

MITIGATION OF CONFLICT OF INTEREST

Course #		Activity Date:	
Activity Name			
Faculty/Planner Name			
Faculty Disclosures			
Role(s) in CME Activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Chair		
Use this worksheet to identify and mitigate relevant financial relationships for all who will control educational content for your activity. Please make sure that the mitigation strategy is appropriate to the person's role in the activity, and that mitigation is implemented before each person takes on their role.			
<i>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i>			
Step 1: Review collected information about financial relationships			
Is the person in control of content employed by an ineligible entity?			<input type="checkbox"/> YES* <input type="checkbox"/> NO
<i>*Any person employed by an ineligible entity is unable to participate in an accredited activity</i>			
Step 2: Determine relevant financial relationships			
Financial relationships are relevant if any of the following three conditions are met: <ul style="list-style-type: none"> • A financial relationship, in any amount, exists between the person in control of content and an ineligible company. • The content of the education is related to the products of an ineligible company with whom the person has a financial relationship. • The financial relationship existed during the past 24 months. 			
Does the faculty have a relevant financial relationship?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Step 3: Choose a mitigation strategy			
Select the appropriate mitigation strategy(ies) based on the person role in the educational offering.			
Planner			
<input type="checkbox"/> Elimination: Planner has been eliminated from participating in the CME activity. <input type="checkbox"/> Decisions related to topics and speakers were made by committee consensus. <input type="checkbox"/> Suggestions for topics and speakers were reviewed by outside consultants or other independent reviewer(s). <input type="checkbox"/> Planning committee member was excluded from making decisions regarding specific topics and speakers. <input type="checkbox"/> On site monitoring at committee meetings: _____ (name) <input type="checkbox"/> Other (please explain): _____			
Faculty (Speaker, Author, Reviewer, Moderator)			
<input type="checkbox"/> Elimination: Faculty has been eliminated from participating in the CME activity. <input type="checkbox"/> The content was reviewed and it meets all the following criteria: a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on the best available evidence and <u>referenced</u> ; c) all scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis. <input type="checkbox"/> I have altered the content, including recommendations for patient care, to conform to content validity standards. <input type="checkbox"/> The faculty member will refrain from making recommendations, regarding products or services, unless all relevant products or services applicable to the same procedure or treatment are presented in an unbiased manner. <input type="checkbox"/> The faculty will recommend an alternative presenter for this topic for the planning committee's consideration. <input type="checkbox"/> The faculty will or has divested his/herself from this financial relationship. (Date of divestment: _____) <input type="checkbox"/> I have assigned the speaker to present on a different topic not relevant to their relationship. <input type="checkbox"/> On site monitoring: _____ (name) <input type="checkbox"/> The relationship(s) disclosed were determined not to be relevant. <input type="checkbox"/> Other (please explain): _____			
Step 4: Status of Mitigation			
Is the faculty approved to participate in the accredited activity?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature of Reviewer: _____		Title of Reviewer: _____	Date: _____