

**MEDICAL UNIVERSITY OF OHIO AT TOLEDO**

**Name of Policy: Guidelines for Disclosure**

**Policy Number(s): A-10-12-00004-0206**

**Issuing Office: Continuing Medical Education**

**Scope of Policy: Compliance with ACCME Standards**

**OFFICIAL POLICY**



**Effective Date: 02/28/06**

**Initial Date: 09/01/01**

**Responsible Agent: Associate Dean for Continuing Medical Education**

**POLICY**

Specific procedures must be followed to acknowledge and document disclosure of financial interests/relationships with commercial supporters discussed at activities approved for Category 1 AMA PRA CME credit.

**PURPOSE**

To maintain compliance with the ACCME Policy on Disclosure in order to consistently disclose required relationships, control content, and ensure promotion and education are separate. The intent of this disclosure is not to prevent a speaker with a relevant financial relationship from making a presentation, but rather to provide activity participants with information on which they can make their own judgments. It remains for the activity audience to determine whether the speaker's interest or relationships may influence the presentation with regard to exposition or conclusion.

**PROCEDURE**

1. All individuals in control of content of a sponsored CME activity must disclose to the activity audience any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and /or provider(s) of commercial services discussed in an educational presentation within the past 12 months. This includes planning committee members, faculty, moderators etc.

2. If there are disclosures made that could result in a potential conflict refer to the Conflict of Interest Policy CME-06 for the process to be followed to resolve the conflict.
  
3. Disclosure of any relationship with commercial supporters is made to the participants prior to the educational activities in brief statements in conference materials such as brochures, syllabi, exhibits, poster sessions, and in post-meeting publications or if made verbally written documentation must be signed and dated by the course director.

Approved by:  <hr/> Senior Vice President, Medical Affairs Dean, College of Medicine	Policies Superseded by This Policy:
<i>Review/Revision Completed by:</i> Dean, College of Medicine Associate Dean for Continuing Medical Education	<i>Revision/Review Date:</i> Updated 11/02 Updated 12/05

**Note:** The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://policies.meduohio.edu>) for the most current copy.