THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Declaring and Disclosing Conflict of Interest

The College of Family Physicians of Canada (CFPC) 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 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 (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.

COI disclosure process

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

2. 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 the forms are available in the event that the CFPC audits the program.

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

4. 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.

5. A disclosure must be made to the audience regarding whether you do or do not have a relationship to disclose

6. Speakers must disclose conflicts verbally and in writing using the CFPC COI slide template at the beginning of a presentation. If slides will not be used disclosures must be included in written program materials (e.g. conference program, course website, workbook, reading material) as applicable.

7. 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.

8. 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 a Mainpro+ certified activity.

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

There are three parts to the form:

- Part 1 and 3 **must be completed by all** scientific planning committee members, speakers, moderators, facilitators, and authors
- Part 2 **must be completed by all** speakers, moderators, facilitators, and authors

Completed forms must be returned to the CPD program provider or organizer, not directly to the CFPC. The CPD provider organization must retain completed forms for a period of one year following certification expiry.

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The CFPC Mainpro+® Declaration of Conflict of Interest Form

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it 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 or not-for-profit entity. If you require more space, please attach an addendum to this page.

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

(Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)

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

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including the current year. Please indicate the for-profit and not-for-profit organizations with which you have/had affiliations, and briefly explain what connection you have/had with the organizations. You must disclose this information to your audience both verbally and in writing.

	Name of for-profit or not-for-profit organizations(s)	Description of relationship(s)
Any direct financial relationships including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		
Funded grants, research, or clinical trials		
Patents for a drug 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		

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Part 2

Only presenters, moderators, facilitators, and authors must complete this section.

	Circle one		
I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes ◯	No ◯	*You must declare all off-label use to the audience during your presentation.*
I acknowledge that the National Standard requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	Yes ◯	No ◯	*Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.*

Part 3:

Check all that apply I am a:	☐ Member of the scientific planning committee	☐ Moderator	☐ Speaker
		☐ Author	☐ Facilitator
	☐ Other (describe)		

Name/title of program/event:

Cabin Fever 2027

Acknowledgement:

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 publicly available.

Signature: _____

Date: _____