



# Northwest Society of Plastic Surgeons Conflict of Interest Policy with Disclosure and Acceptance of Responsibility Form

**AFTER YOU HAVE REVIEWED PAGES 1 AND 2, PLEASE COMPLETE, SIGN AND RETURN PAGE 3 OF THIS PACKET.**

The Northwest Society of Plastic Surgeons (NWSPS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Also, NWSPS designates educational activities for *AMA PRA Category 1*

*Credit™*. As such, the NWSPS, has the obligation to ensure the delivery of education that is balanced, independent from commercial interests, free of commercial bias, objective, and scientifically rigorous.

Learners participating in all formats of CME activities sponsored, co-sponsored, or jointly sponsored by the NWSPS must be provided the opportunity to properly evaluate the objectivity of the information, analysis, and recommendations presented during an activity. It is important that the learners be informed of any aspect of personal or professional circumstance, originating with anyone in a position to control educational content, out of which a perception of a conflict of interest would arise.

**A commercial interest is defined by the ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients**, with some exceptions, such as, eligible non-profit or government organizations, non-health care related companies, and providers of clinical service directly to patients. Circumstances calling for disclosure include, but are not limited to: receipt of financial support from a commercial interest, as defined above, for research activities or other scientific work reported on during the program, or, a personal financial or proprietary interest in, or consultant relationship to, a company that is a commercial supporter of the activity or whose product or service is discussed as part of the subject matter of the activity. Specifically, any financial relationship in any amount occurring in the **last twentyfour (24) months** (even if the relationship has been divested), including those of a spouse/partner, must be disclosed.

**A conflict of interest** exists wherein an individual has or uses the opportunity to inject bias based on the held financial interest into the educational content or dissemination of related information. **According to the ACCME, financial relationships create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest**, as defined above.

Based on the above, **ALL** CME related persons involved with content, including committee members, activity chairs/co-chairs, reviewers, presenters, moderators, authors, editors, staff, and others as applicable, must:

- A) Disclose any aspect of his/her personal or professional circumstances which might reasonably be related to the educational activity content or material being presented or disseminated OR indicate that they have nothing to disclose.
- B) Confirm that any financial relationship/affiliation disclosed will in no way influence the content of material being presented or disseminated. For persons with oversight responsibility, re-cusal from the formulation process is required for any CME activity or activity segment which is directly related to the held financial relationship.
- C) Confirm that the above submitted disclosure statement must, and will, be stated verbally from the podium prior to presentation and included in print on any audio/visual or handout material. NWSPS will additionally publish the submitted disclosure information in related activity materials, in print and/or on line, as applicable.
- D) Planners/Reviewers: Confirm that the activity content will not be formulated or approved in any way to include recommendations or promotional language regarding any products or services for which a financial relationship exists, and that any approved mention of a product or device within the activity content will be technique/procedure oriented only; will be based on peer-reviewed, best available evidence/independent unbiased scientific research, and will relate to content in a way that conforms to the standards of medical care published within generally accepted literature.  
Presenters/Authors: Confirm that the presentation/educational materials will contain absolutely NO recommendations or promotion regarding any products or services for which a financial relationship exists. ANY mention of a product or device within the verbal presentation, visuals or handout material **MUST** be technique/procedure oriented only; must be based on peer reviewed, best available evidence/independent unbiased scientific research, and will relate to content in a way that conforms to the standards of medical care published within generally accepted literature.
- E) Confirm that all educational materials submitted (slides, handouts, articles, etc.) will contain and be reviewed for the proper disclosure statement(s) and references to the best available evidence.
- F) Confirm that no commercial support or honorarium will be accepted from outside sources for participation in CME activity content formulation, approval, individual presentation, publication, or attendance at a program.
- G) Educational Planners/Reviewers: Confirm that necessary steps will be taken to ensure that all CME activity participants abide by the guidelines outlined in the Disclosure/Acceptance of Responsibility form, including but not limited to presentation, handout and audio-visual content, verbal and written disclosures, identification and resolution of conflict of interest, and honorarium policies, including but not limited to participant censure and/or removal from the current and/or future CME activities.  
Presenters/Authors: Confirm that the guidelines outlined in the Disclosure/Acceptance of Responsibility form will be followed, including but not limited to presentation, handout and audio-visual content, verbal and written disclosures, identification and resolution of conflict of interest, and honorarium policies.
- H) Acknowledge that if reasonable information is obtained by the accredited provider which results in doubt as to the validity of the confirmations above, that participation in the related activity formulation will be revoked; a replacement may be assigned and/or the material substituted, or other action taken, as appropriate.

## ***Acceptance of Responsibility***

- I confirm that I have disclosed all circumstances relevant to the educational activity content or material being presented/disseminated OR indicated that I have nothing to disclose.
- I confirm that any financial relationship/affiliation disclosed will in no way influence the content of material being presented or disseminated, and if my role is one of oversight responsibility, I will recuse myself from participation in content development for any CME activity or activity segment which is directly related to the held financial relationship.
- I acknowledge that the above submitted disclosure information must, and will, be stated verbally from the podium prior to the activity/presentation and additionally published in related activity materials, in print and/or online, as required.
- I confirm that the activity content over which I have responsibility to formulate, approve, plan, develop, present, or manage will contain ABSOLUTELY NO recommendations or promotion regarding any products or services for which a personal financial relationship exists. ANY mention of a product or device within the verbal presentation, visuals, handout, or published materials MUST be technique/procedure oriented only; must be based on peer reviewed, best available evidence/independent unbiased scientific research, and will relate to content in a way that conforms to the standards of medical care published within generally accepted literature. Content validation is a necessary process in CME.
- I confirm that all educational materials submitted (slides, handouts, articles, etc.) will contain, and will be reviewed for, the proper disclosure statement(s) and references to the best available evidence.
- I confirm that I will accept no commercial support in any form, or honorarium, from outside sources for participation in CME activity content formulation, approval, individual presentation, publication, or attendance at a program.
- I confirm that I will work, as appropriate to my role of responsibility in this activity, to ensure that this activity is in compliance with all CME policies, standards and guidelines as outlined above, including but not limited to presentation, handout and audio-visual content, published materials, verbal and written disclosures, identification and resolution of conflict of interest, and honoraria policies; appropriate consequences of non-compliance may include, but are not limited to, participant censure and/or removal from the current and/or future CME activities.
- I acknowledge that if reasonable information is obtained by the accredited provider which results in doubt as to the validity of the confirmations above, that participation in the related activity formulation will be revoked; a replacement may be assigned and/or the material substituted, or other action taken, as appropriate.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)
- Presenters/Authors: I represent that my presentation/material will contain no sexually suggestive content nor content which contains inappropriate references to race, color, religion, sex, or national origin, and I accept full responsibility for the presentation of appropriate and ethical material. I acknowledge that the organization coordinating this educational activity is not responsible for the content of my presentation/material and that it may curtail or terminate my presentation/material in the event it contains content which is determined to be in violation of the foregoing representation.
- Presenters/Authors: I certify that all photographic material presented is done so with the appropriate medical/patient releases for photography, and subsequent use in presentations. Further, I certify that any material provided by me for this educational activity has been obtained with the proper permission for reprint/duplication (solely for use in the activity listed above) from the original publication copyright holder, and such reprint permission will be maintained in my files for a period of four (4) years.
- I will provide presentation/handout/materials prior to the activity, as appropriate, for CME review (content validation, peer-review for resolution of conflict of interest, or other CME purposes).
- I will inform learners when I discuss or reference unapproved or unlabeled uses of therapeutic agents or products.

## CONFLICT OF INTEREST DISCLOSURE

It is mandatory that all persons engaged in content planning, development, presentation, review, or management must complete this form, sign and return it. Participants who fail to promptly complete this form and return to NWSPS [deci.nwsp@gmail.com](mailto:deci.nwsp@gmail.com), or as directed, will be disqualified and replaced, in accordance with ACCME requirements.

*Please print or type*

|                        |      |   |     |
|------------------------|------|---|-----|
| Name:                  |      | Degree/Licensure:                           | ID: |
| Phone(s):              | Fax: | Email:                                      |     |
| Activity Title:        |      |   |     |
| Live Activity Date(s): | or   | <input type="checkbox"/> Enduring Materials |     |

**Check and complete all that apply within the last 24 months (if this information changes before the activity start date, notify activity planners immediately):**

I, or spouse/partner, have no relevant financial relationship(s) or affiliations to disclose.

**OR**

I, or spouse/partner, have financial relationship(s) or affiliation(s) with commercial interests providing financial or in-kind support for, or related to, this activity. (Provide info in table for the last 24 months)

I, or spouse/partner, have financial relationship(s) or affiliation(s) with a manufacturer, marketer, reseller, or distributor of a healthcare product or service discussed in my presentation/materials at this CME activity, or in the CME activity for which I am responsible within my assigned role. (Provide info in table for the last 24 months)

| <u>Nature of Financial Relationship</u>   | <u>Name of Commercial Interest(s)</u> |
|---|---------------------------------------|
| <i>Please print or type and use actual corporate names. Trade names or product group messages will not be published, therefore only component or generic names may be used, if needed to clarify a financial relationship or affiliation.</i> |                                       |
| Speaker   |                                       |
| Consultant  |                                       |
| Advisor   |                                       |
| Shareholder (excluding diversified mutual funds)  |                                       |
| Research Support Recipient  |                                       |
| *Other (specify):   |                                       |
| *Other (specify):   |                                       |

*\*Royalty recipient, grant recipient, employee, intellectual property rights holder, independent contractor, board member, review panel member, patent holder, expert witness, speakers' bureau member, etc. are examples of other terminology used to describe the nature of a financial relationship with a commercial interest. Please enter information as you deem appropriate.*

**Actions to be taken for final resolution of conflict of interest (COI) will be approved or directed by the CME Planning Committee/Program Chairs, etc. responsible for oversight of the CME activity. Alternate suggestions for resolving specific conflicts of interest may be discussed with the appropriate persons responsible for planning the activity.**

### ***Unlabeled Use of Drugs or Devices***

**All the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Within my role(s) in this activity, I will ensure balance, independence, objectivity, and scientific rigor.**

**Presenters/Authors:** Off-label/unapproved uses are included in my presentation(s)/material(s).  No  Yes – List the drug/device (no trade names) and to what purpose you will be presenting it: \_\_\_\_\_

By signing this form, I acknowledge that identified Conflict(s) of Interest (COI) must be resolved prior to confirming participation in this activity and agree to comply with the resolutions proposed by the activity planners to manage my stated conflict(s) of interest.

I attest that I have read and reflected upon the Conflict of Interest Policy and accept responsibility as outlined above. The information I submit is accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

