# Disclosure of Conflict of Interest

**Version: July 23, 2021**

The Standards of Accreditation for the Canadian Council on Continuing Education in Pharmacy (CCCEP) and CCCEP’s Accreditation Guidelines describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. These Standards and Guidelines are applicable to all accredited CCCEP accredited learning activities and conferences, and can be found at [STANDARDS & GUIDELINES (cccep.ca)](https://www.cccep.ca/pages/standards__guidelines.html). An extract from Standard 4 and Guideline G is provided below. Sample disclosure slides, as referenced below under 5.4, can be found at [Guideline G: Disclosure (cccep.ca)](https://www.cccep.ca/pages/guideline_g_disclosure.html?page=standards__guidelines).

**CCCEP Standard 5: 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**

5.1.    Full disclosure of all funding, payments, influences, and relationships will be made:

a) To CCCEP at time of application, renewal and when new individuals are added; and

b) To learners at the beginning of the learning activity.

5.2.    Disclosure will include:

a) Potential conflicts of interest of the presenter or author;  
b) Employment relationships with a commercial entity;  
c) Whether an honorarium (speaking fee) provided and by who for that particular learning activity; and  
d) Sponsorship support, including in-kind support.

5.4 Disclosure to learners will include all information on the sample disclosure slides and may be made on disclosure slides (Live activity) or in a statement of disclosure (Independent Study activity).

5.5.    Disclosure will include only the company name and will not include trade names, logos, company or product group messages or organizational slogans, except when a trade or product name is required in the disclosure statement by another continuing health education accreditation organization.

**CCCEP Guideline G: Conflict of Interest and Disclosure**

* Disclosure will always be made. Individuals with no real or relevant financial or other relationships will disclose to learners that they have no conflicts of interest to declare.
* If additional personnel, such as a new live learning activity presenter, become involved with a learning activity following accreditation, a Disclosure Form will be submitted to CCCEP prior to their active participation.
* The required elements for disclosure outlined in Standard 5 will be presented in a disclosure statement or set of disclosure slides. Conference presenters will also include a statement of how they have mitigated any bias arising from potential conflicts of interest and/or sponsorship.
* Current/past employment relationship includes any relationship which may be, or give the appearance of, a conflict of interest with respect to the learning activity; this includes ongoing contractual relationships.

**Process:**

1. All authors, presenters, moderators, expert reviewers and members of the planning committee (where one is established) must complete this disclosure form and submit it to the provider organization, who must submit it to CCCEP at the time of their application for accreditation.
2. Disclosures must be made to the audience whether you do or do not have a relationship to disclose. This must be done via disclosure slides (see [Guideline G: Disclosure (cccep.ca)](https://www.cccep.ca/pages/guideline_g_disclosure.html?page=standards__guidelines)) or verbally if the presentation is delivered only in that manner.

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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 Guidelines for Accreditation 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* [*Guideline G: Disclosure (cccep.ca)*](https://www.cccep.ca/pages/guideline_g_disclosure.html?page=standards__guidelines) | | | | | | | | | | | | * Yes |
| I confirm that I have appropriately used and acknowledged copyrighted materials. | | | | | | | | | | | | * Yes |
| **☐** | **I Agree** | By clicking “I agree” you are declaring that the above information is accurate and that you understand that this information may be publicly available. | | | | | | | | | | |
| Name: | | |  | | | | | | Date: |  | | |
| Signature:  (Digital signature is acceptable) | | |  | | | | | | | | | |