

# Canadian Association of Gastroenterology (CAG) Policy on the Dissemination of CAG Material

## **ISSUE**

The CAG produces and/or publishes a number of materials in support of the membership. For example, this might include educational programs, clinical practice guidelines, or position statements. In many instances, opportunities exist for the CAG to work with our partners to further disseminate/publish such materials and/or the CAG may be asked to partner with industry to produce educational material.

In order to ensure that further dissemination maintains the intent of the original publication, the CAG provides the following policy.

This policy applies to any dissemination process whereby CAG material, or parts thereof, is not distributed by the CAG, yet maintains reference to the CAG.

# **PROCESS**

- 1. The reference in this policy to *CAG material* includes, but is not limited to, for example, clinical practice guidelines, position statements or papers, education program content, and website content.
- 2. In general, the following rules apply:
  - a) In the situation where a partner wishes to work with the CAG around dissemination, this will only be entertained in the situation whereby the CAG is approached and engaged fully in development and implementation of the initiative. The CAG is very unlikely to become involved with material or an initiative which is ongoing or finalized.
  - b) In line with the CAG Corporate Sponsorship program, Benefactor Corporate Sponsors of the CAG will be provided with the first right of refusal on initiatives.
  - c) In situations where co-developed accredited educational programs are being proposed, both Benefactor and Partner Corporate Sponsors may wish to utilize the free accreditation time allotted within the sponsorship package, otherwise a fee for accreditation review and approval will also apply as stipulated in the CAG MOC Guidelines document.
  - d) In the case of Clinical Practice Guidelines (CPGs), requests for dissemination <u>will not</u> be entertained from parties that were not sponsors of the CPG development/consensus process.

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- 3. The CAG <u>must be presented with a proposal, inclusive of the project details, timeline and budget, in the instance where another party wishes to further disseminate *CAG material* that retains any reference to the CAG.</u>
- 4. The CAG will review and consider all proposals. Proposals will be considered in accordance with the following:
  - b) Maintenance and application of original CAG content
  - c) Applicability, considering the needs of the membership
- 5. A subcommittee comprised of a representative of the Clinical Affairs, Education Affairs (and any other ad-hoc positions required such as Research, Practice Affairs, Ethics, etc.) will be engaged to review and consider proposals. This sub-committee will report to the Chair of Clinical Affairs for a final decision.
- 6. It is anticipated that the process for review and response will be timely and will not exceed three to four months from initiation to final decision. Proposals should be submitted accordingly to meet overall desired project timelines.
- 7. There must be complete disclosure in any published material regarding content development and any interest in the product/drug/area being presented in the material. The enclosed Disclosure Form (Appendix 1) must be completed and retained on file in the CAG National Office for any CAG member involved in such initiatives. An author of an original material (for example, Clinical Practice Guideline) may be engaged in the dissemination review and approval process, provided other reviewers are included who were not involved in development of the original material. In the case of a single-sponsored guideline/material, it is mandatory that other reviewers, not involved in the development of the original material, be engaged. Any person involved in production or dissemination of material, and having been paid for such services, will not partidipate in any CAG/partner initiative arising from the same except in unusual circumstances with the approval of the CAG Executive.
- 8. The fee schedule is as follows:
  - a. Benefactor and Partner Corporate Sponsors of the CAG have benefits that would negate an additional fee associated with proposals for accredited educational events. Those without these Corporate Sponsor benefits should request to review the CAG MOC Guidelines document for the current accreditation fee schedule.

**Please Note**: The final program content is the intellectual property of the Canadian Association of Gastroenterology (CAG) and therefore dissemination of this program, or components thereof, after CAG accreditation/re-accreditation has expired, is not supported. The CAG must be contacted, and will assess utilization, in any instance where utilization of this program, or components thereof, is being considered after the expiration of CAG accreditation.

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#### Appendix: FINANCIAL INTEREST DISCLOSURE FORM

As a Royal College Accredited CPD Provider, the Canadian Association of Gastroenterology (CAG) requires that all Speakers and Members of the Scientific Planning Committee (SPC) complete this Conflict of Interest Disclosure form.

The 2007 CMA Guidelines for Physicians in Interaction with Industry, Section 24, states that, "CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products." 1

This serves as the basis for the CAG's Conflict of Interest policies. The intent of this policy is not to prohibit speakers from presenting, but rather to inform the audience of any bias that speakers may have.

#### **Royal College Definition of Conflict of Interest:**

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have **actual, potential or apparent influence** over their judgment and actions.

- 1. All financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed. **Disclosure must be made to the audience whether you do or DO NOT have a relationship with a commercial entity or non-profit organization.**
- 2. It is the presenter's responsibility to ensure that their presentation (and any recommendations) is balanced and reflects the current scientific literature. Unapproved use of products or services must be declared within the presentation. The only caveat to this guideline is where there is only one treatment or management strategy.
- 3. The Royal College requires faculty presentations to be consistent in their use of either generic names or both generic and trade names during their presentation
- 4. Disclosure must be done verbally, displayed in writing on a slide at the beginning of a presentation or included in the written conference materials.
- 5. The attached form must be completed and submitted to the CAG National office prior to the start date of the event or program.
- 6. Examples of relationships that must be disclosed include but are not limited to the following:
  - Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical devices company or communications firm (" the Organization")
  - Investments held in the Organization
  - Membership on the Organization's Advisory Board or similar committee
  - Current or recent participation in a clinical trial sponsored by the Organization
  - Member of a Speakers Bureau
  - Holding a patent for a product referred to in the CME/CPD activity or that is marketed by a commercial organization
  - Non-profit organization committee involvement
- 7. Failure to disclose or false disclosure may require the Scientific Planning Committee (SPC) to replace the speaker.

Reference: CMA Policy: Guidelines for Physicians in Interactions with Industry. Approved 2007-Dec-01. CMA Policy

Appendix: FINANCIAL INTEREST DISCLOSURE FORM			
	I do <b>not</b> have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization or non-profit organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.		
	I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device, communications organization or non-profit organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial or non-profit organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience.		
Part 1	I - All Speakers and SPC Members	Company/Organizations	Details
I am a equiva	member of an Advisory Board or alent with a commercial ization.		
	member of a Speakers bureau or nmittee member for a non-profit ization		
I have received payment from a commercial organization. (including gifts or other consideration or 'in kind' compensation)			
I have received a grant(s) or an honorarium from a commercial organization.			
I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization.			
I hold investments in a pharmaceutical organization, medical devices company or communications firm.			
I am currently participating in or have participated in a clinical trial within the past two years.			
Please	Note: Speakers are required to de	clare all off-label use to the	audience during your presentation.
Check all that apply:  Speaker Scientific Planning Committee (SPC) Member			
Activi	ctivity Title: Date of the Activity:		
Ackn	knowledgment: I,acknowledge that the above information is		

All Speakers and Scientific Planning Committee (SPC) members must submit this form to the CAG National Office: <a href="mailto:joanne@cag-acq.org">joanne@cag-acq.org</a> fax: 905 829-0242

This COI form is adopted by CAG from the Royal College of Physicians and Surgeons of Canada website

accurate and I understand that this information will be publicly available.