# Disclosure of Conflict of Interest

**Revised May 2023**

The Standards and Requirements for Accreditation policy of the Canadian Council on Continuing Education in Pharmacy (CCCEP) describes the requirements for gathering, managing, and disclosing conflicts of interest to participants. These disclosure requirements are applicable to all accredited CCCEP accredited learning activities and conferences and can be found at [Standard 6: Conflict of Interest Disclosure (cccep.ca)](https://www.cccep.ca/pages/standard_6_evaluate_learning_activity.html?page=standards__guidelines). Further guidance on how to ensure disclosures are compliant with this standard can be found in [Guideline G: Conflict of Interest Disclosure (cccep.ca)](https://www.cccep.ca/pages/guideline_g_disclosure.html?page=standards__guidelines). Extracts from Standard 6 are provided below. Sample disclosure slides can be found at [CCCEP Forms](https://www.cccep.ca/pages/cccep_forms.html?page=accreditation).

**CCCEP Standard 6: All individuals who are involved in any aspect of a Learning Activity will disclose real or potential conflict(s) of interest that may impair their objectivity or give rise to a perception of Bias.**

**REQUIRED ELEMENTS TO ACHIEVE THIS STANDARD:**

* Full disclosure of all funding, payments, influences, and relationships will be made:
  + To CCCEP at time of application, renewal, extension and when new individuals (e.g., new presenters) are added; and
  + To learners at the beginning of the Learning Activity.
* Disclosures will be made by all Authors, presenters, facilitators, scientific policy committee members, and expert reviewers and will include:
  + Potential conflicts of interest;
  + Employment relationships with a Commercial Interest; and
  + Whether an honorarium (speaking fee) was provided, and by who, for that particular Learning Activity.
* Disclosures of Commercial Interest must include Sponsorship support, whether financial or in-kind. Where the support is in-kind, the nature of that support must be disclosed.
* Disclosures may be made on disclosure slides (Live activity, Conference session or Regularly Scheduled Series session) or in a statement of disclosure (Independent Study activity).
* Disclosure will include only the company name and will not include trade names, logos, company or product/device messages or organizational slogans, except when a trade or product name is required in the disclosure statement by another continuing health education Accreditation organization.
* Presenters, Authors or facilitators with no relevant financial or other relationships will disclose to learners that no conflicts of interest exist.
* Disclosures to CCCEP will be made on an approved disclosure form.

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| Title of Learning Activity/Program or Conference | | | | |  | | | | | | | |
| Title(s) of Conference Session you are preparing/presenting (if appliable) | | | | |  | | | | | | | |
| Program/Conference Session Sponsor | | | | | No Sponsor | | | Sponsored (add name below) | | | | |
| What is your role in the learning activity/conference? (Check all that apply) | | | | | Member of the scientific planning committee | | Moderator | | | | Speaker | |
| Author | | | | Expert Reviewer | |
| Other *(describe)* | | | | | | | |
|  | **I do not have a relationship with an organization/commercial interest to disclose** | | | | | | | | | | | |
|  | **I have a relationship with an organization/commercial interest to disclose.** Please indicate the organization(s) with which you have/had a relationship over the previous 24 months and briefly describe the nature of that relationship. | | | | | | | | | | | |
| **Nature of relationship(s)** | | | | **Name of**  **organization(s)** | | **Description of relationship(s)** | | | | | | |
| Any direct financial payments including receipt of honoraria/speaker’s fee | | | |  | |  | | | | | | |
| Membership on advisory boards or speakers’ bureaus | | | |  | |  | | | | | | |
| Funded grants or clinical trials | | | |  | |  | | | | | | |
| Patents on a drug, product or device | | | |  | |  | | | | | | |
| Salaried or contract employee within the past 5 years  (***Note*** *– current salaried or contract employees of a commercial interest who is a sponsor of the learning activity or conference session are restricted from being authors, presenters, planning committee members or expert reviewers*) | | | |  | |  | | | | | | |
| 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 | | | |  | |  | | | | | | |
| **To be completed by authors and speakers only** | | | | | | | | | | | | |
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., “off-label” use of medication). *Note: You must declare all off-label use to the audience during your presentation.* | | | | | | | | | | | | Yes  No |
| I intend to provide personal opinions and/or observations regarding a drug, product or device.  Note: *You must declare all personal opinions/observations to the audience during your presentation.* | | | | | | | | | | | | Yes  No |
| I confirm that I am aware of CCCEP’s Standards and Requirements for Accreditation policy and have developed and/or will deliver the content so as to ensure the presentation is balanced and that it does not contain promotional materials or images. | | | | | | | | | | | | * Yes |
| I confirm that the description of therapeutic options in my learning activity and/or conference session presentation will utilize generic names (or both generic and trade names where the use of a trade name is deemed necessary) and not be presented in a manner that suggests or could give rise to bias toward any product. | | | | | | | | | | | | * Yes |
| I confirm that I have taken one or more of the following measures to ensure this learning activity/conference session is balanced and free from bias:   * Conducted a comprehensive review of the relevant literature * Supported the content and recommendations within by best available current evidence from the literature * Had an expert or peer review conducted of my learning activity/conference session * Other (please describe): | | | | | | | | | | | | Yes |
| I confirm that I have included disclosure/conflict of interest slides/statements in my learning activity/conference session, in accordance with CCCEP’s Guidelines.  Note: *Sample slides are available for download on CCCEP’s website at* [CCCEP Forms](https://www.cccep.ca/pages/cccep_forms.html?page=accreditation) | | | | | | | | | | | | Yes |
| I confirm that I have appropriately used and acknowledged copyrighted materials. | | | | | | | | | | | | Yes |
| **To be completed by Scientific Planning Committee (SPC) Members only** | | | | | | | | | | | | |
| I confirm that I am aware of CCCEP’s Standards and Requirements for Accreditation policy and have reviewed the content to ensure it aligns with CCCEP’s requirements. | | | | | | | | | | | | Yes |
| I confirm that I have read CCCEP’s document on Scientific Planning Committee Requirements and Responsibilities (<https://www.cccep.ca/public/uploads/documents/Scientific_Planning_Committee_-_Requirements_-_revised_June_2023.docx?page=accreditation> ) and am aware of my responsibilities. | | | | | | | | | | | | Yes |
| **Signature Section – to be completed by all** | | | | | | | | | | | | |
|  | **I Agree** | By clicking “I agree” you are declaring that the information provided by you on this form is accurate and that you understand that this information may be publicly available. | | | | | | | | | | |
| Name: | | |  | | | | | | Date: |  | | |
| Signature:  (Digital signature is acceptable) | | |  | | | | | | | | | |