



## Declaring and Disclosing Conflict of Interest

The Canadian Conference on Medical Education (CCME) 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 to participants. The National Standard is applicable to all accredited continuing professional development (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 scientific planning committee, 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 scientific planning committee, are 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.
- 3.3 All members of the scientific planning committee, 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 scientific planning committee, speaker, moderator, facilitator, or author of an accredited CPD activity.

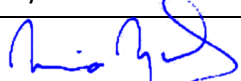
### **Process**

All scientific planning committee members, speakers, moderators, facilitators, and authors must complete the Declaration of Conflict of Interest form.

1. Complete the conflict of interest disclosure form and submit to the scientific planning committee as directed. 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 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.
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. 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 of an CCME accredited activity.
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. 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.



Canadian Conference on Medical Education  
La Conférence canadienne sur l'éducation médicale

Title of CPD activity	Canadian Conference on Medical Education		
Date of CPD activity	April 23-26, 2022		
What is your role in the CPD activity? (Select all that apply)	<input type="checkbox"/> Member of the CCME scientific planning committee	<input type="checkbox"/> Moderator	<input checked="" type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other ( <i>describe</i> )		
<input checked="" type="checkbox"/> I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose			
<input type="checkbox"/> 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.			
<b>Nature of relationship(s)</b>	<b>Name of for-profit or not-for-profit organization(s)</b>	<b>Description of relationship(s)</b>	
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			
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			
<b>To be completed by speakers only</b>			
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., "off-label" use of medication). <i>Note: You must declare all off-label use to the audience during your presentation.</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I acknowledge that the <a href="#">National Standard</a> requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature and Acknowledgement of Completing this Form</b>			
<input checked="" type="checkbox"/> 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:	October 21, 2021



## Release Form

### SESSION RECORDING AND POWERPOINT PRESENTATION

The *Canadian Conference on Medical Education* will post session recordings and PowerPoint presentations from the Conference on their virtual conference platform for up to 3 months following the conference for on-demand viewing.

Please advise your permission for your presentation be made available on the *Canadian Conference on Medical Education* virtual conference platform following the conference.

Yes, I provide my permission

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### STILLS PHOTOGRAPHY & VIDEO/AUDIO RECORDING

It is possible that a stills and video photographer will take photos and/or video/audio recordings of various parts of the Conference. Please indicate below if you grant *the Canadian Conference on Medical Education* the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images and/or video recordings and/or audio recordings taken of you for use in connection with the activities of the *Canadian Conference on Medical Education* for publicizing or explaining the Canadian Conference on Medical Education activities. In addition, you waive any right to inspect or approve the finished product, including written copy, wherein your likeness appears.

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Yes, I provide my approval  
 No, I do not provide approval

Signature: \_\_\_\_\_

Date: Oct 21, 2021