UNIVERSITY OF CALGARY

Disclosure of Conflict of Interest

Continuing Medical Education & Professional Development

The <u>National Standard for Support of Accredited CPD Activities</u> 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 inkind 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 3.1Any 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.

Updated: Sept 12, 2023



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Date of CPD Activity:		October 18, 2024					
Title of CPD	Activity:	39th Annual Feldman Lecture					
What is your role in the CPD activity?		☐ Member of the scientific		Moderato	or	☐ Speak	er
		planning committee		Author		☐ Facilit	ator
the er b detr	vicy:	Other (describe)					
Complete details of any financial affiliations you have or have had in the last 2 years with forprofit and not-for-profit organizations, below:							
Nature of relationship(s)		Name of for-profit or not-for- profit organization(s)	De	Description of relationship(s)			
Any direct financial payments, gifts, in-kind compensation or honoraria		None					
Membership on advisory boards or speakers' bureau		None					
Funded grants or clinical trials		None					
Patents on a drug, product or device; royalties		None					
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.		None					
To be completed by speakers, moderators, facilitators and authors only:							
		recommendations for medications that have not received regulatory nedication). Declare off-label use to the audience.				☐ Yes ☒ No	
		nal Standard requires me to use generic names (or both generic therapeutic options; and not reflect exclusivity or branding.					☐ Yes
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:	Please Print Kim Robbins-Bron						
Signature: Kim Robbins-Bron				Date:	2024/	01/18	

Complete and return to:

By email: cme@ucalgary.ca By Fax: (403) 210-9247

Office of Continuing Medical Education Telephone: (403) 220-7240

Email: cme@ucalgary.ca

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