# CME Compiled Disclosure & Resolution of COI

**Joint Provider:** **Activity Title:**

**Activity Dates:**

**Deadline:** Return to barbaraking@acaai.org no later than 3 months prior to activity start date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Role** | **Commercial Interest** | **Nature of Financial Relationship** | **Potential COI** | **Resolution of COI** |
| Name | **Activity Role (i.e Presenter, Reviewer, Moderator, Planner)** | **Name of Company: if none, enter “nothing to disclose”** | **Honorarium****Stockholder****Consultant****Research****Speaker** | **Does a potential Conflict Of Interest exist?** | **How was COI Resolved?** **If yes, indicate *one or more methods* used for resolving the COI. (see next page)****1.a.=Limit sources****1.b.=Limit content** |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |
|  |  |  |  | Yes  No |  A  B |

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Program Chair / Planning / CME Committee / Education Council Date

1. Altering Control Over Content – An individual’s control of CME content can be altered in several ways to remove the opportunity to effect content related to the products/services of a commercial interest. Any of the following actions may be taken by the program team and/or program chair, chair of the Education Council, CME Committee, etc.

1. **Limit the sources for presentation, materials, and clinical recommendations to the sources considered as based on the “best available evidence” from medical/scientific literature, etc.**
2. **Limit the content of the presentation and related materials to that which has been reviewed by adequate committee/peer review and revise as necessary, or as developed by the Education Council/Curriculum Development Committee, i. e., core presentation**
3. Limit the content to a report without recommendations regarding products or services, e. g., limit presentation to pathophysiology, diagnosis, and/or research findings.
4. Select another individual to control that part of the content or topic.
5. Change the activity, presentation, or materials to reflect a change of focus and/or other areas of content.
6. Alter financial relationships – An individual may change his/her relationships with commercial interests, e.g. discontinue contracted services, and in doing so, no duty, loyalty, or incentive remains to introduce bias into the CME content.

Individual agrees to divest self from the conflicting financial relationship by \_\_ /\_\_/\_\_\_\_; info must still be disclosed for the last

 12 months.

2. Development of Content – The process of **individuals working together** to create and monitor activity content (e.g. Education Council, Curriculum Development Committee, CME Committee, Task Force Planning Committee) **may resolve conflicts of interest** by **ensuring** **that no single individual has control over the content development process** and that the **content is valid, aligned with the interests of the public,** and that:

* All the recommendations involving clinical medicine are based on the best available evidence – evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients,

 AND

* All scientific research referred to, reported, or used in a CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, and analysis

3. Educational Planners/Reviewers or those persons in a similar role:

a. Ensure(s) that any speaker or content suggested, planned, or reviewed is independent of commercial bias, and if appropriate,

b. Recuses self from involvement in specific activity content, as appropriate, with which a conflict of interest may not or has not

 been resolved

***Actions to be taken for final resolution of conflict of interest (COI) will be approved / directed by the Planning/CME Committee/Program Chairs, Education Council, etc., responsible for oversight of the CME activity and will be communicated to each individual, as appropriate.***