

The [National Standard for Support of Accredited CPD Activities](#) is applicable to all accredited 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 (SPC), speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all financial and in-kind affiliations with for-profit and not-for-profit organizations over the previous 2 years. These relationships include but are not limited to:
 - a) Any direct financial payments including receipt of honoraria;
 - b) Membership on advisory boards or speakers' bureau;
 - 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 for reviewing all disclosures by 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 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.

Process:

1. Complete the conflict of interest disclosure form and submit to the CPD provider organization or scientific planning committee as directed, prior to the start date of the event.
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.
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.
5. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

**Disclosure of Conflict of Interest:
Southern Alberta Preceptor Summit 2020**

Date of CPD Activity:			
Title of CPD Activity:			
What is your role in the CPD activity?	<input type="checkbox"/> Member of the scientific planning committee	<input type="checkbox"/> Moderator	<input type="checkbox"/> Speaker
		<input type="checkbox"/> Author	<input type="checkbox"/> Facilitator
	<input type="checkbox"/> Other <i>(describe)</i>		
Complete details of any financial affiliations you have / have had in the last 2 years with for-profit and not-for-profit organizations, below:			
Nature of relationship(s)	Name of for-profit or not-for-profit organization(s) and Description of relationship(s) or none to disclose <input type="checkbox"/>		
Any direct financial payments, gifts, in-kind compensation or honoraria			
Membership on advisory boards or speakers' bureau			
Grants or clinical trials			
Patents on a drug, product or device; royalties			
Investments in any health-related organization			
Any other financial affiliations that might be interpreted as influencing educational content			
To be completed by speakers, moderators, facilitators and authors only			
I intend to make therapeutic recommendations for medications that have not received regulatory approval ("off-label" use of medication). <i>Declare off-label use to the audience.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that the National Standard requires me to use generic names (or both generic and trade names) to refer to therapeutic options; and not reflect exclusivity or branding.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input 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.			
Full Name:	<i>Please Print</i>		
Signature:		Date:	