Declaration of Conflict of Interest

The *National Standard for Support of Accredited CPD Activities* (the National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians.

Definitions:

Conflict of interest: A conflict of interest is a set of conditions in which judgement or decisions concerning a primary interest (example a patients' 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).

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

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

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 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):

a) Any direct financial payments including receipt of honoraria;
b) Membership on advisory boards or speakers' bureaus;
c) Funded grants or clinical trials;
d) Patents on a drug, product or device; and
e) 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 3.1

3.4 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.

Process:

1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee, as directed.
2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose.
3. Speakers must disclose conflicts verbally and in writing on a slide at the beginning of a presentation. All other individual's conflicts must be disclosed either in writing on a slide at the beginning of a presentation or be included in the written conference materials
4. Those responsible for developing or delivering content must ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Declaration of Conflict of Interest

What is your role in the CPD activity?	☐ Member of the scientific planning committee *COI required annually*			
	☐ Moderator	☐ Speaker	**Title of program:**	
	☐ Author	☐ Facilitator	**Session Date:**	

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

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

Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
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.		

To be completed by speakers only

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 ☐ No
I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	☐ Yes ☐ No

☐ **I Agree** By clicking "I agree" you are acknowledging that the above information is accurate and that you understand that this information will be publicly available.

Name:		Date:	
Signature:			