



Faculty / Organizer Conflict of Interest Disclosure Form

To be completed by all Faculty members and Organizers for CAS accredited activities

The Canadian Anesthesiologists' Society (CAS) has been granted Accreditor Provider status from the Royal College of Physicians and Surgeons of Canada Accreditation Committee. As such, CAS must insure balance, independence, objectivity, and scientific rigour in all its developed or co-developed educational activities. All committee members participating in the planning of an activity and all faculty members are expected to disclose to the attendees all relevant relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

The intent of this disclosure is not to prevent a Faculty member or Organizer with a significant financial or other relationship from making a presentation or participating in the planning process, but rather to provide attendees with information on which they can make their own judgements. It remains for the attendees to determine whether the Faculty member or Organizer's interests or relationships may influence the choice of speakers or presentation with regard to the exposition or conclusion.

The conflict of interest disclosure form must be completed and submitted to the CPD provider organization or scientific planning committee, as directed. The audience must be informed if there are or not relationships to disclose – in writing in the conference material, on a presentation slide and verbally by the speaker at the beginning of a presentation. Moreover, the content and/or materials presented must provide (where applicable) a balanced view across all relevant options related to the content area and the description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Glossary of Terms

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.

Financial relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. Financial relationships of immediate family members e.g. spouse/child or partner shall also be considered.

Relevant financial relationships: Financial relationships with commercial interests in the 24-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity will be considered. There is no set minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

Commercial Interest: A "commercial interest" is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.



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Name:					
Title of Planned Program:					
Date(s) of Program:				Location:	
Role in the Program: <i>please select all that apply</i>	<input type="checkbox"/> member of the scientific planning committee				
	<input type="checkbox"/> moderator	<input type="checkbox"/> speaker	<input type="checkbox"/> author	<input type="checkbox"/> facilitator	
	<input type="checkbox"/> other (describe)				

In the preceding 24 months, have you (or any member of your immediate family/partner) had a significant commercial interest or other relationship with for-profit and not-for-profit organizations?			
<input type="checkbox"/> Yes <i>Please list the organizations and describe the nature of the relationship(s).</i>			<input type="checkbox"/> No
Relationship nature	Organization name (for-profit or not-for-profit)	Relationship description	
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 all except for organizers (members of the scientific planning committee)		
Do you intend to discuss unlabelled use of any product(s) in your abstract or presentation? <i>Note: You must declare all off-label use to the audience during your presentation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to discuss investigational product(s) in your abstract or presentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I acknowledge that the National Standard requires that any description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> 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.		
Signature:		Date:	