MANAGEMENT OF CONFLICT OF INTEREST DOCUMENTATION FORM

In order to comply with the ACCME’s Standards for Commercial SupportSM, the Wisconsin Medical Society (Society) has implemented a disclosure process to ensure that anyone who is in a position to control the content of the education activity has disclosed all relevant financial relationships with any commercial interest. This form addresses the requirement that all potential conflicts of interest be identified and resolved prior to the educational activity. This form must be completed prior to the event.

The ACCME considers financial relationships to create conflicts of interest in CME 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.

Directions – Society Staff or Activity Director are required to:

- Fill out one form for each planner/faculty/author who discloses a significant financial relationship on their Disclosure of Relevant Financial Relationships Form.
- Attach a copy of the Disclosure Form with each Management of Conflict of Interest Documentation Form.
- Contact all planners/faculty/authors with potential conflicts of interest as soon as possible; discuss the conflict and possible methods of resolution.

Name of Planner/Teacher/Author: ____________________________________________

Activity Name & Date: _________________________________________________________

I have reviewed the planner/teacher/author’s identified financial relationships and handled his/her perceived conflicts of interest by the following means (check all that apply and provide further explanation as needed).

☐ No Resolution Required: Activity Director, planning committee member and/or teacher/author’s disclosed financial relationship(s) with commercial interest(s) is not pertinent to the activity or topic/presentation.

☐ Peer Review: Peer review (by Activity Director or knowledgeable clinician) of content prior to the activity will occur to ensure absence of bias.

☐ Review did not require changes to content
☐ The following changes were made to the content____________________________________

☐ Independent Content Validation: a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on best available evidence; 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.

☐ Altered control over content
☐ Select alternate individual to control that part of the content
☐ Changed the content of the individual’s assignment

☐ Limited content to a report without recommendations
☐ Changed the focus of the CME activity
☐ Limited sources for recommendation

☐ Elimination: Activity Director, planning committee members and/or teachers/authors who were perceived as either manifesting conflicts of interest or being biased will be eliminated from participating in the activity.

__________________________________________  Date

Activity Director Signature

Thank you. Your cooperation ensures our activities will be in compliance with the ACCME Standards for Commercial SupportSM.