MITIGATION OF CONFLICT OF INTEREST FORM FOR AAP CME ACTIVITIES

The *Mitigation of Conflict of Interest Form* is designed to assist AAP staff responsible for the development of CME activities in 1) determining if a conflict of interest exists; and 2) documenting the actions undertaken to mitigate all potential conflicts of interest with any individual in a position to influence and/or control the content of CME activities. **This form must be completed for all individuals returning an *AAP Full Disclosure Statement Form* that lists financial relationships with ineligible companies**. Staff should reference the *AAP Policy and Procedures on Disclosure of Financial Relationships and Mitigation of Conflicts of Interest for AAP CME Activities.*  This form must be submitted to the Accreditation Unit for inclusion in the appropriate CME activity which contains all the necessary documentation to ensure full compliance with ACCME. Questions should be forwarded to Virginia Roldan, Accreditation Specialist vroldan@aap.org.

***Note: Activity Managers (staff) who oversee the educational activity are responsible for ensuring the selected mitigation strategies are implemented in advance of launch.***

***Note: Documentation that shows the selected mitigation below actually occurred is mandatory. Examples of this documentation includes emails, notes, minutes, screenshots, etc. Accreditation staff will follow up to obtain this information if it is not submitted as part of the CME activity submission or pre-launch materials.***

**PLEASE COMPLETE THE FOLLOWING:**

## NAME OF INDIVIDUAL WITH THE EDUCATIONAL ASSIGNMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF THE EDUCATIONAL ASSIGNMENT (role and topic area): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ex: planner, author, faculty, etc / educating on diabetes topics)

NAME OF THE CME ACTIVITY (DATES/LOCATION IF APPLICABLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE PERSON MITIGATING THE CONFLICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must also complete a disclosure form)

NAME OF STAFF MEMBER SUBMITTING THIS FORM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

*Note: If the individual participating in the activity has an employee/owner relationship with an ineligible company you must also submit a separate employee COI form.*

\_\_\_ **Upon review of the *AAP Full Disclosure Statement Form,* it was determined that the financial relationship did not relate to the educational assignment. IF SO, YOUR FORM IS NOW COMPLETE, SUBMIT TO ACCREDITATION UNIT.**

**OR**

\_\_\_ **Upon review of the *AAP Full Disclosure Statement Form,* it was determined that a potential conflict may exist and the following mechanism(s) will be used to mitigate that potential conflict of interest:**

1. \_\_\_ Implement peer review of content e.g. review of presentations, slides, handouts, abstracts etc. (materials are peer reviewed or judged against

predetermined criteria to ensure the data support the conclusions before they are accepted for presentation or publication, ensure absence of commercial bias/promotion, individuals will be required to revise content based on recommendations from the peer review.)

2. \_\_\_ Conduct content review to ensure individual does not control/discuss/present content that is related to business/product lines of the

ineligible company (ensure absence of commercial bias/promotion, individuals will be required to revise content based on recommendations from the review.)

3. \_\_\_ Conduct content review to ensure individual only reports on basic science (research & discovery)

4. \_\_\_ Monitor involvement to ensure individual only serves in role of technician (demonstrating the operational aspects of a device)

5. \_\_\_ Implement peer review of decision making / Secure and monitor individual’s recusal from discussions/decisions related to the financial

relationship (for planners)

6. \_\_\_ Change the content/topic of the individual’s educational assignment

7. \_\_\_ Do not use the individual and identify a replacement.

8.\_\_\_ Choose someone else to control that part of the individual’s content

9. \_\_\_ Change the focus of the CME activity

10. \_\_\_Limit content to a report without practice recommendations

11. \_\_\_Limit the individual’s role to the reporting of practice recommendations based on formal structured reviews of the literature with the inclusion and

exclusion criteria stated, evidence-based (eg the Cochrane Collaboration)

12. \_\_\_Have individual document ‘best available evidence’ to support their recommendations eg individual provided adequate references. (State to learners:

“Best available evidence in the literature is at the level of < > and supports the following conclusions < >. Integrating what the literature says with what the new study reveals, my recommendation on what we should do now is < >.”)

13. \_\_\_Have individual change their relationship with the ineligible company eliminating the financial relationship and thus, any potential conflict.

14. \_\_\_ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_

**\***Peer review must ensure that 1) all recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options; 2) all scientific research referred to, reported, or used in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation; 3) new and evolving topics do not advocate for, or promote, practices that are not yet adequately based on current science, evidence and clinical reasoning; and 4) content does not advocate for unscientific approaches to diagnosis or therapy, or promote recommendations, treatment or manners of practicing healthcare that are not within the definition of CME or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

SUBMIT THIS FORM AND DOCUMENTATION SHOWING ALL CONFLICT OF INTERESTS WERE MITIGATED TO VIRGINIA ROLDAN AT VROLDAN@AAP.ORG

*(Last Updated Sept 2021)*