



Declaring & Disclosing of Conflict of Interest

Royal College of Physicians and Surgeons of Canada (RCPSC) (MOC credits):

The Royal College of Physicians and Surgeons of Canada requires all presenters and members of Planning Committees to complete this Disclosure of Conflict of Interest form. The 2007 CMA Guidelines for Physicians in Interaction with Industry, Section 24, states that,

- *“CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.”*

The College of Family Physicians of Canada (CFPC) (Mainpro+ credits):

The College of Family Physicians of Canada (CFPC) requires compliance with the [National Standard for Support of Accredited CPD Activities](#) (the National Standard), which describes the process and requirements for gathering, managing, and disclosing conflicts of interest (COI) to participants.

Definitions:

A COI may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions. The intent of this disclosure requirement is to inform the audience of any bias that speakers may have, not to prohibit speakers from presenting.

National Standard Element 3: Conflict of Interest

3.1 All members of the scientific planning committee (SPC), speakers, moderators, facilitators and authors must provide to the CME/CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous two (2) years including (but not necessarily limited to):

- Any direct financial payments including receipt of honoraria;
- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device; and
- 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.

Failure to disclose, or false disclosure, may require the Scientific Planning Committee to replace the speaker. If you have any questions regarding conflict of interest disclosure when preparing your CME/CPD presentations, please contact your CME/CPD provider or Scientific Planning Committee.

Complete, sign and return your COI form as soon as possible for review.

Return form to: cme.events@usask.ca





Disclosure of Conflict of Interest

Speaker, moderator, facilitator, and author forms: Completed forms must be submitted to the scientific planning committee of the CME/CPD provider. It is the role of the Scientific Planning Committee to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CME/CPD activity to determine whether action is required to manage potential, perceived, or real COIs.

Speakers, moderators, facilitators, and authors must ensure their presentations, and any recommendations, are balanced and reflect the current scientific literature. Unapproved use of products or services must be declared within the presentation. The only caveat to this guideline is where there is only one treatment or management strategy.

How to disclose:

Complete the attached disclosure form and submit to the CME/CPD Provider or Planner prior to the start date of the event or program.

- **Part 1** – must be completed by all Speakers, Scientific Planning Committee, Moderators, Facilitators and Authors.
- **Part 2** – must be completed by all Speakers, Moderators, Facilitators and Authors.
- **Part 3** – must indicate whether you are a Scientific Planning Committee member, Speaker, Moderator, Facilitator and/or Author.

RCPSC and **CFPC** require both verbal and visual (slide) disclosure at the beginning of every presentation and/or introduction. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest and include this declaration in their slides and/or written material. If a disclosure slide has not been included in a presentation, it must be inserted by the Planning Committee.

Example of speaker disclosure slide – to be included in speaker presentation (sample slide provided):

Faculty / Speaker

Faculty: [NAME]

Relationship with financial sponsors:

- Grants/Research Support: [LIST ANY/ALL/NONE]
- Speakers Bureau/Honoraria: [LIST ANY/ALL/NONE]
- Consulting Fees: [LIST ANY/ALL/NONE]
- Patents: [LIST ANY/ALL/NONE]
- Other: [LIST ANY/ALL/NONE]

Should you have nothing to make public, you need to type “Nothing to declare.”

“Other” would include: “I am a paid employee of _____.”





Disclosure of Conflict of Interest Form – page 1

Part 1 – completed by Scientific Planning Committee, Speakers, Moderators, Facilitators and Authors.

I **do not** have an affiliation (financial or otherwise) with any for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

I **have/had** an affiliation (financial or otherwise) with a for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

Complete the sections below that apply to you now or during the past two (2) years up to and including the current year. Information includes relationships with for-profit and not-for-profit organizations.

| | Planning Committee, Speakers, Moderators, Facilitators, Authors, Other | For-Profit or Not-for-Profit Organization(s) | Description of Relationship |
|----------|---|---|------------------------------------|
| A | Any direct financial relationships including receipt of honoraria, gifts, in-kind compensation, etc. | | |
| B | Membership on advisory boards or speakers' bureaus | | |
| C | Funded grants, research and/or clinical trials | | |
| D | Patents for drug(s) and/or device(s) referred to in the CME/CPD program | | |
| E | Any direct financial relationships that have funded this program | | |
| F | 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 (pharmaceutical, medical device, communications firm) | | |

Part 2 – completed by Speakers, Moderators, Facilitators and Authors. Check Yes or No.

| | | | |
|---|-----|----|---|
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications). | Yes | No | You must declare all off-label use to the audience during your presentation. |
| I acknowledge that the National Standard 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. | Yes | No | Failure to do this is a violation of the National Standard and the RCPSC and CFPC requirements. |





Disclosure of Conflict of Interest Form – page 2

Part 3 - Identification

| | | |
|------------------------------|-------------------------------|-------------|
| Check all that apply: | Scientific Planning Committee | Speaker |
| | Moderator | Facilitator |
| | Author | Other: |

Event Information

| | |
|---|--|
| Name of Program/Event | |
| Date of Program/Event | |
| Title of Presentation (if applicable) | |
| Full Name (to appear on schedule) | |
| Professional Title (to appear on schedule) | |

Acknowledgement

I, _____, acknowledge that I have reviewed the declaration form’s guidelines and instructions, and deem all of my information above accurate. I understand that the CME/CPD provider and the Scientific Planning Committee for this program/activity will review all disclosed financial (or otherwise) relationships and determine whether action is required to manage potential, perceived, or real COIs. I also understand that this information will be publicly available.

Signature: _____

Date: _____

Please return signed disclosure form (pages 1 & 2) to: cme.events@usask.ca

