# Mitigation of Conflict of Interest (COI) Form

To be completed by a Non-Conflicted Activity Director, Planning Committee Member, CE Staff, or Non-Conflicted Appointee.

Name of Person with Conflict:			Activity Date:	
Activity Title:				
Individual's Role:	☐ Academic Planner	☐ Speaker/Case	☐ Moderator	
	/Planning Committee	Presenter/Author	(without content)	

# **Conflicts of Interest**

## What is a conflict of interest?

VCU Health Continuing Education considers financial and non-financial relationships to create actual conflicts of interest in CE when individuals have both a relationship with an ineligible company and the opportunity to affect the content of CE about the products or services of that company. An ineligible company is one whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

#### Where is the conflict?

When the provider's interests are aligned with those of an ineligible company, 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?

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

### Mitigating COIs for Individuals in their Role as Planning Committee Members

Select all that apply:
$\square$ The above named individual recused him/herself from planning content in the conflicted area.
$\square$ The individual divested him/herself of the financial relationship with the ineligible company.
$\square$ A peer review will be performed to mitigate potential COI.
$\square$ The individual's role will be limited to aspects not related to the declared conflict.
$\square$ The individual will be paired with a non-conflicted individual to ensure commercial bias is not present.
$\square$ All aspects related to the individual's role will be reviewed by the appropriate CE review committee.
$\square$ The individual's conflict has been deemed immitigable, and they will be considered ineligible to plan, present, author,
or review any aspect of this activity.
<b>!</b>

# Mitigating COIs for individuals who are moderators.

The individual named above will only serve as a moderator and has no involvement with content for this activity.



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# Mitigating COIs for Individuals in their Role as Speakers/Authors Select one or more of the following options: $\square$ The individual divested him/herself of the financial relationship with the ineligible company. ☐ A peer review will be performed to mitigate potential COI. ☐ The individual's role will be limited to aspects not related to the declared conflict. $\Box$ The individual has been instructed to refrain from making recommendations on topics in which the conflict(s) exist(s). $\Box$ The individual has been instructed to base all recommendations on peer-reviewed data (this must be paired with another mitigation method). ☐ The individual was instructed to limit presentation content to data and information while other presenters addressed the implications and made recommendations. ☐ The individual was instructed to limit the sources for 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.). $\Box$ The individual's conflict has been deemed immitigable, and they will be considered ineligible to plan, present, author, or review any aspect of this 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 Continuing Education 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 Person Completing this form: Date of Form Completion

☐ Non-conflicted Activity Director

☐ Non-conflicted Planning Committee Member



Select your role in this activity:

☐ CE Staff Member

☐ Peer-Reviewer