



## DECLARING AND DISCLOSING CONFLICT OF INTEREST\*

\*(modified from the Conflict of Interest form of the College of Family Physicians of Canada)

On behalf of the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC), Dalhousie University Continuing Professional Development and Medical Education (CPDME) requires that **all scientific planning committee members, speakers, moderators, facilitators and authors** complete the Declaration of Conflict of Interest form.

All completed original forms must be retained by the CPD provider or organizer submitting the program for accreditation/certification for a period of one year following certification expiry, so that the forms are available in the event that the program is audited.

**Scientific planning committee forms:** Completed forms for each scientific planning committee member must be submitted at the time of application for certification/accreditation

**Speaker, moderator, facilitator, and author forms:** Completed forms must be submitted for all speakers, moderators, facilitators, and authors known at the time of application for certification/accreditation. If these are not known at that time, the forms do not need to be submitted to CPDME with the application but are required at a later date preferably prior to the event.

**A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (e.g., a patient's welfare, the validity of research, and/or quality of medical education) is 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).**

### The basics:

- **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 (2) 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.
- **Speakers, moderators, facilitators, and authors are responsible for ensuring that their presentations or 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 within the presentation.
- **Disclosure must be made verbally and also displayed in writing at the beginning of a presentation or included in the written conference materials.**
- **The conflict of interest declaration forms must be completed and submitted to the CPD program's provider or organizer prior to the start date** of the event or program.
- **The scientific planning committee is responsible for reviewing 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 scientific planning committee 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.
- **Any individual who fails to disclose their relationship(s)** as described below **cannot participate** as a member of the scientific planning committee, speaker, moderator, facilitator, or author of an accredited/ certified activity.

**DO NOT RETURN THIS PAGE—INFORMATION ONLY**

## How to complete the Conflict of Interest form

There are three parts to the form:

- Part 1 and 3 must be completed by all scientific planning committee members, speakers, moderators, facilitators, and authors
- Part 2 must be completed by all speakers, moderators, facilitators, and authors

Examples of relationships that must be disclosed include, but are not limited to, the following:

- Any direct financial or in-kind interest in a for-profit or not-for-profit entity such as a pharmaceutical organization, medical device company, communications firm, government agency, charitable organization, patient advocacy group, research groups, or other sources of financial and in-kind relationships (the organization) relevant to the CPD activity content or development
- Investments held in the organization
- Membership in the organization's advisory board or similar committee
- Current or recent participation in a clinical trial sponsored by the organization
- Membership in a speakers' bureau
- Patent holder for a product referred to in the CPD activity or marketed by the organization
- Receiving honoraria to speak on behalf of a for- or not-for-profit organization, including talks for which the individual has been contracted but has not yet received payment

**False disclosure of or a failure to disclose a conflict of interest as outlined in this document could require the scientific planning committee to replace the speakers, moderators, facilitators, and authors.**

Completed forms (pages 3-4 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.**

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## DECLARATION OF CONFLICT OF INTEREST FORM\*

\*Modified from the Conflict of Interest form of the College of Family Physicians of Canada

To be completed by all speakers, moderators, facilitators, authors, and scientific planning committee members.

### Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this section. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

- I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.

If this is the case, **please skip to part 3** to complete and sign. Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.

- I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including current year. Please indicate the for-profit and not-for-profit organization(s) with which you have/had affiliations; briefly explain what connection you have/had with the organization(s). You must disclose this information to your audience both verbally and in writing

|  | Company/Organization Name | Affiliation Details |
|--|---------------------------|---------------------|
| I am a member of an advisory board or equivalent with a commercial organization.   |                           |                     |
| I am a member of a speakers' bureau.   |                           |                     |
| I have received payment from an organization (including gifts, other consideration, or in-kind compensation).                        |                           |                     |
| I have received/will be receiving a grant or an honorarium from a for-profit or not-for-profit organization.                         |                           |                     |
| I hold a patent for a drug, product, or device.  |                           |                     |
| I hold investments in a pharmaceutical organization, medical device company, or communications firm, or not-for-profit organization. |                           |                     |
| I am currently participating, or have participated within the past two years, in a clinical trial.                                   |                           |                     |
| I have a relationship with one or more other for-profit or not-for-profit organizations that fund this program.                      |                           |                     |

## Part 2

Only presenters, moderators, facilitators, and authors must complete this section.

|                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).<br><br>NOTE: You must declare all off-label use to the audience during your presentation.  |
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | I acknowledge that the <a href="#">National Standard</a> requires that any descriptions 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.<br><br>NOTE: Failure to do this is a violation of the <i>National Standard</i> . |

## Part 3

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this section.

|                                      |  |
|--------------------------------------|--|
| I am a (check all that apply):       |  |
| <input type="checkbox"/> Facilitator | <input type="checkbox"/> Member of the scientific planning committee |
| <input type="checkbox"/> Moderator   | <input type="checkbox"/> Author                                      |
| <input type="checkbox"/> Speaker     | <input type="checkbox"/> Other (describe):                           |

## Part 4

Name of program/event (presenters/speakers note: **NOT** your presentation name—the **EVENT** name):

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### Acknowledgment:

I acknowledge that I have reviewed the declaration form's instructions and guidelines, and that the information above is accurate. I understand that this information will be publicly available.

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Name (please print)

Signature

Date (dd-mmm-yyyy)

Please return **ONLY** pages 3-4 to the CPD program provider or organizer, who will include them in the application package sent to Dalhousie University Continuing Professional Development and Medical Education ([CPDME.Accreditation@dal.ca](mailto:CPDME.Accreditation@dal.ca)).