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| Everyone in a position to control the content of the Hamad Continuing Professional Development Educational Activity, including the Scientific Planning Committee Chair and Members, all speakers, presenters, and moderators must disclose any financial or non-financial relationship and/or affiliation with any profit or nonprofit organization during the past 2 years by completing this form and comply with Hamad Medical Corporation Policy on Continuing Professional Development (CPD) Conflict of Interest Declaration and Management, available on the HMC [website](https://itawasol/EN/How%20We%20Work/HMC-Policies/Documents/OP%204043%20Declaration%20Conflict%20of%20Interest.pdf#search=COI).   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NOTE: This form must be completed prior to the CPD Activity / Event.** | | | | | | **Part A - Conflict of Interest Declaration** | | | | | | Activity Name: |  | | | | |  |  | | | | | Activity Date(s):  (Must write the activity start date) |  | | | | | Accreditation Period of CPD activity (For recurrent activities) | 3 years from the date of accreditation approval  1 year from the date of accreditation approval | | | | | COI Valid Until: | For this activity only | | | | | Role and Responsibilities: | **SPC Chair**   **SPC Member  Moderator  Speaker** | | | | |  | **Other,** specify: | | | | |  |  | | | | | **Topic Title (**For speakers ONLY) |  | | | | |  |  | | | | | **All speakers, moderators, facilitators, and scientific planning committee members must complete this part.** | | | | | | I and/or my family members **DO NOT** have/had in the last two years a relationship (financial or non-financial) with a PROFIT or NONPROFIT organization to disclose. | | | | | | I and/or my family members currently **have/ had** in the last two years a relationship (financial or non-financial) with a PROFIT or NONPROFIT organization to disclose. | | | | | | **Speakers must disclose conflicts verbally and in writing using the Disclosure slide template after the title of a presentation.**  **If slides will not be used disclosures must be included in written program materials (i.e. conference program, course website, reading material) as applicable** | | | | | | **Nature of Relationships** | | **Name of Organization** | | **Details of Relationship and Date** (from/to) | | Any direct financial relationship including receipt of honoraria or in-kind compensation | |  | |  | | Membership on advisory board or speakers' bureaus | |  | |  | | Funded grants, research, or clinical trials | |  | |  | | Patents on a drug, product, or device | |  | |  | | I hold investments in a profit or non-profit organization | |  | |  | | Others: | |  | |  | | **\*To be Completed by Speakers Only** | | | | | | I intend to make therapeutic recommendations for medications (0r other products e.g. equipment) that have not received regulatory approval (e.g., "off-label" use of medication) | | | **No**  **Yes, If YES**, you must declare all off-label use to the audience during your presentation. | | | **Acknowledgement** | | | | | | I acknowledge that any description of therapeutic options utilizes generic names (or both generic and trade names) and does not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner. | | | | | | I acknowledge that I have reviewed the instructions provided in this document and the above information is accurate, and I understand that this information will be made available to MOPH & HMC CPD Office. | | | | | | **Name and Signature** | | | | | | **Date:** | | | | | |

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| **NOTE: This form must be completed prior to the CPD Activity / Event.** |
| **Part B - Conflict of Interest Management** |
| **Not Applicable** |
| As the relevant individual has not declared any relevant financial relationships with for-profit or not-for-profit organizations related to this CPD activity  The declared (financial or non-financial) relationship has no actual or potential conflict of interest and is entirely unrelated to this CPD activity. |
| **We used a peer review process** |
| \*(the process by which the educational content is peer reviewed to ensure fair, balanced view of evidence, content is respected, any clinical content or data support the principles of scientific integrity and objectivity before they are accepted for presentation)  *If necessary*, the faculty/speaker will be required to revise content based on recommendations from the peer review. |
| **We altered the control over the content by:** |
| choosing someone else to control that part of the content  changing the focus of the CPD activity so that it does not relate to the products or services of the commercial interest.  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  limiting the individual’s content to a report without practice recommendations (if the individual was funded by a commercial company to perform research, the individual’s presentation may be limited to research data and results).  Others: please describe: |
| **The individual was able to document the ‘best available evidence to support his/her recommendations** |
| (e.g., an individual provided adequate references)  Suggestion: The faculty/speaker may use any one of the statements below to support the recommendation.  (*a) “The best available evidence in the literature is at the level of and supports the following conclusions:”*  *(b) “Integrating what this literature says with what the new study has revealed, my recommendations on what we should do now are:”* |
| **The individual decided to change his/her relationship with the commercial interest, eliminating the financial relationship and thus, any potential for conflict of interest.** |
| **Changing the speaker/presenter.** |
| **Not seek award of CPD hours for a portion or all of the activity.** |
| **Others:** Please Describe: |
| **In case of Unresolved CPD Activities Conflict of Interest** |
| Not allowed to continue with the role and responsibilities in this CPD Activity. |
| Escalate or refer undecided COI to CPD Department Lead for decision and resolution. |
| Escalate to HMC CPD Office for final decision, if COI still not resolved by CPD Department Lead. |
| **CPD Activity Conflict of Interest Declaration is Managed by: (***Please choose one)* |
| **SPC Chair Name:** |
| **Department Chair Name:** |
| **CPD Program Lead Name:** |
| **Signature** |
| **Date:** |
| *This document has been signed based on the information provided by the individual declaring his/her conflict of interest to the best of his/her knowledge.* |