**CONFLICT OF INTEREST POLICY FOR REGULATED HEALTH PROFESSIONALS**

This *Conflict of Interest Policy for Regulated Health Professionals* (**Policy**) is intended to provide guidance to you so that actual, potential or perceived Conflicts of Interest (**COIs**) are recognized and either avoided or dealt with through appropriate disclosure and management. Early disclosure of a COI is key to its successful resolution.

**What is a Conflict of Interest?**

**“Conflict of Interest” (COI)** refers to situations in which your occupational, financial or other personal or private interests (including those related to a family member) may impair, influence, or create the appearance of impairing or influencing your ability to objectively exercise your duties to CCO. Conflicts of Interest may be actual, potential or perceived.

**Disclosure**

You must make full, timely and ongoing disclosure of any situation which places or may have the result of placing you in a COI in relation to the exercise of your duties and responsibilities to CCO.

**Procedure for Disclosure and Management of COIs**

1. Prior to the performance of the Activities in connection with the CCO Program, you must complete a declaration (form attached as Exhibit “1”) and submit it to the designated CCO Program Representative.
2. The CCO Program Representative will review the content of the declaration and determine whether an actual, potential or perceived COI exists.
3. In cases where an actual, potential or perceived COI is disclosed by you, the CCO Program Representative will forward the declaration to CCO’s Legal Department for review and consultation. CCO’s Legal Department will review the declaration and provide the CCO Program Representative with suggestions on how to appropriately manage the COI.

**General Principles on Interactions with the Pharmaceutical Industry**

In cases where you interact with the pharmaceutical industry, you are expected to comply with the *Canadian Medical Association’s Guidelines for Physicians in Interactions with Industry* and the *Rx&D Code of Ethical Practices*.

**Examples**

Please see the declaration for examples of possible COI’s (for illustration purposes only).

**EXHIBIT “1”**

**CONFLICT OF INTEREST DECLARATION**

**Name (First, Last Name):**

**CCO Program:**

**Role:**

I hereby declare, that: (select one)

|[ ]  I am not aware of any actual, potential or perceived COI with respect to the exercise of my Role at CCO |
| --- |
|[ ]  Described below are the actual, potential or perceived COI(s) arising as a result of the exercise of my Role at CCO |

Please provide relevant details about each COI, including the name of the third-party and a description of the nature of the interest where applicable. Should you require more space, please attach additional sheets to this declaration, as required.

| **Date:** | **Third-Party:** | **Nature and Details of the COI:** |
| --- | --- | --- |

Examples of COI’s (for illustration purposes only):

• When you work on a drug product, either as a reviewer, investigator, advisory board member, lobbyist or speaker and the drug product is being reviewed by CCO;

• When you exercise discretion and make recommendations to CCO that are motivated by self-interest or other improper purposes;

• When you transact with CCO directly or indirectly, or where your other business or other activities unrelated to your work at CCO may have an impact on your duties or recommendations to CCO;

• When you hold or have held a position, whether paid or unpaid, in a business, professional association or institution that is sponsoring research, or has an interest in its outcome, that is related to the work you are doing on behalf of CCO;

• When you have affiliations or financial interests (including employment or consulting) with regulated industries, the scientific community, special interest groups, or advisory boards that are likely to influence or detrimentally affect the exercise of your duties and responsibilities to CCO; and

• When you are sponsored, or were sponsored, by manufacturers or pharmaceutical associations to speak or advise on matters related to your on behalf of CCO

• When you are involved in any industry-sponsored research or surveillance study that may impact your duties or obligations to CCO.

• When you are involved in any advisory or consultation board or any arrangement in which they act as an individual advisor or consultant, for the pharmaceutical industry.

• When any arrangement to write or publish scientific articles that are sponsored or controlled by the pharmaceutical industry or contain substantial portions written by someone who is not identified as an author or who is not properly acknowledged.

I have had the opportunity to obtain independent legal advice and have read and understood the requirements to make this *Conflicts of Interest Declaration*. I hereby certify that I have disclosed, to the best of my knowledge and belief, all relevant personal interests and/or interests with third-parties that may place me in an actual, potential or perceived COI with my Role at CCO and that I will agree to manage the COI in accordance with the reasonable instructions of CCO

**DATED** this day of , 20

 SIGNED, SEALED AND DELIVERED in the presence of

By: By:
 Witness Name: