**DISCLOSURE OF CONFLICT OF INTEREST FORM**

The Canadian Ophthalmological Society (COS) is an Accredited Continuing Professional Development (CPD) Provider of the Royal College of Physicians and Surgeons of Canada (RCPSC). Accreditation standards outlined by the RCPSC for the Maintenance of Certification Program dictate that disclosures must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit organization. Disclosure is not intended to restrict content, but to inform the audience that a financial relationship exists in order to ensure balance, independence, objectivity, and scientific rigor in the accredited educational activity. All planning committee members, faculty, speakers, moderators, and authors MUST disclose any relationships over the previous two (2) years, regardless of their relevance to the subject matter being discussed or presented.

**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.

The [*National Standard for Support of Accredited CPD Activities*](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) (The National Standard) describes the process and requirements for gathering, managing, and disclosing conflicts of interest to participants. The National Standard is applicable to all accredited CPD activities.

**COS Conflict of Interest Policy**

1. All members of the scientific planning committee, speakers, moderators, facilitators and authors must provide to the COS a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):
   1. Any direct financial payments including receipt of honoraria;
   2. Membership on advisory boards or speakers’ bureaus;
   3. Funded grants or clinical trials;
   4. Patents on a drug, product or device; and
   5. 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.
2. The scientific planning committee for an accredited CPD activity is responsible to review all disclosed financial relationships in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest.
3. Disclosures must be made to the audience whether they do or do not have a relationship to disclose. 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. Any individual who fails to disclose their relationships cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity.
5. 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.
6. The description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disclosure of Conflict of Interest**  Complete this form and return to physician organization developing the CPD activity | | | | | | | |
| Title of CPD activity | | |  | | | | |
| Date of CPD activity | | |  | | | | |
| What is your role in the CPD activity? | | | Member of the scientific planning committee | | Moderator | Speaker | |
| Author | Facilitator | |
| Other *(describe)* | | | | |
|  | **I do not have a relationship with a for-profit and/or a not-for-profit organization to disclose** | | | | | | |
|  | **I** **have a relationship with a for-profit and/or a not-for-profit organization to disclose**  Please indicate the organization(s) with which you have/had a relationship over the previous two years and briefly describe the nature of that relationship. | | | | | | |
| **Nature of relationship(s)** | | **Name of for-profit or not-for-profit organization(s)** | | **Description of relationship(s)** | | | |
| Any direct financial payments including receipt of honoraria | |  | |  | | | |
| Membership on advisory boards or speakers’ bureaus | |  | |  | | | |
| Funded grants or clinical trials | |  | |  | | | |
| Patents on a drug, product or device | |  | |  | | | |
| 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 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 acknowledge that the [National Standard](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding. | | | | | | | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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) | |  | | Date: |  |