

VCU Health Continuing Education

Resolution of Conflict of Interest (COI) Form for Live Courses and Enduring Materials

To Be Completed by a Non-Conflicted Activity Director, Nurse Planner, or Non-Conflicted Appointee

Name of Person with Conflict:		Activity Date:	
Activity Title:			
Individual's Role:	<input type="checkbox"/> Academic Planner /Planning Committee	<input type="checkbox"/> Speaker/Case Presenter/Author	<input type="checkbox"/> Moderator (without content) <input type="checkbox"/> Reviewer

Conflicts of Interest

What is a conflict of interest? (ACCME Standard for Commercial Support - Standard 2.1 [SCS 2.1])

The ACCME/ACPE/ANCC considers financial relationships to create actual conflicts of interest in CE 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.

Where is the conflict? (SCS 2.1)

When the provider's interests are aligned with those of a commercial interest the interests of the provider are in "conflict" with the interests of the public. The interests of the people controlling CE must always be aligned with what is in the best interests of the public.

How do these circumstances create a conflict of interest? (SCS 2.1)

The potential for increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CE – an incentive to insert commercial bias. Commercial bias is prohibited in CE.

Resolving COIs for Individuals in their Role as Planning Committee Members

Select one of the following options:

- The above named individual recused him/herself from planning content in the conflicted area.
- The individual divested him/herself of the financial relationship with the commercial entity.
- No Resolution required/Planners' participation is not pertinent to the disclosed financial relationship(s) with commercial interest(s).
- Other (Describe):

Resolving COIs for Individuals in their Role as a Reviewer

Select one of the following options:

- An additional non-conflicted reviewer reviewed the activity.
- Other (Describe):

Resolving COIs for Individuals in their Role as Moderator (without content)

Select one of the following options:

- The moderator was instructed to limit his/her role to the introduction of presenters, fielding questions, and moderating the flow of discussion between participants and presenters.
- Other (Describe):



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Resolving COIs for Individuals in their Role as Speakers/Authors

Select one or more of the following options:

Option 1:

Activity Director, Nurse Planner, or appointed Peer-Reviewer (or other individual without a COI) reviewed the presentation slides/written materials BEFORE the activity. Outcome:

- No commercial bias was perceived.
- Commercial bias was perceived, the presentation was subsequently revised, and no commercial bias was found.
- Other (Describe):

Option 2:

Activity Director or Nurse Planner asked the person with the conflict:

- Refrain from making recommendations on topics in which the conflicts exists.
- Base all recommendations on peer-reviewed data (this must be paired with another resolution method).
- Limit his/her content to data and information while other faculty members addressed the implications and made recommendations.
- Limit the sources for his/her recommendations to those identified by the Course Director (e.g. summaries from the systematic reviews of the Cochrane Collaboration, summaries from the AHRQ Effective Health Care Program, etc.).

Option 3:

- CE certification was excluded for the individual's portion of the activity.

Option 4:

- The individual divested him/herself of the financial relationship with the commercial entity.

Option 5:

- Other (Describe):

Note: If a speaker or moderator has a conflict of interest, a non-conflicted Activity Director (or a non-conflicted planning committee member) must monitor the activity and if commercial bias is perceived must take appropriate steps to mitigate the identified bias to the extent practical prior to completion of the activity.

CERTIFICATION: I certify that the information I have provided is true and complete to the best of my knowledge. I understand that it is a requirement of VCU Health CE to provide documentation of COI resolution prior to the CE activity. **If I am the Activity Director I also certify that the content validation for all presentations has been assured.**

Name of Form Completer

Date of Form Completion

Select your role in this activity:

- CE Staff Member
- DCE Selected Medical Peer-Reviewer
- Non-conflicted Activity Director
- Non-conflicted Planning Committee Member



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