review Committee members and will appoint Review Committee members to avoid Financial Interests. Individuals appointed to a Review Committee will recuse themselves from consideration of grant applications made by institutions with which the Review Committee member has had a Leadership Role in the last two (2) years.

Articles of Incorporation

It is the policy of this organization that a copy of OMeGA's Articles of Incorporation shall be maintained at OMeGA's headquarters. OMeGA shall maintain Articles of Incorporation in accordance with applicable State and Federal law.

Organizational Bylaws

It is the policy of this organization that a copy of OMeGA's Bylaws shall be maintained at OMeGA's headquarters and on OMeGA's website. OMeGA shall maintain Bylaws in accordance with applicable State and Federal law.

Organizational structure

Board of Directors

The association bylaws address and govern the composition, terms, and authority, of the Board of Directors. The OMeGA board shall be selected from current AOA members and/or program directors in the AOA's Council of Orthopaedic Residency Directors (CORD)-member institutions.

Professional service providers

All service providers, whether independent contractor or professional services firm, must receive and sign contracts outlining applicable terms of services, indemnification, and OMeGA policies. OMeGA shall comply with IRS rules and regulations regarding all employees and independent contractors.

OMeGA headquarters' office

OMeGA will at all times maintain a headquarters office. The address is:
9400 West Higgins Road, Suite 205
Rosemont, Illinois 60018
Tel: 847-318-7482
Fax: 847-318-7339

OMeGA specifically adopts the AOA Charter on medical professionalism:

Preamble

Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.

At present, the medical profession is confronted by an explosion of technology, changing market forces, problems in health care delivery, bioterrorism, and globalization. As a result, physicians find it increasingly difficult to meet their responsibilities to patients and society. In these circumstances, reaffirming the fundamental and universal principles and values of medical professionalism, which remain ideals to be pursued by all physicians, becomes all the more important.

The medical profession everywhere is embedded in diverse cultures and national traditions, but its members share the role of healer, which has roots extending back to Hippocrates. Indeed, the medical profession must contend with complicated political, legal, and market forces. Moreover, there are wide variations in medical delivery and practice through which any general principles may be expressed in both complex and subtle ways. Despite these differences, common themes emerge and form the basis of this charter in the form of three fundamental principles and as a set of definitive professional responsibilities.

Fundamental principles

Principle of primacy of patient welfare. This principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle.

Principle of patient autonomy. Physicians must have respect for patient autonomy. Physicians must be honest with their patient and empower them to make informed decisions about their treatment. Patients' decision about their care must be paramount, as long as those decisions are in keeping with ethical practice and do not lead to demands for inappropriate care.

Principle of social justice. The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.

A set of professional responsibilities

Commitment to professional competence. Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical and team skills necessary for the provision of quality care. More broadly, the profession as a whole must strive to see that all of its members are competent and must ensure that appropriate mechanisms are available for physicians to accomplish this goal.

Commitment to honesty with patients. Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. This expectation does not mean that patients should be involved in every minute decision about medical care; rather, they must be empowered to decide on the course of therapy. Physicians should also acknowledge that in health care, medical errors that injure patients do sometimes occur. Whenever patients are injured as a consequence of medical care, patient should be informed promptly because failure to do so seriously compromises patient and societal trust. Reporting and analyzing medical mistakes provide the basis for appropriate prevention and improvement strategies and for appropriate compensation to injured parties.

Commitment to patient confidentiality. Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to disclosure of patient information. This commitment extends to discussion with persons acting on a patient's behalf when obtaining the patient's own consent is not feasible. Fulfilling the commitment to confidentiality is more pressing now than ever before, given the widespread use of electronic information systems for compiling patient data and an increasing availability of genetic information. Physicians recognize, however, that their commitment to patient confidentiality must occasionally yield to overriding considerations in the public interest (for example, when patients endanger others).

Commitment to maintaining appropriate relations with patients. Given the inherent vulnerability and dependency of patient, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose.

Commitment to improving quality of care. Physicians must dedicate to continuous improvement in the quality of health care. This commitment entails not only maintaining clinical competence but also working collaboratively with other professionals to reduce medical error, increase patient safety, minimize overuse of health care resources, and optimize the outcomes of care. Physicians must actively participate in the development of better measures of quality of care and the application of quality measures to assess routinely the performance of all individuals, institutions, and systems responsible for health care delivery. Physicians, both individually and through their professional associations, must take responsibility for assisting in the creation and implementation of mechanisms designed to encourage continuous improvement in the quality of care.

Commitment to improving access to care. Medical professionalism demands that the objective of all health care systems be the availability of a uniform and adequate standard of care. Physicians must individually and collectively strive to reduce barriers to equitable health care. Within each system, the physician should work to eliminate barriers to access based on education, law, finances, geography, and social discrimination. A commitment to equity entails the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician, without concern for the self-interest of the physician or the profession.

Commitment to a just distribution of finite resources. While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources. They should be committed to working with other physicians, hospitals, and payers to develop guidelines for cost-effective care. The physician's professional responsibility for appropriate allocation of resources requires scrupulous

avoidance of superfluous tests and procedures. The provision of unnecessary services not only exposes one's patients to avoidable harm and expense but also diminishes the resources available for others.

Commitment to scientific knowledge. Much of medicine's contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Physicians have a duty to uphold scientific standards, to promote research, and to create new knowledge and ensure its appropriate use. The profession is responsible for the integrity of this knowledge, which is based on scientific evidence and physician experience.

Commitment to maintaining trust by managing conflicts of interest. Medical professionals and their organizations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Such compromises are especially threatening in the pursuit of personal or organizational interactions with for-profit industries, including medical equipment manufacturers, insurance companies, and pharmaceutical firms. Physicians have an obligation to recognize, disclose to the general public, and deal with conflicts of interest that arise in the course of their professional duties and activities. Relationships between industry and opinion leaders should be disclosed, especially when the latter determine the criteria for conducting and reporting clinical trials, writing editorials or therapeutic guidelines, or serving as editors of scientific journals.

Commitment to professional responsibilities. As members of a profession, physicians are expected to work collaboratively to maximize patient care, be respectful of one another, and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards. The profession should also define and organize the educational and standard-setting process for current and future members. Physicians have both individual and collective obligations to participate in these procedures. These obligations include engaging in internal assessment and accepting external scrutiny of all aspects of their professional performance.

Summary

The practice of medicine in the modern era is beset with unprecedented challenges in virtually all cultures and societies. These challenges center on increasing disparities among the legitimate needs of patients, the available resources to meet those needs, the increasing dependence on market forces to transform health care systems, and the temptation for physicians to forsake their traditional commitment to the primacy of patients' interest. To maintain the fidelity of medicine's social contract during this turbulent time, we believe that physicians must reaffirm their active dedication to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients but also collective efforts to improve the health care system for the welfare of society. This Charter on Medical Professionalism is intended to encourage such dedication and to promote an action agenda for the profession of medicine that is universal in scope and purpose.