**To**: CME Providers of AAFP Credit

**From**: AAFP Credit System

**Subject**: CME Relevant Financial Relationship Policy and Disclosure Form

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Attached is a sample template for CME providers to use when creating their CME policy and procedures for managing relevant financial relationships. The policy and procedure is required to demonstrate compliance with the ACCME Standard 3, from within the Standards for Integrity and Independence in Accredited Continuing Education.

This template should be edited to meet the CME provider’s own policy and procedures. AAFP encourages CME providers to meet with their own education committee and/or advisory board when creating their policy and procedures. If the CME provider is audited by the AAFP Credit System for a CME activity, then the CME provider will be required to submit their policy and procedures for managing relevant financial relationships.

**[CME Provider]**

**CME Policy and Procedures for Managing Relevant Financial Relationships**

The following policy governs all [CME Provider] produced CME activities:

1. **Collection of All Financial Relationships**

All individuals in a position to control content must disclose, in writing to [CME Provider], the existence of **al**l financial relationships with [ineligible companies](https://www.accme.org/accreditation-rules/eligibility) within the **prior 24** months. Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:

* 1. The name of the ineligible company
	2. The nature of the financial relationship, and
	3. The topic area involved.

All individuals in a position to control content must return the disclosure information by the due date. Failure to disclose within the necessary timeframe will result in withdrawal of the invitation to participate in the educational content.

1. **Review and Identify Relevant Financial Relationships**

[CME Provider] is responsible for reviewing the information about financial relationships and determining which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

Owners and employees of ineligible companies must be excluded from controlling content of participating as planners or faculty in accredited education. There are three exceptions to this exclusion as outlined in [Standard 3.2](https://www.accme.org/accreditation-rules/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships) which may be considered by [CME Provider].

The intent of this policy is not to prevent individuals from participating, but rather to identify and mitigate any relevant financial relationships. Should mitigation be impossible, a replacement for the individual must be chosen.

1. **Mitigate Relevant Financial Relationships**

[CME Provider] must take steps to prevent all those with relevant financial relationships from inserting commercial bias into the content. To do this, all relevant financial relationships must be mitigated prior to the activity taking place. [CME Provider] is responsible for the following:

* 1. Selecting a mitigation prior to the individuals assuming their roles. The mitigation strategy must be appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
	2. Documenting the steps taken to mitigate relevant financial relationships.
1. **Disclosure to Learners**

Acknowledgement of all disclosures for every individual who serves in a position to control content of the educational activity must be presented to the learners before they engage in the education. It must also be in a format that can be verified during an audit (i.e. in writing). When disclosing relevant financial relationships to learners, the following must be included:

* 1. The names of the individual with relevant financial relationships.
	2. The names of the ineligible companies with which they have relationships.
	3. The nature of the relationship.
	4. A statement that all relevant financial relationships have been mitigated.

Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.

Learners must also be informed about individuals in a control of content with no financial relationships with ineligible companies (either individually or as a group).

**Financial Relationship Disclosure Form for CME Activities**

Disclosure of all financial relationships with [ineligible companies](https://www.accme.org/accreditation-rules/eligibility) within the prior 24 months of the completion date of this form:

*Ineligible companies are those who primary business is producing, marketing, selling, re-selling, or distributing health care products used by, or on patients.*

[ ]  I DO NOT have a financial relationship with an ineligible company.

[ ]  I HAVE a financial relationship with an ineligible company.

**Please complete for all relationships that apply.**

\*Relationship types including but not limited to employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

 Relationship type\* Organization with which Relationship Exists Topic Area(s) Involved

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

If more than 10 financial relationships exist, please list the remaining here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation and Signature**

I have read and understand the [CME Provider name] policy on full disclosure. If I have indicated a financial

relationship or interest, I understand that this information will be reviewed to determine whether this

relationship precludes my participation, and I may be asked to provide additional information. I understand that

it is necessary to update disclosure information should my status change during the course of the CME activity.

I understand that failure or refusal to disclose, false disclose, or inability to mitigate relevant financial relationships will disqualify me from participating in this activity.

Name:

Signature:

Date: