**Declaring and Disclosing Conflict of Interest**

CCS 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:**

**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.

**National Standards for Support of Accredited Activities: 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 physician 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 from for profit/not for profit.

b) Membership on advisory boards or speakers’ bureaus.

c) Funded grants or clinical trials

d) Patents on a drug, product, or device

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 Requirement.

* Speaker, moderator, facilitator, and author forms: These completed forms must be submitted to the scientific planning committee of the CPD provider organization. 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 CPD activity to determine whether action is required to manage potential, perceived, or real COIs.
* **The scientific planning committee must also have procedures in place to be followed if a COI comes to its attention prior to or during the CPD activity**.
* A disclosure must be made to the audience regarding whether you do or do not have a relationship to disclose
* **Speakers must disclose *verbally* and in *writing/slide* at** **the beginning of a presentation**. If slides are not being used, disclosures must be verbal and included in written program materials (e.g., conference program, course website, workbook, reading material) as applicable.
* All online programs synchronous or asynchronous, COI disclosure slides should appear at the beginning of each educational offering. The slide should be posted for a minimum of 15 seconds.
* 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.
* Any individual who fails to disclose their relationship(s) as required cannot participate as a member of the scientific planning committee, speaker, moderator, facilitator, or author.
* All scientific planning committee members, speakers, moderators, facilitators, and authors must complete the Declaration of Conflict-of-Interest form.
* All completed original forms must be **retained by the PHYSICIAN ORGANIZATION** submitting the program to CCS for certification (referred to herein as the CPD provider) for a period of one year following certification expiry, so that the forms are available to CCS if they choose to audit this program.
* **Scientific Planning Committee forms: Completed forms for each scientific planning committee member must be submitted at the time of application for certification.**

Honoraria: *Including honoraria from a third party, gifts, or other consideration, or "in kind" compensation, whether for consulting, lecturing, travel, service on an advisory board, legal testimony, or consultation or for any other similar purpose in the prior two calendar years*.

**Examples of For Profit/Not for Profit:**

**For Profit**

Pharmaceuticals/Medical Device/Equipment

**Not for Profit**

Specialty Societies, National Societies, Educational Institutes, Patient advocacy groups, Physician Organization gifts of kind, compensation of travel, honoraria, advisory board **ANY RELATIONSHIP** **WITHIN THE LAST 2 YEARS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | Click here to enter text. | | | | |
| Title of CPD activity | | | Click or tap here to enter text. | | | | |
| Date of CPD activity | | | Click here to enter a date. | | | | |
| What is your role in the CPD activity? | | | Member of the scientific  planning committee | | Moderator | Speaker | |
| Author | Facilitator | |
| Other *(describe)* Click here to enter text. | | | | |
|  | **I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose** | | | | | | |
|  | **I** **have a relationship with a for-profit and/or a not-for-profit organization to disclose**  Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. | | | | | | |
| **Nature of relationship(s)** | | **Name of for-profit**  **organization(s)**  **Name of not-for-profit organization(s)** | | **Description of relationship(s)** | | | |
| Any direct financial payments including receipt of honoraria | | Click here to enter text. | | Click here to enter text. | | | |
| Membership on advisory boards or speakers’ bureaus | | Click here to enter text. | | Click here to enter text. | | | |
| Funded grants or clinical trials | | Click here to enter text. | | Click here to enter text. | | | |
| Patents on a drug, product or device | | Click here to enter text. | | Click here to enter text. | | | |
| 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 | | Click here to enter text. | | Click here to enter text. | | | |
| **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](https://www.royalcollege.ca/ca/en/cpd/royal-college-accredited-cpd-providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities.html) 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: | | Click here to enter text. | | Date: | Click here to enter a date. |