

## **CEPD Conflict of Interest (COI)**

Approval Authority: CEPD Governance Committee

Established On: 2021 09 16

Amendments: 2024 05

### **1.0 POLICY STATEMENT**

The NOSM University CEPD Office strives to meet the goals of the NOSM University strategic plan by providing relevant, needs-based educational activities for physicians and health professionals which support changes in knowledge, skills, attitudes, or behaviours to improve health equity and social accountability.

The CEPD Office requires that the development and content of Continuing Professional Development (CPD) activities and related materials provide balance, independence, objectivity, and scientific rigor, in compliance with the National Standard for the support of accredited CPD activities, CFPC Mainpro+ standards, RCPSC MOC standards, CMA Guidelines for Interaction with Industry, and CACME standards. Scientific planning committees (SPCs) are responsible for reviewing the completed Conflict of Interest (COI) Declaration forms (for all SPC members, speakers, facilitators, or authors), disclosing all relationships over the past two years that may pose a potential conflict of interest or perception of bias in the content development or delivery. SPCs should identify any COI and bias concerns for planning committee members at the onset of planning, and should review COI Declaration forms completed by speakers, facilitators, or authors to mitigate real or perceived COI and bias concerns before the CPD activity is delivered.

Organizers of CPD activities can prevent or reduce the risk of COI by selecting SPC members, speakers, moderators, facilitators, or authors who will not benefit from, or do not have relevant relationships, with organizations related to the content. The SPC may also choose to assign planning, content development, or content delivery in a way that does not place the SPC member, speaker, facilitator, or author in a potential conflict of interest.

Adherence to a robust conflict of interest and bias mitigation strategy is essential for scientific planning committees and the CEPD Office, to maintain confidence and trust in the academic integrity of accredited CPD activities.

## 2.0 SCOPE

This policy provides a multi-step approach to managing real or perceived conflict of interest and potential bias, including prevention, surveillance, monitoring, and evaluation.

The SPC is responsible for ensuring that the administrative, educational and ethical standards of the governing and guiding bodies noted in the 'Purpose' section of this document are met.

## 1.0 DEFINITIONS

Taken from the National Standard for the Support of accredited CPD activities:

**Bias:** A predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint.

**Conflict of Interest (COI):** A set of conditions in which judgement or decisions concerning a primary interest (i.e., 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).

**Independent Content Validation:** A peer review process completed by the SPC, and medical reviewers when requested, to review content or presentations as part of a bias mitigation strategy.

**Perceived Conflict of Interest:** 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:** When two or more interests are indisputably in conflict.

### **3.0 POLICY TERMS OR PROCEDURES**

#### **3.1 Conflict of Interest Declaration Form**

- 3.1.1 All SPC members, speakers, authors, facilitators and moderators must complete Conflict of Interest Forms at the outset of planning.
- 3.1.2 The SPC, by consensus of the committee, must review the COI declaration forms and consider if there are affiliations that may influence the program development, speaker selection, sponsorship, or content.
- 3.1.3** The SPC must determine whether there is a potential for real or perceived bias arising from the COI declaration forms. In such cases where the potential for bias has been identified, the SPC can mitigate via the following:
  - Excusing the SPC member from discussions related to their relevant relationships.
  - Excusing the SPC member from the planning committee.
  - Determine if the potential bias identified for a speaker, author, facilitator or moderator can be managed. If it cannot, the committee will need to select another speaker.
- 3.1.4 Where a COI or bias concerns cannot be managed or resolved at the planning committee level, the CEPD Escalation Process will be implemented.

#### **3.2 Conflict of Interest Disclosure**

- 3.2.1 Must be made to CPD activity participants in the physical or virtual program brochure, or on the website of the CPD activity as applicable.
- 3.2.2 Must be made by a planning committee representative at the start of the CPD activity using disclosure slides and verbal acknowledgement.
- 3.2.3 SPC disclosure slides must include a summary of financial and in-kind sponsorship and potential COI in particular sessions, including;
  - Steps taken to mitigate any influence of sponsorship on content.

- Steps taken to mitigate any potential for COI or bias related to affiliations listed by SPC members, speakers, authors, facilitators or moderators in the COI Declaration form.

3.2.4 Speaker disclosure slides must include the speaker's name and any financial relationships such as grants or research support, salary or stipend from educational institution; speakers' bureau or honoraria; consulting fees; board memberships; and other relevant relationships. Where a speaker has no affiliations that might pose a potential COI or bias, the speaker must include a slide and verbally indicate that they have nothing to disclose.

#### **4.3 Conflict of Interest Resolution Mechanisms**

Where a concern is identified during the program review, the CEPD Office may audit the activity to provide guidance and enforce ethical standards.

##### **4.3.1 Onsite Review/Audit:**

As part of the program review and accreditation process, the CEPD Office may recommend the need for an onsite review or audit of a specific educational activity. An SPC may also request an onsite review if they would like guidance or support related to feedback. An onsite review includes a representative of the CEPD review team attending all or part of an educational activity to observe areas of concern that were identified during the review. This most often relates to ethical standards, but may also include concerns related to Administrative or Educational standards. The intent of the onsite review is to support the SPC with meeting accreditation standards. This is not a punitive process.

Examples that might trigger an onsite review may be:

- Jointly sponsored activity.
- A history of perceived bias if a repeat activity.
- A high percentage of SPC members, speakers, facilitators, or authors with identified COI.
- A high level of commercial support or single-source commercial support.

- Per the NOSM U CEPD Regularly Scheduled Series (RSS) Policy, RSS programs will participate in an electronic audit for random sessions to support SPCs compliance for all standards.

#### **4.3.2 Evaluation/Monitoring for Bias:**

As part of the evaluation process, participants in accredited CPD programs must be provided with the opportunity to identify whether there was real or perceived bias in the educational activity and must also be given the opportunity to explain the perceived bias. Program evaluation data indicating bias in a presentation or the overall program may trigger a retroactive review of all materials presented to the participants using the CEPD Escalation process, and the CME Medical Director may contact the SPC chair.

#### **4.3.3 A Potential Conflict of Interest is Identified:**

If a real or perceived conflict of interest is identified, or at the request of the SPC or the Associate Dean CEPD, an independent content review may be conducted per the CEPD Escalation Process via the CME Medical Director as follows:

4.3.3.1 Before the activity, the CME Medical Director or Medical Reviewers may review content and comment on the overall activity and/or individual presentations regarding bias, evidence-based treatment recommendations, balance, and objectivity.

4.3.3.2 In cases where an on-site review is required, the SPC Chair, their delegate, or a representative of the CEPD Office will attend the activity and will monitor any presentations where a potential conflict has been identified. The CEPD Office representative will record how concerns were mitigated or whether concerns remained. In addition, the Chair will be asked to report to the SPC and CME Medical Director, regarding the overall activity and/or individual presentations regarding COI concerns.

4.3.3.3 The CEPD Office reserves the right to audit programs identified to have a potential conflict of interest or bias, to observe the mitigation

strategies and support the SPC with managing any related quality improvement initiatives.

#### 4.0 ROLES AND RESPONSIBILITIES

4.1 CEPD Office is responsible for providing COI Declaration form and COI Disclosure slide templates, and reviewing programs and presentations where COI or bias concerns are identified.

4.2 Scientific Planning Committee (SPC) is responsible for reviewing all COI declarations and, where necessary, implementing any necessary mitigation strategies to ensure an unbiased program.

#### 5.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the Director, Continuing Education and Professional Development at [mlitalien@nosm.ca](mailto:mlitalien@nosm.ca)

#### 6.0 RELATED DOCUMENTS

Related policies; (ii) any applicable legal or regulatory information (from the Policy Statement section); or (iii) any FAQ documents, forms, or other information related to the policy.

##### University Documents and Information

- [CEPD Office Program Development Toolbox](#)
- [NOSM COI Policy](#)
- [CEPD Escalation Process](#)
- [CEPD Ethics Policy: Sponsorship and Exhibitors](#)
- [CEPD Regularly Scheduled Series \(RSS\) Policy](#)

##### Legislation and Information

- [CACME Standards](#)
- [CFPC Mainpro+ Certification Standards](#)
- [RCPSC Accreditation Standards](#)
- [National Standard for Support of accredited CPD activities](#)
- [CMA Guidelines for Physician Interaction with Industry](#)

#### AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: CEPD Governance Committee
- b. Responsible Officer:
- c. Procedural Authority:
- d. Procedural Officer:

**Review and Revision History**

**Review Period:** Annually or as required

**Date for Next Review:** 2025 05

**Development History – this section will be deleted when the policy is finalized and ready for review/approval**

Date	Action
2021-09-16	Approved at CEPD Advisory Committee
2024-05-10	Approved at CEPD Governance Committee