



Quick Tips

Using the Combined Alternative COI Disclosure Template

For Indigenous Elders, patient partners, or individuals with lived experience
in continuing professional development (CPD) activities.

Why use this template?

This template supports transparent conflict of interest (COI) disclosure while acknowledging the cultural, emotional, and psychological safety of contributors who may not be health professionals. It aligns with College of Family Physicians of Canada's Mainpro+® standards and allows flexibility in how disclosures are made.

When should I use this template?

- When including Indigenous Elders, Knowledge Keepers, or cultural advisers in CPD sessions
- When involving patient partners or individuals sharing lived experience
- When traditional disclosure forms may feel inappropriate, unsafe, or confusing

How do I use it?

- Consult with the contributor ahead of time to understand their comfort with various disclosure formats
- Offer multiple disclosure options (verbal, written, moderator-led, etc.)
- Complete the template based on the chosen disclosure method
- Keep the form on file as part of your CPD accreditation documentation

Tips for supporting safety and respect

- Avoid asking contributors to complete standard financial forms unless necessary
- Do not ask individuals to share personal health details beyond what they volunteer
- Acknowledge lived experience as valid and meaningful expertise
- Use language that centres on dignity, storytelling, and relational accountability
- Brief moderators on how to respectfully share disclosures if speaking on the contributor's behalf

Key point

This template is not a waiver of ethical standards, rather it's a dignified way to uphold them in partnership with individuals whose contributions go beyond traditional academic or clinical expertise.

Alternative Conflict of Interest Disclosure Template

For use with Indigenous Elders, patient partners, or individuals with lived experience
in continuing professional development (CPD) activities.

Purpose:

To support ethical transparency in accordance with the College of Family Physicians of Canada (CFPC)'s Mainpro+® certification standards, while honouring the cultural and psychological safety, dignity, and contributions of Indigenous Elders, patient partners, and individuals with lived experience participating in CPD activities.

Section 1: Contributor information

Name of contributor: [Insert name, or write "Withheld with consent" if anonymity is requested]:

Role in activity: [e.g., Knowledge Keeper, patient partner, guest speaker, advisor]:

Affiliated community or organization (if applicable): [Insert details or write N/A]:

Section 2: Disclosure approach used

In consultation with the contributor, the following culturally or contextually appropriate method(s) of disclosure have been used to support transparency without compromising safety or dignity:

Check all that apply:

- ☐ Contributor provided a verbal disclosure during the session.
- ☐ Disclosure was shared by the session moderator on behalf of the contributor, with consent.
- ☐ A written or narrative-style disclosure was included in program materials.
- ☐ A pre-recorded disclosure or slide was used during the session.
- ☐ Contributor confirmed there are no financial or commercial interests related to the session.
- ☐ A culturally safe or trauma-informed disclosure protocol was followed.

Section 3: Sample disclosure language

"We are honoured to include [Name], who shares insights grounded in lived experience and/or cultural knowledge. They have confirmed they do not have any financial or commercial relationships that could influence the content of this session. This disclosure was completed in a manner that respects the individual's psychological and cultural safety."

Section 4: CPD provider affirmation

We affirm that disclosures have been addressed in a culturally and psychologically safe manner that meets the intent of the CFPC's Mainpro+ standards and maintains transparency without imposing harm or inappropriate expectations.

Name of CPD provider representative: _____

Date: _____