

# CGS Speaker & Planning Committee Disclosure Guidelines & Form – part 1:

## What to Disclose

It has become increasingly important to Continuing Medical Education/Continuing Professional Development (“CME/CPD”) planners and participants that there is full disclosure and if feasible, resolution of any competing interests with respect to information being presented at a CME/CPD event. **Please list any affiliation (financial or otherwise) with a commercial or other interest that may have a direct or indirect connection to the content of a CME/CPD presentation.** In particular, for the 2 year period prior to a CME activity, we are asking all presenters and course planners to disclose the following (please attach an additional page if necessary):

- Any direct financial interest in a company whose interests are in the area(s) covered by the educational material
- Ownership interest in a company (i.e. stocks, stock options or other ownership interest, excluding diversified mutual funds)
- Membership on the company’s advisory board or similar committee(s)
- Involvement in research sponsored by the company
- Participation in clinical studies sponsored by the company or using products produced by the company
- Involvement in the design of clinical studies concerning the use of products manufactured by the company
- Honorarium, consulting fees, salary, royalty, grant-in-aid (“restricted” or “unrestricted”) or other monetary support received from or expected from the company
- Ownership of a patent for a product referred to in the presentation or marketed by the company

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- Any other financial ties that should be declared

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In some cases it can be difficult to determine whether a given relationship or activity may be in “conflict”; in these cases consultation with the CGS CPD committee may be helpful. In general, we recommend that it is prudent to err on the side of disclosing more than less.

## How to Disclose

Each presenter should announce to the audience disclosure of the preceding information, if applicable, **prior to any presentation with a slide**. Speakers who have no involvement with commercial interests **should also inform the audience that they are unable to identify any potential conflict of interest** and have nothing to disclose.

### CME/CPD Program Title:

#### Please check the statement that applies to you

- I do not have any affiliations (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation
- As noted above, I have/had an affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation

I, \_\_\_\_\_, acknowledge that the above information is accurate.

Name

\_\_\_\_\_  
Signature/ Date

I, \_\_\_\_\_, agree to adhere to the CMA Guidelines for Interaction with Industry.

Name

\_\_\_\_\_  
Signature/ Date

**Please return completed form to the Planning Committee chair**

## CGS Speaker Disclosure Guidelines & Form - part 2: (only speakers need complete)

### What to Disclose

It is the presenter's responsibility to ensure that their presentation (including any recommendations made) is balanced, and reflects the current scientific literature. Presentations must give a balanced view of all relevant therapeutic options available and a fair assessment must be presented.

Unapproved use of products or services must be declared at the beginning of the presentation.

In addition, the Royal College requires faculty presentations to be consistent in their use generic names during their presentation. When using trade names, it is preferable to use multiple trade names per product (if available) rather than referencing a single trade name.

### How to Disclose

Each presenter should announce to the audience disclosure of discussion of off-label use, if applicable, **prior to any presentation content with a slide.**

#### **CME/CPD Program Title:**

#### **Please check the statement that applies to you**

- I do not intend to make therapeutic recommendations for medications or services that have not received regulatory approval (eg. Off-label use)
- I do intend to make therapeutic recommendations for medications or services that have not received regulatory approval (eg. Off-label use) and will declare so at the beginning of my presentation

I, \_\_\_\_\_, **acknowledge that the above information is accurate.**  
Name

\_\_\_\_\_  
Signature/ Date

***Please return completed form to the Planning Committee chair***