SAMPLE LETTER TO SPEAKER WITH

POSSIBLE CONFLICT OF INTEREST

<Date>

Dear <Name>:

We are pleased that you have agreed to serve as a speaker at our upcoming CME activity, <title of activity>, to be held <date> at <location>. On the basis of the information you have provided, we have determined that you have a relevant financial relationship with <name of commercial interest> as <role of relationship>. As an accredited CME provider, <name of accredited provider> must ensure that the content of our CME activities is completely free of commercial bias.

To that end, <name of accredited provider> has the following expectations for the content of your presentation:

Identified Need and Expected Results

The planning committee for this CME activity has developed the following objectives as communicated earlier for the content of your presentation:

<insert objectives>

Content of CME

* All the recommendations involving clinical medicine in this activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
* All scientific research referred to, reported or used in this activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
* CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If your CME educational content includes trade names, trade names from several companies should be used where available, not just the names from a single company.
* The content or format of CME activities and related materials will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Educational Materials

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Measurements of Effectiveness

We will disclose the nature of your relationship with <name of commercial interest> to learners in this activity. We will also ask learners to evaluate the extent to which objectives have been met with this presentation.

Again, thank you for agreeing to work with us to offer quality, objective continuing education to our physicians. Please attest below that you are willing to abide by the guidelines as stated above. Fax or mail this letter to me at <fax number and/or address>.

Sincerely,

<Your Name>

Signature of Speaker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_