

RUSH Interprofessional Continuing Education (IPCE) Conflict of Interest Form

ALL PLANNING COMMITTEE MEMBERS MUST DISCLOSE BEFORE THE PLANNING FOR THE ACTIVITY BEGINS. ALL PLANNING MEMBERS DISCLOSURE FORMS MUST BE SIGNED, DATED AND MITIGATED BEFORE THE PLANNING BEGINS.

As a perspective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. The ACCME Standards for Integrity and Independence in Accredited Continuing Education require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have any questions, please contact the IPCE office at ce_office@rush.edu.

Title of Educational Activity: Click or tap here to enter text.

Date of Activity: Click or tap here to enter text.

Section 1: Biographic Data

Name: Click or tap here to enter text.

Credentials: ☐ MD ☐ DO ☐ MBBS ☐ PhD ☐ DNP ☐ MSN ☐ BSN
☐ PharmD ☐ Other Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Current Employer and Position/Title: Click or tap here to enter text.

Section 2: Role in Educational Activity

Select your role in educational activity listed above (check all that apply):

- ☐ Course Director/Lead Planner*
- ☐ Planning Committee Member
- ☐ Teacher/Instructor/Faculty
- ☐ Author/Writer
- ☐ Moderator
- ☐ Reviewer
- ☐ Other Click or tap here to enter text.

*The Course Director/Lead Planner is responsible for ensuring adherence to all ACCME, ACPE, and ANCC accreditation criteria.

Section 3: To be Completed by Individuals Who Are NOT Employees of Rush University Medical Center

☐ I am not an employee of RUSH. A current CV will accompany this form to demonstrate my qualifications to participate in planning/presenting this activity.

Section 4: Conflict of Interest

All individuals in control of educational content must disclose **all financial relationships** that have occurred in the past 24 months with ineligible companies (see definition below).

An **ineligible company** is an entity whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. Examples include:

- Advertising, marketing or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process.
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and supplements
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum threshold, we ask that you **disclose all financial relationships**, regardless of the amount, with ineligible companies.

You should disclose all financial relationships regardless of the potential relevance of each relationship to education.

Is there a financial relationship with any ineligible entity for you in the last 24 months?

☐ Yes

☐ No

Nature of Relationship- (e.g. employee, researcher, consultant, advisor, speaker, independent contractor, royalties, patent beneficiary, executive role and ownership interest. Individual stock and stock options should be disclosed. Diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed even if the individual's institution receives the research grant and manages the funds).	Name of Ineligible Company	Has the Relationship now ended?
Employee	Click or tap here to enter text.	<input type="checkbox"/> Yes
Research Grant	Click or tap here to enter text.	<input type="checkbox"/> Yes
Consultant	Click or tap here to enter text.	<input type="checkbox"/> Yes
Independent Contractor	Click or tap here to enter text.	<input type="checkbox"/> Yes
Advisor	Click or tap here to enter text.	<input type="checkbox"/> Yes
Executive Role	Click or tap here to enter text.	<input type="checkbox"/> Yes
Royalty (describe product)	Click or tap here to enter text.	<input type="checkbox"/> Yes
Stockholder/Options (check box if any stock is privately held) <input type="checkbox"/>	Click or tap here to enter text.	<input type="checkbox"/> Yes
Member, Speakers Bureau	Click or tap here to enter text.	<input type="checkbox"/> Yes
Salary	Click or tap here to enter text.	<input type="checkbox"/> Yes
Other, describe relationship (list both the company name and the nature of the relationship for each entry)	Click or tap here to enter text.	<input type="checkbox"/> Yes

All relevant financial relationships, including potential ones, for individuals in control of educational content **must be mitigated and approved by the IPCE Office prior to the planning**, implementation, or evaluation of the continuing education activity.

Section 5: Adherence to FDA Guidelines - Required

FDA APPROVED DRUG AND DEVICES ASSURANCE STATEMENT

FDA guidelines require that any discussions regarding the utilization of FDA approved drugs or devices must be within approved regulations. If you discuss the utilization of FDA drugs or devices that are outside approved regulations, you must clearly delineate this for your audience.

- ☐ Yes, I have read and agree to abide by FDA regulations regarding FDA approved uses and regulations of the utilization of drugs and devices.

Section 6: Statement of Understanding

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

By providing your signature you agree to notify the IPCE office of any disclosure changes prior to the activity date.

Electronic Signature (Required): ☐ **Date:** Click or tap here to enter text.

Completed By (Name and Credentials): Click or tap here to enter text.

To be completed by the Course Director/Lead Planner or Planning Committee Member who does not have any financial relationships with ineligible companies.

Section 7: Identification and Mitigation of Relevant Financial Relationships

For assistance mitigating a disclosure, please visit

<https://www.rushu.rush.edu/disclosure-mitigation>

Step 1: As a planning committee member, do you have any financial relationships with ineligible companies?

- ☐ Yes, do not complete the rest of the form. Have another member of the planning committee who has no financial relationship with ineligible companies complete the rest of the form.
- ☐ No, continue to Step 2.

Step 2: The planning committee member should now review all the disclosure information on page 3 of this document. Is the individual an **Owner or Employee** of any ineligible companies?

- ☐ Yes, continue to Step 3.
- ☐ No, continue to Step 3.

Step 3: Does the individual own any **privately traded stock** (not traded on the stock exchange)?

- ☐ Yes, continue to Step 3a.
- ☐ No, continue to Step 5.

Step 3a: Has the stock for any privately traded company initiated a government regulatory process for any of its products? To find out, visit: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm>

- ☐ Yes, continue to Step 3b.
- ☐ No, continue to Step 3b.

Step 3b: Will diagnostic and/or therapeutic options be presented or discussed in the educational activity?

- ☐ Yes, continue to Step 4.
- ☐ No, continue to Step 4.

Step 4: Does the content of the presentation relate to the business lines or products of any of the ineligible companies? **** It is insufficient to simply refrain from discussing the specific product or service of the company. Ask yourself, is there an opportunity to insert bias towards the company(ies) disclosed/ and its products. ****

- ☐ Yes. This presentation may not be eligible for credit if the person in control of content is an **employee/owner/private stockholder**. Contact the IPCE office for exceptions to this rule. All other relationships continue to Step 5.
- ☐ No, continue to Step 5.

Step 5: Consider **all** financial relationships. Select all that apply:

- ☐ A financial relationship, **in any amount**, exists between the person in control of content and an ineligible company.
- ☐ The financial relationship has existed during the past 24 months. Select even if the relationship is ended.
- ☐ The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

Step 6: If you selected **any of the boxes** in **Step 5**, you will need to mitigate the relationship. If you did not select any boxes, sign this document below the chart.

Using the list below, identify and list the mitigation strategies you are using to mitigate the relevant financial relationship outlined above. This will apply for the person in control of the educational content of the activity, who has the ability to influence the content, **before** they assume their role.

Please pay close attention to the *individual's role* in the activity. If they are a planner, you must choose a mitigation strategy from the Planner Only section. If an individual is both a planner and a faculty member then each role must be mitigated by choosing an option in each column.

<u>Choose Your Mitigation Strategy</u>	
<u>For Planners ONLY</u>	<u>For Faculty and Others</u>
<ul style="list-style-type: none"> • Divest the financial relationship/relationship has ended • Recusal from controlling aspects of planning (including faculty selections) and content with which there is a financial relationship. • Peer review of planning decisions by persons without relevant financial relationships 	<ul style="list-style-type: none"> • Divest the financial relationship/relationship has ended • Peer review of content by persons without relevant financial relationships • Attest that clinical recommendation are evidence-based and free of commercial bias (i.e. peer-reviewed literature, adhering to evidence-based practice guidelines)

Document ALL mitigation strategy(ies) that you used for the relevant financial relationships. Use an additional piece of paper if necessary.

Name of Person with Relevant Financial Relationship and their Role in Activity	Step(s) Taken to Mitigate Relevant Financial Relationship Choose at least one option from the mitigation strategies listed above. Be specific in your description and provide names if necessary	Date Implemented (must be before persons' role is assumed)
<i>Example: Jane Doe, Planner</i>	<i>Peer review of planning decisions by persons without relevant financial relationships – reviewed by (provide name)</i>	<i>Enter date mitigation was done</i>
<i>Example: John Doe, Faculty</i>	<i>Peer review of content by persons without relevant financial relationships</i>	<i>Enter date mitigation was done</i>
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Course Director/Lead Planner Signature

***If the form is for the activity Course Director/Lead Planner, another planning committee member (i.e. Reviewer) must review and sign.**

An “X” in the box below serves as the electronic signature of the Course Director/Lead Planner or other individual reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature (Required): ☐ **Date:** Click or tap here to enter text.

Course Director/Reviewer Name and Credentials: Click or tap here to enter text.

Staff Notes: