

**Declaring and Disclosing Conflict of Interest\***

\*modified from the Declaring and Disclosing Conflict of Interest forms of the CFPC and RCPSC

The College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) both require compliance with the [National Standard for Support of Accredited CPD Activities](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf) (the National Standard), which describes the process and requirements for gathering, managing, and disclosing conflicts of interest (COI) to participants. All scientific planning committee members, speakers, moderators, facilitators, and authors must complete the Declaration of Conflict of Interest form.

**Definitions:**

**Conflict of interest:** A COI is a set of conditions in which judgement or decisions concerning a primary interest (e.g., patient welfare, validity of research, quality of medical education) are unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).

**Perceived conflict of interest:** A perceived COI is the appearance of a COI as judged by outside observers regardless of whether an actual conflict of interest exists.

**Real conflict of interest:** A real COI is when two or more interests are indisputably in conflict.

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| **National Standard – Element 3: Conflict of Interest**This element describes the processes and requirements for gathering, managing, and disclosing conflicts of interest to participants.3.1 All members of the scientific planning committee (SPC), speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):1. Any direct financial payments including receipt of honoraria;
2. Membership on advisory boards or speakers’ bureaus;
3. Funded grants or clinical trials;
4. Patents on a drug, product or device; and
5. All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

3.2 The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.3.3 All members of the SPC, speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in 3.13.4 Any individual who fails to disclose their relationships as described in 3.1 and 3.3 cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity. |

**COI Disclosure Process**

* All SPC members, speakers, moderators, facilitators, and authors must complete the Declaration of Conflict of Interest form. Completed forms must be submitted to the CPD provider organization or scientific planning committee, as directed. **The forms must be completed and submitted prior to the start of the program.**
* **All financial or in-kind relationships** with for-profit and not-for-profit organizations (not only those relevant to the subject being discussed) encompassing the two years up to and including the current presentation must be declared and disclosed. This applies to all scientific planning committee members, speakers, moderators, facilitators, and authors.
* **SPC members**: Completed Declaration of Conflict of Interest forms for each SPC member must be submitted at the time of application for certification/accreditation.
	+ Those who had an administrative-only role (i.e., did not contribute to the program content, speaker selection, evaluations, etc.) do not need to complete a Declaration of Conflict of Interest form.
* **Speakers, moderators, facilitators, and authors**: Completed Declaration of Conflict of Interest forms must be submitted to the CPD provider organization or SPC. It is the role of the SPC to review all disclosed financial relationships in advance of the CPD activity, to determine whether action is required to manage potential, perceived, or real COIs. The SPC must also have procedures in place to be followed if a COI comes to its attention prior to or during the CPD activity.
	+ At the time of application for certification/accreditation, the completed COI forms for all known speakers, moderators, facilitators, and authors must be submitted with the application. If these are not known at that time, the forms may be submitted to CPDME at a later date, **prior** to the event.
* Speakers must disclose conflicts **verbally and in writing** at the beginning of their presentation. (Please see the [Accreditation Package webpage](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for the sample disclosure slides.) If slides will not be used, disclosures must be included in written program materials (e.g., conference program, course website, workbook, reading material) as applicable.
	+ If there are no relationships to disclose, speakers may make a simple statement indicating that no potential COIs have been identified.
* Speakers, moderators, facilitators, and authors are responsible for ensuring that their presentations and education materials—and any recommendations—are balanced and reflect the current scientific literature.
	+ The only caveat to this guideline is where there is only one treatment or management strategy. Unapproved use of products or services must be declared in the presentation.
* The description of therapeutic options must use generic names (or both generic and trade names) and not reflect exclusivity and branding.
* Any individual who fails to disclose their relationship(s) as required cannot participate as a member of the SPC, speaker, moderator, facilitator, or author of a certified/accredited activity.

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| Completed forms (page 3 of this document) must be returned to the **CPD program provider or organizer** who will include them in the accreditation/certification application package sent to Dalhousie University CPDME. **PLEASE DO NOT RETURN PAGES 1 AND 2 of this form.** |



**Declaration of Conflict of Interest Form**

**Please Note:** This form must be completed by all SPC members, speakers, moderators, facilitators, and authors.

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| **Part 1**To be completed by the Chair or designate **first.** |
| **Please return the completed form to:** |
| Chair or Designate Name | Chair or Designate Email |
|  |  |
| **Program Name:** |
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| **Part 2**To be completed by the SPC member/speaker/moderator/facilitator/author. |
| **SPC Member/Speaker/Moderator/Facilitator/Author Details** |
| First Name | Last Name  |
|  |  |
| **What is your role in this program?** (Select all that apply.) |
| [ ]  Member of the scientific planning committee | [ ]  Moderator | [ ]  Speaker |
| [ ]  Other (describe): |  | [ ]  Author | [ ]  Facilitator |
| **Affiliations** (NOTE: Disclosure must be made to the audience, whether you do or do not have a relationship to disclose.) |
| [ ]  | I do not have an affiliation with a for-profit or not-for-profit organization (now or during the past two calendar years). |
| [ ]  | I have/had an affiliation with a for-profit or not-for-profit organization (now or during the past two calendar years). Details of these affiliations (organization name(s) and a brief description of the nature of that relationship) are below.  |
| **Affiliation Type** | **Organization Name & Affiliation Details** (Note: acronyms must be spelled out.) |
| Any direct financial relationships (including honoraria, gifts, or in-kind compensation) |  |
| Membership on advisory boards, speakers’ bureaus, or equivalent |  |
| Funded grants, research, or clinical trials |  |
| Patents on a drug, product, or device |  |
| Other investments/relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity |  |
| A relationship with any of the organizations that fund this program |  |
| **Declarations** (To be completed by speakers, moderators, facilitators, and authors only.) |
| [ ]  Yes | [ ]  No | I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., “off-label” use of medication). **NOTE**: You must declare all off-label use to the audience during your presentation. |
| [ ]  Yes |  | I acknowledge that the [National Standard](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf) requires that any description of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner. |
| **Agreement** | **Date** |
| [ ]  **I Agree** | By clicking “I agree”, you are confirming that you have reviewed the COI guidelines, and that, to the best of your knowledge, the above information is true and accurate. |  |