

COI DECLARATION & MANAGEMENT FORM

Everyone in a position to control the content of the Hamad Continuing Professional Development Educational Activity, including planning committee chair and members, all speakers, presenters, moderators must disclose any relationship and/or affiliation with any commercial organization during the past 2 years by completing this form and comply with Hamad Medical Corporation Policy on Conflict of Interest Management and Disclosure, available on the HMC website.

إدارة التعليم الطبي
Medical Education Department

PART A- Conflict of Interest Declaration

ACTIVITY NAME:	
Date of Activity*	
*The accreditation period may be added for courses running more than 4 times a year. In such cases, the signatory is obligated to notify the CPD lead immediately, should the situation change, and any other potential conflicts of interests arise within the accreditation period.	
Topic Title	
Please check: I am a	SPC member <input type="checkbox"/> Speaker <input type="checkbox"/> Moderator <input type="checkbox"/> Other: <input type="checkbox"/>
Name of the SPC/ Presenter/ Moderator	

- ☐ I or my family members do not have an affiliation (financial or otherwise) with a for-profit or non-profit organization. Speakers who are not involved with a for-profit or non-profit organization must inform the audience that they have no conflict of interest to disclose.
- OR I or my family members have/had an affiliation (financial or otherwise) with a for-profit or non-profit organization.**
- ☐ (Include affiliations covering the past two years) At the beginning of each presentation, the facilitators and/or speakers must declare to the audience the nature of the affiliation(s): the name(s) of the for-profit or non-profit organizations and the period of their relationship (oral and visual disclosure slide required).

TYPE OF AFFILIATION	NAME OF ORGANISATION	DETAILS/DATE (from/to)
I am a member of an advisory board or similar committee for a for-profit or non-profit organization		
I am a member of a speakers' bureau		
I have received payment from a for-profit or non-profit organization (including gifts, etc...)		
I have received a grant or an honorarium from a for-profit or non-profit organization		
I hold investments in a for-profit or non-profit organization		
I am currently participating in or have participated in a clinical trial within the past two years		
Others:		

ONLY PRESENTERS COMPLETE THIS SECTION: During my presentation, I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., "off-label" use of medications). Yes ☐ No ☐
If **yes**, you must declare all "off-label" use to the audience during your presentation.

I, _____ (please print clearly), acknowledge that I have reviewed the declaration form's instructions and guidelines and that the information above is accurate

Signature:

Date:

For SPC Chair:

Upon review of the disclosure form it was determined that the

- ☐ **financial relationship does not relate to the educational activity**
☐ **a potential conflict may exist**, (Please proceed to Part B)

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PART B – Conflict of Interest Management

إدارة التعليم الطبي

Medical Education Department

☐ Not Applicable

<input type="checkbox"/>	We used a peer review process* for enduring material CPD (including online), live activity, journal CPD, etc. *(process by which materials are peer reviewed or judged to ensure the data support the conclusions before they are accepted for Presentation). If necessary, faculty will be required to revise content based on recommendations from the peer review.
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<input type="checkbox"/>	OR We altered the control over the content by <ul style="list-style-type: none"><input type="checkbox"/> choosing someone else to control that part of the content<input type="checkbox"/> changing the focus of the CME activity so that it does not relate to the products or services of the commercial interest<input type="checkbox"/> changing the content/topic of the individual's educational assignment so that it does not relate to the products or services of the commercial interest<input type="checkbox"/> limiting the individual's content to a report without practice recommendations (if individual was funded by a commercial company to perform research, the individual's presentation may be limited to research data and results)<input type="checkbox"/> limiting the role of the individual to reporting practice recommendations based on formal structured review of the literature with the inclusion and exclusion criteria stated (evidence-based)<input type="checkbox"/> Others: please describe
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<input type="checkbox"/>	OR The individual was able to document the 'best available evidence' to support his/her recommendations. (e.g., individual provided adequate references) (Suggestion: The individual may state to the learners, "the best available evidence in the literature is at the level of and supports the following conclusions). Integrating what this literature says with what the new study has revealed, my recommendations on what we should do now are".
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<input type="checkbox"/>	OR The individual decided to change his/her relationship with the commercial interest, eliminating the financial relationship and thus, any potential for conflict of interest.
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<input type="checkbox"/>	OR Others: Please Describe
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