

Declaring and Disclosing Conflict of Interest

The College of Family Physicians of Canada requires all presenters and members of planning committees to complete the **Declaration of Conflict of Interest form**.

All completed original forms must be retained by the party submitting the program for Mainpro+ certification (referred to herein as the “CPD provider” or “CPD organizer”) for a period of one year following certification expiry, so that they are available in the event that the program is audited by the College of Family Physicians of Canada.

Planning committee’s forms: Completed forms for each planning committee member *must* be submitted at the time of application for certification (*please scan and upload all forms to CERT+*).

Presenters’ forms: These forms must be submitted if speakers are known at the time of application for certification. If speakers/presenters are not yet known, the forms do not need to be submitted to the CFPC at the time of application for certification. Completed forms for each presenter or speaker must be submitted at ethical review and copies of all speaker/presenter Col forms must be retained by the CPD provider.

A **conflict of interest** is a situation in which the personal and professional interests of individuals may have actual, potential, or apparent influence over their judgment and actions.

The basics

1. **All planning committee members’ and presenters’ financial or in-kind relationships** (not only those relevant to the subject being discussed) **encompassing the previous two (2) years, up to and including the current presentation, must be declared and disclosed.**
2. It is the presenter’s responsibility to ensure that their presentations (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 within the presentation.*
3. Disclosure must be done verbally *and* displayed in writing at the beginning of a presentation or included in the written conference materials.
4. The conflict-of-interest declaration forms must be completed and submitted to the CPD program’s provider or organizer prior to the start date of the event or program.

How to complete the Mainpro+ Declaration of Conflict of Interest form

There are two parts to the form:

- **Part 1** must be completed by all presenters and planning committee members
- **Part 2** must be completed by all presenters

Examples of relationships that must be disclosed include, but are not limited to, the following:

- Any direct financial interest in a for-profit entity such as a pharmaceutical organization, medical device company, or communications firm, or other financial supporter of the program (“the Organization”)
- Investments held in the Organization
- Membership in the Organization’s advisory board or similar committee
- Current or recent participation in a clinical trial sponsored by the Organization
- Being a member of a speakers’ bureau
- Holding a patent for a product referred to in the CPD activity or marketed by a commercial organization
- Receiving honoraria to speak on behalf of a pharmaceutical organization or medical communications company, including talks for which the individual has been contracted but has not yet received payment for

False disclosure or failure to disclose conflict of interest as outlined in this document could require the planning committee to replace the presenter/speaker.

Individuals’ completed forms must be returned to the CPD program provider or organizer, not directly to the CFPC.

THE CFPC MAINPRO+ DECLARATION OF CONFLICT OF INTEREST FORM

Part 1:

All presenters and planning committee members must complete this form and submit to the identified CPD program's provider or organizer. **Disclosure must be made to the audience whether you do or do not have a relationship** with a for-profit entity such as a pharmaceutical organization, medical device company, communications firm, or other for-profit funder of the program. *If you require more space, please attach an addendum to this page.*

- I *do not* have an affiliation (financial or otherwise) with a pharmaceutical, medical device, or communications organization, or other for-profit funder for this program.

(Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.)

- I *have/had* an affiliation (financial or otherwise) with a pharmaceutical, medical device, or communications organization.

- Complete the sections below that apply to you now or during the *past two (2) calendar years up to and including current year*. Please indicate the for-profit organization(s) with which you currently have/had affiliations, and briefly explain what connection you have/had with the organization(s). You must disclose this information to your audience both verbally *and* in writing.

	Company/Organization	Details
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 a commercial organization (including gifts or other consideration or in-kind compensation).		
I have received/or will be receiving a grant or an honorarium from a commercial organization.		
I hold a patent for a product referred to in the CPD program or that is marketed by a commercial organization.		
I hold investments in a pharmaceutical organization, medical device company, or communications firm.		
I am currently participating in or have participated in a clinical trial within the past two years.		

I have a relationship with one or more other for-profit organizations that are funders of this program.

Part 2: Only presenters must complete this section.

Circle one

I intend to make therapeutic recommendations for medications that have not received regulatory approval (ie, "off-label" use of medications).

Yes

No

You *must* declare all off-label use to the audience during your presentation.

Part 3: Check all that apply:

- I am a presenter
- I am a planning committee member

Name/title of program/event: _____

Acknowledgment:

I, _____, acknowledge that I have reviewed the declaration form's instructions and guidelines and that the information above is accurate. I understand that this information will be publically available.

Signature: _____ Date: _____