The CMA strives to serve physicians as they empower and care for their patients. We do this by being the national voice advocating for the highest standards for health and health care. The CMA Patient Voice will assist the CMA in its work to improve health care delivery in Canada.

The CMA greatly appreciates your commitment to helping us bring the patient perspective to our work, and we are committed to helping you succeed in this new role. Key to this will be helping all participants ensure that their involvement in the CMA Patient Voice adheres to the related Code of Conduct. The Code of Conduct will help participants to recognize and handle potential conflicts of interest as well as confidentiality and privacy considerations that may arise during their tenure. The CMA Patient Voice Code of Conduct covers conflict of interest; confidentiality; and reimbursement of travel, meal and hospitality expenses.

Once the nomination process is complete, successful applicants will be notified and sent an agreement letter that will contain the terms outlined in the Code of Conduct and Terms of Reference.

**Conflict of interest**

Tangible or professed conflicts of interest present themselves commonly in the realm of health care. Many are quite evident but some may not be easily recognized if appropriate steps are not taken to divulge.

Conflicts of interest present themselves in many ways. They can be personal, intellectual and even financial. If you have a conflict of interest, it does not mean that you have done anything wrong. What it does mean is that you should disclose it to the Chair of CMA Patient Voice and CMA staff at the earliest opportunity.

To assist you in identifying potential conflicts of interest, the CMA has developed the following questionnaire and accompanying guidelines.

1. As a participant in the CMA Patient Voice you will be expected to provide a patient perspective to the CMA on a multitude of topics and initiatives. Considering this role, do you have any strong beliefs that would make it challenging for you to contribute positively and in an unbiased way to the work of the CMA Patient Voice?

   - [ ] Yes
   - [ ] No
   - [ ] Uncertain

2. If you answered yes or uncertain to question 1, do you believe that your impartiality has been or will be impaired by any such beliefs?

   - [ ] Yes
   - [ ] No
   - [ ] Uncertain

3. If yes or uncertain, please explain what steps you have considered taking to address the situation.

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
4. Have you ever published or, contributed orally or in writing (e.g., print or electronic [social media included]) a public opinion related to patient care and/or health?
   □ Yes    □ No
   If yes, please provides examples of such communications and indicate what platform (e.g., print, electronic (e.g., blog, newsletter)) you used to share and publish those views.
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

5. Are you or have you been involved as a participant in and/or an employee of an organization that has been on record publicly on advocacy issues (e.g., health, the economy, social issues, political issues, etc.)?
   □ Yes    □ No    □ Uncertain
   If yes or uncertain, please provide the name of the organization and/or employer.
____________________________________________________________________________________________________________
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6. Are there any financial conflicts of interest such as, but not limited to, investments, commercial proprietorships/partnerships, directorships (commercial and not for profit), or other relationships of a financial nature that you have been or will be an active shareholder or participant in, that the CMA should be made aware of?
   □ Yes    □ No
   If yes, please share a high-level overview of such conflicts of interest.
____________________________________________________________________________________________________________
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Confidentiality
As a participant in the CMA Patient Voice, you agree to not divulge confidential or proprietary information, data, research and/or information acquired during the term of your involvement with the CMA Patient Voice without the CMA’s prior written permission. These limitations will not pertain to information the CMA makes public or other sources that would/could be readily available to the public and/or would need to be disclosed by law.
   □ Yes    □ No

Reimbursement of travel, meal and hospitality expenses
The CMA will provide financial compensation to the CMA Patient Voice participants for the logistical costs they incur to participate such as travel, accommodations, meals, and elder and child care costs. Unusual requests, such as kennel costs for companion animals that are part of a participant’s medical therapy, will also be considered on a case-by-case basis for possible remuneration.