

Examples of Including Disclosure Information for a CME Session in a HANDOUT Given to Participants or Posted for Participants to View

The example on the following page can be used to communicate disclosure information for planner(s) and presenter(s) to participants at a regularly scheduled series, such as a grand rounds or journal club.

This information can be:

- Provided as an individual handout to participants
- Posted in an area where participants can see it prior to the start of the activity, such as a registration desk or where sign-in sheets are located

Click below to view examples:

Disclosure Summary

- Ideal for a session with multiple speakers/planners
- Includes an area for attestation that the information was provided to participants

CME Disclosure Form

- Can be used for a session with a single speaker
- Includes an area for attestation that the information was provided to participants

Documentation required within 30 days of the session:

- A copy of the handout or posted sign containing the disclosure information, including disclosure of no relevant financial relationships
- Dated attestation that the disclosure information was provided to participants, signed by the person who is doing the attesting

Send documentation to: Julie ReBeau at juliwils@umich.edu

Disclosure Summary

Disclosure of Relevant Financial Relationships with Commercial Interests

The Accreditation Council for Continuing Medical Education (ACCME) requires that everyone who is in a position to control the content of an education activity disclose relevant financial relationships with commercial interests. A "relevant financial relationship" is defined as any financial relationship within the past 12 months. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Program Name: Case Conference
Date: January 16, 2016

The following planners/speakers have no relevant financial relationships:

Allen Able, MD
Barbara Baker, MD
Craig Cooper, MD

The following planners/speakers have relevant financial relationships:

<u>Planner/Faculty Member</u>	<u>Nature of Relationship</u>	<u>Company</u>
David Daniels, MD	Research Grant Consultant	Wyeth-Ayerst Laboratories Merck

I attest that this information was presented to participants on 1-16-16 (date).

Signature: Barbara Baker Printed Name: Barbara Baker

Name: David Daniels Activity Date: 2016
CME Activity: Case Conference Program ID#: 12345

Role(s) in Determining Educational Content:
 Planner/Lead Co-Planner/Co-Lead Planning Committee Presenter/Author

Purpose. The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers to identify and resolve all potential conflicts of interest of planners and presenters prior to a CME activity (i.e., all individuals in a position to control the content). When current relevant relationships are disclosed, the potential conflicts must be resolved. **Relevant relationships identified on the disclosure form (including the absence of such relationships) must be conveyed to the audience prior to the activity.**

Definitions. "Relevant financial relationships" are those in which an individual (including spouse/domestic partner) **has both:**

- (1) **a personal financial relationship** (any amount) with a **commercial interest** (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, whether the relationship has now ended or is currently active.
- (2) **control in planning or presenting educational content addressing specific products** of the commercial interest (not simply a whole class of products as a group).

(No disclosure needed for relationships with non-profits, government units, or entities not producing health care goods or services.)

Disclosure. Regarding my role in the CME activity listed above, currently or in the past 12 months (check one):

- I have/had **NO relevant personal financial relationships.** (Go to Signature section following the box below.)
- I have/had **BOTH (1) a personal financial relationship** with a commercial interest and **(2) will control educational content** about the products of the commercial interest. (Complete next section, then go to Signature section following the box below.)

Type of Personal Financial Relationship	Name of Company(s) Whose Products Will Be Addressed	Relationship Status	
		Ended	Current*
Consultant	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Speaker's Bureau	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Grant/Research Support (Principal Investigator or working directly for company/company's agent)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Stock Shareholder (self managed)	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *
Other (e.g., royalty, employee) [describe]:	<input type="checkbox"/>	<input type="checkbox"/> *
	<input type="checkbox"/>	<input type="checkbox"/> *

Balance in content: Planners and Presenters should be aware that:

- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
- Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
- For FDA regulated products, unapproved uses (i.e., "off-label" uses) must be identified as such.
- If information is to be presented that is not established medical practice, the information must be identified as such.

10/8/15
Signature of Faculty Planner/Presenter Date

*** If any "Current Relationship" is checked in the box above, the "RESOLUTION" section below must also be completed.**

Resolution. To assure independence and balance of content, current conflicts of interest were resolved by the following process (check one):

- Peer review Omitting recommendations for specific products
 Individual ended relationship Recommendations based on structured review for best evidence
 Selected an alternative person Other (describe): _____

10-29-15
Signature of Individual Designated to Resolve Conflict of Interest Date

If this form was subsequently shared directly with participants, also complete the section below and forward completed copy to OCPD.

If the mechanism for sharing presence or absence of the commercial relationships listed above was to provide or display a copy of this form to participants before the activity, this occurred on _____ (date) and was verified by: _____ (name).

If this method was used, send a completed copy of this form within 30 days to juliwils@umich.edu or fax to 936.3510.