



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  

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STRONG MEDICINE FOR AMERICA

To: CME Providers of AAFP Credit

From: AAFP CME Credit Systems and Compliance Department

Subject: Policy and Procedures for Full Disclosure and Identification and Resolution of Conflicts of Interest

Attached is a sample template for CME providers to use when creating their CME policy and procedures for managing conflicts of interest. The policy and procedure is required to demonstrate compliance with the ACCME Standards for Commercial Support.

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 AAFP for a CME activity, the CME provider will be required to submit their policy and procedures for managing conflicts of interest to AAFP to be found compliant.

## **[CME Provider]**

### **CME Policy and Procedures for Managing Conflicts of Interest**

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

Any individual in a position to control content must disclose, in writing to the CME Provider, the existence of any financial relationships with a commercial interest within the past 12 months. The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Disclosure information must be received and reviewed by [CME Provider] prior to confirmation of the individual's participation. Any conflicts of interest must be identified and resolved by the [CME Provider] prior to the individual's confirmation as an activity planner, faculty author, or other content controlling role. The ACCME's definition of conflict of interest is when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. It is necessary to update disclosure information should the status change during the course of the CME activity.

The intent of this policy is not to prevent individuals from participating, but rather to identify and resolve any conflict of interest. Should resolution be impossible, a replacement for the individual must be chosen.

The review, identification, and resolution process must take place prior to the activity; 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. The disclosure information will be reviewed, and should a potential conflict be identified, additional information or dialogue may be required.

Acknowledgement of all relevant disclosures—i.e., nothing to disclose or existence of affiliation(s), and/or financial relationship(s) or interest(s)—for every individual who serves in a position to control content of the educational activity must be presented to the learners in writing prior to presentation or publication.

Failure or refusal to disclose, false disclosure, or inability to work with the [CME Provider] to resolve an identified conflict of interest will result in withdrawal of the invitation to participate and replacement of the individual.

#### **Resolution of Conflicts of Interest**

- A. Should no conflict of interest be identified, the individual's role in the activity may be established.
- B. Should a conflict of interest be identified, the individual will be contacted and asked for clarification or additional information. Upon receipt and review of this additional information, methods of resolution will be identified and discussed with the individual. Resolution methods may include, but not be limited to, one or more of the following:
  - Peer review of content prior to the activity to ensure evidence-based, un-biased content using best available, highest strength of evidence. The activity faculty or authors must be responsive to revision requirements.
  - Assigning a different topic for the individual
  - Assigning a different faculty for a topic
  - Cancellation of the faculty
- C. The resolution process and outcome will be documented in the CME activity file.

## CME Conflicts of Interest Form for CME Activities

Please check where applicable and sign below. Provide additional pages as necessary.

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address, City, State, and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of CME Activity: \_\_\_\_\_

Date(s) and Location of CME Activity: \_\_\_\_\_

Topic: \_\_\_\_\_

Role you hold specific to this CME activity: \_\_\_\_\_

### DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

☐ **A.** Neither I nor an immediate family member (spouse or partner) has a financial relationship with or interest in a commercial interest.

☐ **B.** I have or an immediate family member (spouse or partner) has a financial relationship with or interest in a commercial interest. Please check the relationship(s). (Check all that apply):

☐ Research Grants

☐ Speakers' Bureaus\*

☐ Ownership

☐ Receipt of Equipment or Supplies

☐ Consultant or Advisory Board

☐ Manuscript Preparation\*\*

☐ Stock/Bond Holdings (excluding mutual funds)

☐ Employment

☐ Partnership

☐ Honorarium

☐ Other (please list) \_\_\_\_\_

Please indicate the names of the organization(s) with which you have a financial relationship or interest, and the topic areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

Organization with which Relationship Exists	Type of Relationship	Topic Area(s) Involved
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

\*If you checked "Speakers' Bureaus" in item B, please continue:

- Did you participate in company-provided speaker training?
- Did you travel to participate in this training?
- Did the company provide you with slides of a presentation in which you were trained as a speaker?
- Did the company pay the travel/lodging/other expenses?
- Did you receive an honorarium or consulting fee for participating in this training?
- Have you received any other type of compensation from the company?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

\*If you checked "Manuscript Preparation" in item B, please continue:

- Was any assistance provided by a commercial interest, medical communications company or professional writer?

☐ Yes ☐

If yes, please describe who provided the assistance. \_\_\_\_\_

- Was the topic suggested by an advisory panel that receives support (ex: educational grant) from a commercial interest?

☐ Yes ☐ No

I have read the [CME Provider] Policy and Procedures for Managing Conflicts of Interest. 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 failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will disqualify me from participating in this activity.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN BY:** \_\_\_\_\_ **TO:** [CME Provider, contact person, address, phone number, etc.]