In line with international standards in CPD accreditation, when submitting an application for approval of a live or live- streamed event, the Federation of the Royal Colleges of Physicians requires that providers follow the policy below with regard to declaring the interests of the programme organiser(s) and speakers. The new policy will apply to applications for approval from **1st January 2022**.

**Programme director or programme committee disclosures**

Those planning the programme should declare any conflict of interest. For events organised by a programme committee, please ask committee members to declare significant interests verbally at the meeting. The provider organisation should keep a record of these. In addition to this, the chair of the programme committee should complete a copy of the Disclosure Form attached to these guidelines. Where the programme is organised by an individual programme director, the person concerned should complete a Disclosure Form (this now applies to all applications for CPD approval). The Federation also requires the programme director or chair of the programme committee to submit a signed **Programme Director’s Declaration,** the information on this form serves a number of purposes, in particular it helps with the review process and should reduce the need for the CPD team to request additional information**.**

**Speakers’ disclosures**

Speakers are asked to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared. Finally, other conflicts of interest including expert functions in health care or healthcare guidance processes should be declared (eg if the professional is a member of a health board). The Federation considers it good practice to also make speakers’ disclosures available in digital format(s) relating to the educational event.

**General points**

The intent of disclosure is not to prevent or devalue participation by a speaker or programme planner who has conflicts of interest. For programme planners it allows the committee to take conflicts of interest into account when planning the programme. For speakers, the disclosure aims to provide learners with transparency and allow them to consider potential bias. The Federation will process any disclosure information submitted in accordance with data protection regulations, it will be kept confidential.

**Documents to be uploaded in the application for CPD Approval:**

1. Disclosure form for programme director or chair of the programme committee (**page 2**)
2. Programme Director’s Declaration (**page 3**)

The Federation expects that these forms will be completed by senior healthcare professionals, scientists, academics or education professionals.

**DISCLOSURE FORM**(to be completed by the programme director or programme committee chair)

**Date:**

**Name:**

**Professional details:**

***Main occupation and employing organisation:***

**Event:**

**Provider organisation:**

**Date of event:**

**Please declare any interests here** **relating to the 36 months prior to the event:**

**Commercial**

*The existence of any significant financial activity or other relationship the speaker or programme planner has with manufacturer(s) of any commercial product and/or providers of commercial services used on or produced for patients these include:*

**Research grants**

**Speaker fees**

**Other educational activities**

**Honoraria or consultation fees**

**Ownership of stocks or shares, directorships**

**Any other financial relationship**

**Other conflicts of interest such as expert functions in health care and health guidance processes**

*E.g. Board member in a development project, member of health board in the municipality*

**Signature: Date:**

**PROGRAMME DIRECTOR’S DECLARATION**

**Event:**

**Provider organisation:**

**Date of event:**

I declare that:

1. The programme was developed under my supervision and I have overall responsibility for it. It represents a balanced perspective of the subject matter.
2. This programme complies with all relevant ethical, medico-legal, regulatory and legal requirements applicable in the country where it is being held.
3. I am aware of the source and form of any commercial funding received to support this event
4. All speakers at this event will disclose any potential or actual conflict of interest. These will be stated at the beginning of their presentation(s).
5. All members of the programme organising committee have declared their conflicts of interest.

**Signed:** **Date:**

If financial support has been provided from a commercial organisation other than the organisation submitting this application, please confirm whether any of the sponsoring organisations have influenced the structure or content of the programme **Yes/No/Not applicable**

**Signed:**  **Date:**

**Full name (block capitals):**

**GMC Number** (or other appropriate registration details):

**Address:**

**Email:**

**Telephone:**