

**The CFPC's Relationship With the
Health Care/Pharmaceutical Industry**

August 2013

Approved by CFPC Board of Directors November 2013



Executive Summary

In 2010 the College of Family Physicians of Canada (CFPC) established the Task Force on the CFPC's Relationship with the Health Care/Pharmaceutical Industry (HPI) to review and make recommendations about the College's relationship with the HPI. HPI's ability to influence the decision making of family physicians with respect to patient care through its relationship with the CFPC makes it important for the College to have clear, well-defined policies and practices to appropriately guide its working relationships with the HPI. The review included all for-profit entities that develop, produce, market, or distribute drugs, devices, products, services, or therapies that may be prescribed or ordered by doctors for their patients to diagnose, treat, monitor, manage, and alleviate health conditions.

Desired outcomes from the review include the ability to:

- (i) Guide interactions between the College and its provincial Chapters with the HPI
- (ii) Maintain the trust of members and their patients
- (iii) Identify clear, strong principles, policies, and practices as resources to support CFPC members
- (iv) Guarantee that all members who abide by the principles can engage in the full range of leadership opportunities and activities of the College

The view of the Task Force is that patients expect clinical decisions made by physicians to be based primarily on scientific evidence and factors that are in the patient's best interests. This standard was the basis for recommending that the following principles be included in CFPC policies and practices related to the HPI:

- (i) **Trust** – CFPC's primary obligation is to its members and their patients and conflicts of interest (COIs) will be avoided or managed.
- (ii) **Transparency** – full disclosure of relationships with the HPI
- (iii) **Independence** – no HPI involvement in CFPC direction and decision-making
- (iv) **Accountability** – compliance with CFPC policies related to relationships with HPI and resolution of actual, potential and perceived COIs
- (v) **Fairness** – in declaring and resolving COIs

Recommendations are based on an approach of clear and conscientious management of relationships with the HPI and are meant to apply to the governance and management of the CFPC (ie, the National College and its Chapters), to events that the CFPC organizes and accredits, and to decisions made by the CFPC regarding its support for the activities of parties external to our College.

Recommendations:

Related to Conflict of Interest (COI):

[COI = a set of conditions in which judgement/decisions concerning a primary interest tend to be unduly influenced by a secondary interest]

1. The CFPC Board shall explicitly define and address potential, perceived and real COIs in the College's relationships with the HPI.

2. The CFPC shall be aware of the relationships between individuals associated with the College and the HPI.
3. CFPC members with relationships to the HPI are welcome to participate in College activities.
4. Where the scope and responsibilities of some CFPC and Chapter positions are broad and may not allow for usual remedies for COI to be applied, a judgment must be made to confirm if a disclosed COI constitutes a barrier to an individual carrying out the following roles: Committee Chair, Section Chair, CFPC Executive, Chapter Executive.
5. All prospective volunteer leaders will be provided guidelines outlining the need to declare any relationships with the HPI prior to accepting a leadership role with the College.
6. CFPC staff members are required to follow the College principles and policies related to relationships with the HPI.
7. The CFPC will commit to working with other organizations that uphold the same principles and guidelines as the College regarding their relationships with the HPI.

Related to Financial Relationships:

[Must be explicit about, and in control of, the financial relationships the organization undertakes with the HPI]

8. Sponsorship terms must be publicly declared.
9. Requests to initiate or continue a sponsorship relationship must be assessed for impact on the CFPC's reputation.
10. The sponsorship of any food, emailing stations, and other "gifts" from accredited educational activities at FMF and/or ASAs and other College-related meetings will not be linked to the HPI.

Related to Marketing:

[HPI marketing and education differ; decision-making for CFPC's educational activities must be firmly under CFPC control]

11. The CFPC will proceed with the creation of an unrestricted fund (contributors may be from the charitable organizations, the HPI, etc.), established within a three- (3-) year time period, to support the development, dissemination, and evaluation of accredited educational activities.
12. Once the unrestricted fund is in place, the CFPC will re-evaluate current policies on the HPI sponsorship of accredited educational activities.

13. There must be no educational elements funded by the HPI in accredited residency training programs and medical student training programs.
14. In College-supported events or activities, there must be a clear separation between HPI educational and marketing initiatives from those of other sponsors or participants.
15. HPI exhibitors and advertisers will still be provided with access to College members for the purpose of marketing provided that their activities conform to accepted standards and do not include inducements for members.
16. Members who choose not to be exposed to HPI marketing initiatives can expect to participate in College-supported activities on the same basis as those that do (eg, access to food in exhibit halls).
17. Educational programs and materials developed and accredited by the CFPC will continue to be assessed for the purpose of clearly differentiating them from promotional HPI messaging to avoid undue HPI influence on members in patient care decision-making.

Related to Access to Information:

[organizational commitment to full disclosure of relationships with HPI]

18. The CFPC website will be used to post information related to the disclosure of relationships with the HPI that will be available for members only.
19. The CFPC website will be used to post information for the public on how the CFPC manages relationships with the HPI.
20. The CFPC's Chief Executive Officer and directors will report annually to the Board on aspects of the College's relationships with the HPI, including recommendations about changes based on feedback from members and the public.

The recommendations made in this paper will have several implications on CFPC activities. The recommendations are not without limitations. An implementation plan will be required.

Conclusion:

The Task Force's recommendations point the CFPC toward an approach of clear and conscientious management of relationships with the HPI in order to advance the College's mandate without compromising its ethics and values.

The CFPC's Relationship With the Health Care/Pharmaceutical Industry

A. Background/Rationale

The College of Family Physicians of Canada (CFPC) represents more than 30,000 members across the country. It is the professional organization responsible for establishing standards for the training, certification, and lifelong education of family physicians. Working to achieve its strategic mission and goals, the College provides quality services and programs, supports family medicine teaching and research, and advocates on behalf of family physicians and the specialty of family medicine.

In 2010 the College established the Task Force on the CFPC's Relationship With the Health Care/Pharmaceutical Industry (HPI) to review and make recommendations to the Board on these relationships. These working relationships are important for the College to address because the HPI is highly motivated to influence family physicians, both directly and through organizations like the CFPC. It has been observed that the motivation for such influence is not always aligned with the best interests of the College, its members, or members' patients.

The review encompassed relationships with all for-profit entities that develop, produce, market, or distribute drugs, devices, products, services, or therapies that may be prescribed or ordered by doctors for their patients to diagnose, treat, monitor, manage, and alleviate health conditions.

Quite deliberately, the Task Force chose to limit the scope of the relationships covered by its policy advice. Although relationships with government and not-for-profit groups pose some similar challenges, the Task Force felt that the College has other ways to manage those relationships. Developing robust policies and procedures to deal with the HPI is a priority and deserves clear and dedicated attention.

Desired outcomes from the review:

- (i) Recommendations that will help advise and guide the CFPC's Board of Directors on related policies and interactions between the College and its provincial Chapters with the HPI
- (ii) A set of policies to clearly define how the CFPC will interact with the HPI in future
- (iii) Maintaining the trust of members and their patients
- (iv) Clear, strong principles, policies, and practices as resources to support CFPC members who often look to the CFPC to clarify its working relationship with the HPI; these documents will also assist members with similar interactions within their own practices and communities
- (v) The guarantee that all members who abide by the principles can engage in the full range of leadership opportunities and activities of the College

The view of the Task Force is that patients expect clinical decisions made by physicians to be based primarily on scientific evidence and factors that are in the patient's best interests. Any concern by a patient or College member of deviation from this standard due to influence by the HPI—real or perceived—is not acceptable to the College.

Representatives of the HPI work to influence the behaviour of those who use and prescribe their products through marketing initiatives designed to serve their shareholders' interests. However, there have been instances in which marketing messages have been portrayed as education, and health care and pharmaceutical industries have attempted in this way to influence physicians' behaviour or practices. Evidence suggests that there could also be significant influence on the behaviour of individuals who may be offered gifts or other forms of support, even when the recipients perceive neither obligation nor influence.¹

Some would cite these circumstances as sufficient to justify a medical organization's complete divestment of any relationship with the HPI. Others support a balanced approach guided by principles that recognize the contributions made by the HPI related to the health and well-being of patients and the population, and the need for appropriate levels of communication and interaction between the medical profession and this industry. The Task Force's recommendations point the CFPC toward an approach of clear and conscientious management of relationships with the HPI in order to advance the College's mandate without compromising its ethics and values.

The policies and procedures recommended by the Task Force should apply to the governance and management of the CFPC (ie, the National College and its Chapters), to events that the CFPC organizes and accredits, and to decisions made by the CFPC regarding its support for the activities of parties external to our College (eg, the planning committees for CFPC-accredited events). The Royal College of Physicians and Surgeons of Canada (RCPSC), continuing professional development accrediting bodies in Quebec, and the American Medical Association (AMA) have already moved away from direct sponsorship of educational programs. The CFPC is committed to working together with our sister medical associations in Canada to ensure a degree of consistency in relevant policies and procedures regarding organizational relationships with the HPI. The Task Force recognizes the undeniable benefits of a common approach for such complex issues.

The CFPC's relationship with the HPI and the direction our members take regarding their individual professional obligations will continue to be guided by the following:

- (i) The [CMA Code of Ethics](#) (last modified in 2004 and reviewed in 2012)²
- (ii) The [CMA Guidelines for Physicians in Interactions with Industry](#) (last modified in 2007)³
- (iii) [Canada's Research-Based Pharmaceutical Companies Code of Ethical Practices](#) (January 2012)⁴

However, the Task Force fully anticipates that the CFPC's own policies and practices, adopted with the advice and input of the HPI Task Force, will prevail where any discrepancies exist between policies.

B. Definitions

Health care/Pharmaceutical industry (HPI)

The HPI is defined as for-profit entities that develop, produce, market, or distribute drugs, devices, products, services, or therapies that may be prescribed to patients or ordered by doctors to diagnose, treat, monitor, manage, and alleviate health conditions. (See Appendix)

Conflict of interest

A conflict of interest (COI) is a set of conditions in which judgement/decisions concerning a primary interest (eg, patients' welfare, the validity of research, and/or organizational policy) tend to be unduly influenced by a secondary interest. The primary example of a secondary interest is likely financial gain, either personal or organizational, but can also extend to academic or career advancement and benefit to family, friends, or colleagues. Mere existence of a COI does not imply wrongdoing. When COIs do arise, however, they must be recognized, disclosed, and appropriately managed.

Sponsor

Sponsors offer financial or in-kind support provided by the HPI—or an entity working on behalf of the HPI—for a program, activity, presentation, publication, research study, or product being developed, accredited, endorsed, or disseminated by the College or its Chapters.

Exhibitor

Exhibitors purchase booth space to display and share information about their programs and products during Annual Scientific Assemblies (ASAs). Exhibit halls at CFPC and Chapter ASAs adhere to the CMA policy and respect the Research and Development (Rx&D) Code of Marketing Practices, and apply the policy to all exhibitors unless expressly exempted.

Advertiser

Advertisers purchase space in *Canadian Family Physician (CFP)* and other information sources produced by the CFPC to share information about their programs and products. Ads must be reviewed and approved by the Pharmaceutical Advertising Advisory Board (PAAB), as well as CFPC-related editorial bodies, to ensure the product information is evidence based and balanced regarding claims about benefits and possible risks.

Marketing

Marketing is a process of communicating the value of a product or service to customers, for the purpose of selling the product or service.

C. Principles

The Task Force is confident in recommending the following principles for inclusion in CFPC policies and practices related to the HPI.

Trust

- (i) The CFPC's primary obligation is to its members and their patients
- (ii) COIs will be avoided wherever possible. Where COI situations arise, they will be managed appropriately to address the issues with respect, with professionalism, in a timely manner, and within the context of this document
- (iii) Any concerns voiced about CFPC relationships with the HPI will be identified and resolved

Transparency

- (i) Any relationship between the CFPC (including anyone acting on the organization's behalf) and the HPI will be disclosed publicly and clearly

Independence

- (i) No direct representative of the HPI will attend any CFPC governance or management decision-making bodies' meetings except by invitation
- (i) The CFPC will determine the agendas and content of the activities and programs it conducts, accredits, and endorses, and will determine any advocacy positions it develops, independent of the HPI
- (ii) CFPC members will have access to information about HPI involvement in any programs conducted, accredited, or endorsed by the College to enable them to choose whether or not to participate
- (iii) The HPI will not have access to information from the CFPC beyond that which is provided to the general public

Accountability

- (i) The CFPC will implement policies and procedures and carry out ongoing review of CFPC practices to ensure compliance with its policy outlining the CFPC's relationship with the HPI
- (ii) The CFPC will implement policies and procedures to identify and resolve actual, potential, and perceived COIs at all levels and will carry out ongoing review of these practices

Fairness

- (i) The CFPC will address declaration and resolution of actual and potential COIs with attention to due process, fairness, and justice

D. Policies and Practices for the CFPC

The motivation of the HPI to influence family physicians through the CFPC makes it important for the College to have clear, well-defined policies and practices to appropriately guide its working relationships with the HPI. Although setting these new policies and practices constitutes an element of risk for the organization, the Task Force recognizes that choosing not to alter the status quo also bears consequences. Similarly, based on the research that went into this report, the Task Force observed that the more specific a recommendation is, the more likely it is to provide a useful basis for decision making. Wherever possible, therefore, the Task Force has avoided generalities in its advice to the CFPC Board.

The Task Force identified four areas for change in policy and practice that the CFPC should consider:

- I. Conflict of Interest**
- II. Financial Relationships**
- III. Marketing**
- IV. Access to Information**

The rationale for policy and practice change is outlined below, along with some specific advice about short- and medium-term policy and practice changes.

I. Conflict of Interest

Relevant principles: trust, transparency, accountability, fairness

Ultimately, the most important asset possessed by the CFPC is its reputation. A major determinant of the College's good name is the degree to which members, their patients, the public, and other decision makers can trust that the organization and activities it endorses are motivated only by forces congruent with its mission. Therefore, the Task Force recommends that the CFPC Board discuss if and how to address potential COIs—both COIs that concern the organization directly and those that concern individuals working on behalf of the College and its Chapters.

Recommendations:

1. **The CFPC Board shall explicitly define and address potential, perceived and real COIs in the College's relationships with the HPI.**
 - The Task Force recognizes that the HPI are motivated to influence the decision making of members as it pertains to patient care, and the opinion of the public about HPI companies and products through a relationship with the College.
2. **The CFPC shall be aware of the relationships between individuals associated with the College and the HPI.**
 - College members are required to report and disclose any relationships that they may have with the HPI. They are also invited to share anything else they are aware of that might have bearing on their ability to make decisions on behalf of the CFPC (eg, relationships their family members might have with the HPI).

Potential conflicts include but are not limited to the following:

- Partnerships with the HPI
- Direct financial interest or investment in the HPI
- Share holdings in the HPI (excluding mutual funds)
- Receipt of consultation fees from the HPI
- Membership on HPI-associated advisory boards and speakers bureaus
- HPI funding for research
- HPI funding for educational activities
- Participation in an HPI clinical trial or focus group

Relevant potential conflicts will be those that are:

- Applicable to current relationships and those from the last three (3) years
- Applicable to elected leaders, staff, members wishing to participate on CFPC committees, individuals submitting *CFP* articles, CFPC program reviewers, and others working on behalf of the College on bodies that make decisions or recommendations.

3. CFPC members with relationships to the HPI are welcome to participate in College activities.

- Recognizing that such relationships pose the potential for COI, each decision-making body within the College needs to address and resolve relevant potential conflicts.

Mere existence of a COI does not imply wrongdoing. Relevant COIs change depending on the agenda of the meeting, hence potential COIs should be known in advance of participating in a particular activity or committee; however, there is also opportunity to report a potential COI when made aware of it.

- The CFPC should ensure that educational opportunities are available for members and staff that reinforce fairness, clarity, and consistency of reporting and management or resolution of potential COIs.
- Members participating on Chapter and College committees and task groups should be asked to make an annual declaration of all relationships with the HPI as a requirement of participation.
- Chairs of committees and task groups should be guided in conducting annual reviews of the relationships of members with the HPI.
- At each meeting, an early agenda item must be to review members' potential conflicts relating to specific agenda items; a discussion and decision about how these potential conflicts will be managed or resolved must be documented in the meeting minutes.
- For decisions or group discussions between formal meetings, the chair must be guided in addressing and resolving potential conflicts with individual members and inform the group of the discussion and its outcome.
- Department directors must be prepared to explain any possible connections between the HPI and organizations the College works with in the development or dissemination of activities that the College conducts, supports, or accredits. Information about how these relationships have been dealt with will be included in regular reports of directors to the CFPC Executive and the Board.

4. Where the scope and responsibilities of some CFPC and Chapter positions are broad and may not allow for usual remedies for COI to be applied, a judgment must be made to confirm if a disclosed COI constitutes a barrier to an individual carrying out the following roles:

- **Committee Chair**
- **Section Chair**
- **CFPC Executive**
- **Chapter Executive**

5. All prospective volunteer leaders will be provided guidelines outlining the need to declare any relationships with the HPI prior to accepting a leadership role with the College.

- Guidance may be provided through an advisor as needed. The content of the declaration will be reviewed by the CFPC’s Executive Committee, which will determine if there is a COI. If the Executive Committee determines that there is a COI, the Committee will also determine how it can be resolved or if it makes the individual ineligible for participation with a College leadership role.
6. **CFPC staff members are required to follow the College principles and policies related to relationships with the HPI.**
 - Although previous relationships with the HPI may not be addressed during the hiring process, potential COIs will be managed after the hiring has occurred.
 7. **The CFPC will commit to working with other organizations that uphold the same principles and guidelines as the College regarding their relationships with the HPI.**

II. Financial Relationships

Relevant principles: trust, transparency, accountability, fairness

The Task Force recognizes that money, and how it may be directed and misdirected to exert influence, is a primary reason for the CFPC to pay close attention to relationships with the HPI. The level of confidence that members and others have in the College is largely related to the organizations from which the College accepts money, under what terms, and for what purposes. The Task Force advises being explicit about, and in control of, the financial relationships the organization undertakes with the HPI.

Recommendations:

A variety of “transactional” relationships (ie, relationships in which it is clear what the CFPC gives and receives) currently exist between the College and the HPI. Some transactional relationships include financial payment to the College for promotional opportunities to CFPC members.

It is recommended that such relationships be permitted to continue, with the following provisos:

1. **Sponsorship terms must be publicly declared.**
2. **Requests to initiate or continue a sponsorship relationship must be assessed for impact on the CFPC’s reputation.**
3. **The sponsorship of any food, emailing stations, and other “gifts” from accredited educational activities at FMF and/or ASAs and other College-related meetings will not be linked to the HPI.**

III. Marketing

Relevant principles: trust, transparency, accountability, independence, fairness

It is critical that a clear line be drawn between HPI marketing and education as they relate to the College. Educational activities developed, supported, and accredited by the CFPC therefore require financial supports that are distinctly separate from educational decision-making, and firmly under the direct control of the College.

Recommendations:

1. **The CFPC will proceed with the creation of an unrestricted fund (contributors may be from the charitable organizations, the HPI, etc.), established within a three- (3-) year time period, to support the development, dissemination, and evaluation of accredited educational activities.**
 - The Board may consider undertaking the fund in collaboration with the RCPSC and/or medical school universities.
2. **Once the unrestricted fund is in place, the CFPC will re-evaluate current policies on the HPI sponsorship of accredited educational activities.**
3. **There must be no educational elements funded by the HPI in accredited residency training programs and medical student training programs.**
 - The planned curriculum must not be funded by the HPI but discussions with residents and students about the existence and role of HPI must be ongoing in order to ensure that when trainees transition to practice they understand what denotes a conflict of interest and how to appropriately interact with the HPI.
4. **In College-supported events or activities, there must be a clear separation between HPI educational and marketing initiatives from those of other sponsors or participants.**
 - HPIs may be included in ASA exhibit halls so long as they adhere to the CMA policy and respect the Research and Development (Rx&D) Code of Marketing Practices AND are clearly separated from College and other non-HPI groups either by physical separation or clear signage.
5. **HPI exhibitors and advertisers will still be provided with access to College members for the purpose of marketing provided that their activities conform to accepted standards and do not include inducements for members.**
6. **Members who choose not to be exposed to HPI marketing initiatives can expect to participate in College-supported activities on the same basis as those that do (eg, access to food in exhibit halls).**

7. Educational programs and materials developed and accredited by the CFPC will continue to be assessed for the purpose of clearly differentiating them from promotional HPI messaging to avoid undue HPI influence on members in patient care decision-making.

IV. Access to Information

Relevant principles: trust, transparency, accountability, independence, fairness

An organizational commitment to fully disclosing information about relationships between the College and the HPI is a necessary component of implementing the aforementioned policy recommendations. Such a commitment also respects members' ability to make informed personal decisions about their degree of involvement with the HPI. Finally, it allows for needed future changes in policy and practice to be readily identified.

Recommendations:

1. **The CFPC website will be used to post information related to the disclosure of relationships with the HPI that will be available for members only.**
This information would include:
 - COI declarations and the management of these conflicts for decision-making bodies of the College and its Chapters
 - Information about resources supplied by the HPI for the development, dissemination and endorsement of CFPC activities and sponsorships:
 - The terms of sponsorship arrangements with the HPI entered into by the CFPC and its Chapters
 - Information about the nature and extent of sponsorship of CPD programming by the HPI of CFPC-accredited learning activities, including satellite symposia
 - Relationships between individuals involved in developing the curriculum for accredited CPD programs and the HPI
2. **The CFPC website will be used to post information for the public on how the CFPC manages relationships with the HPI.**
3. **The CFPC's Chief Executive Officer and directors will report annually to the Board on aspects of the College's relationships with the HPI, including recommendations about changes based on feedback from members and the public.**
 - These reports will be available in their entirety to members and excerpted for the public.

Implications of the Recommendations

The recommendations outlined in this report will have several implications on CFPC activities:

1. The CFPC will need to examine all of its relationships going forward, including its relationships with government, and be aware of the potential for influence in these relationships.
2. FMF Exhibit Hall: Separating HPI exhibits from non-HPI exhibits and from the hospitality and other convenience stations opens the potential for reduced foot traffic for HPI exhibits. As a result, fewer HPI exhibitors might participate in the FMF exhibit hall, and lead to a decrease in revenue. This means that FMF participants may incur a higher registration fee which may result in fewer registrants.
3. Food: Removing direct sponsorship from any food or meals provided in conjunction with an educational activity requires that either members pay for the costs of meals or refreshments, or that the new arms' length educational fund support food provision.
4. *Canadian Family Physician* is encouraged to explore open-access models and user-pay models in the future with the hope that the journal could become independent of advertisements from HPI.

Implementation Elements

A careful assessment of the potential implications of the report recommendations is required. For example, implementing the recommendations could mean a decrease in revenue from the FMF exhibit hall; therefore, steps should be taken to minimize this effect.

The following steps are suggested for the implementation of the proposed recommendations:

1. Develop policies and procedures to identify and resolve actual, potential, and perceived COIs with due process, fairness, and justice. Consider establishing a standing committee on COI, perhaps involving the Governance Advisory Committee, the Ethics Committee, the Membership Advisory Committee, the National Committee on CPD; not all COIs are the same so the guidance and advice needed in order to identify and resolve them needs to be appropriate. This committee can also be responsible for developing and monitoring impact of policies, revising if necessary, and educating members and staff. Create quick tips similar to those developed in the CPD department to address what to do when a conflict is discovered, what kind of conflict would exclude a member from being part of a committee, what to do if more than half of the members of a committee have a conflict on a particular issue, etc..
2. Monitor the impact of policy change (eg, CFPC and its Chapters' financials, attendance at FMF/ASAs and CPD events, recruitment to positions, member perceptions), through the suggested committee above.

3. Develop and deliver related training for the third parties/physician associations involved in accreditation.
4. Establish an external advisor to serve at arms' length. Consider exploring the potential for a reciprocal relationship with the RCPSC in which both organizations' Ethics Committees act as an advisor for each other.
5. Establish a process for receiving and managing member and public concerns.
6. Develop and implement a process for disclosing/sharing CFPC relationships with the pharmaceutical industry publicly.
7. Establish other policies and procedures to ensure compliance with this policy.
8. Develop and implement a process for assessing the degree to which existing relationships will have an impact on individuals' functioning in senior College leadership positions, and for developing mechanisms for resolving potential COIs.
9. Make available educational opportunities for members and staff that reinforce fairness, clarity, and consistency of reporting and management of potential COIs. It is recommended that CFPC committees receive guidance about identifying and resolving COIs in order to ensure comfort among committee members and chairs when these situations arise.

Limitations

The Task Force recognizes that the recommendations made in this document are not exhaustive. As the College grows and the industry changes the policy recommendations will need to be reviewed, assessed and updated. The following are a few recommendations to address the limitations of this policy:

- The College should revisit with members whether any other elements or situations put them in an awkward position when making decisions on behalf of the CFPC.
- The Task Force determined that it was more important that the recommendations be implementable rather than aspirational. The policy should be reviewed regularly with the intention of ensuring that it remains relevant and, where opportunities exist to expand, to pursue them in a stepwise manner.
- The Task Force recognizes that there are many elements to the CFPC and recommends that the Board request all Chapters and CFPC departments consider how the policies might impact them.
- The CFPC's Research and Education Foundation is not necessarily bound by the same policy regarding the relationship with the HPI; however, the Foundation is encouraged to adopt the related policy.

Respectfully submitted,

Sandy Buchman, MD, CCFP, FCFP

Chair, Task Force on CFPC's Relationship with the Health Care/Pharmaceutical Industry
(HPI)

References

1. The Association of American Medical Colleges. *The Scientific Basis of Influence and Reciprocity: A Symposium*; June 12, 2007; Washington, DC. Available from: www.aamc.org/publications Accessed 2013 Jul 14.
2. Canadian Medical Association. *CMA Policy. Code of Ethics*. Updated 2004. Reviewed 2012. Ottawa, ON: Canadian Medical Association; 2004. Available from: <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD04-06.pdf>. Accessed 2013 Jul 22.
3. Canadian Medical Association. *CMA Policy. Guidelines for Physicians in Interactions with Industry*. Ottawa, ON: Canadian Medical Association; 2007. Available from: policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf. Accessed 2013 Jul 22.
4. Canada's Research-Based Pharmaceutical Companies. *Code of Ethical Practices*. Ottawa, ON: Canada's Research-Based Pharmaceutical Companies; 2012. Available from: [www.canadapharma.org/CMFiles/Commitment to Ethics/WithHealthCareProfessionals/Code of Ethical Practices/2012_CodeofEthicalPractices_ENFinal.pdf](http://www.canadapharma.org/CMFiles/Commitment%20to%20Ethics/WithHealthCareProfessionals/Code_of_Ethical_Practices/2012_CodeofEthicalPractices_ENFinal.pdf). Accessed 2013 Jul 22.

Suggested Readings

1. Accreditation Council for Continuing Medical Education. ACCME Standards for Commercial Support. 2007. Available from: http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf. Accessed 2013 Jul 15.
2. Camilleri M, Parke DW. Perspective: Conflict of Interest and Professional Organizations: Considerations and Recommendations. *Academic Medicine* 2010;85:85-91. Available from: http://journals.lww.com/academicmedicine/Fulltext/2010/01000/Perspective_Conflict_of_Interest_and_Professional.27.aspx. Accessed 2013 Jul 15.
3. Canadian Medical Association. *Guidelines for Physicians in Interactions With Industry*. (2007, reviewed 2011) Available from: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>. Accessed 2013 Jul 15.
4. Canadian Medical Association. *Guidelines for CMA's Activities and Relationships with Other Parties*. (2001, reviewed 2012) Available from: http://policybase.cma.ca/dbtw-wpd/exec/dbtwpub.dll?AC=GET_RECORD&XC=/dbtw-wpd/exec/dbtwpub.dll&BU=http%3A%2F%2Fpolicybase.cma.ca%2Fdbtw-wpd%2FCMAPolicy%2FPublicB.htm&TN=PubPol&SN=AUTO20566&SE=1911&RN=0&MR=20&TR=0&TX=1000&ES=0&CS=1&XP=&RF=Public%3E+TableDE&EF=&DF=Display%3E+English&RL=0&EL=0&DL=1&NP=3&ID=&MF=wpengmsgcmapolicypublicB.ini&MQ=&TI=0&DT=&ST=0&IR=1&NR=0&NB=0&SV=0&SS=0&BG=&FG=000000&QS=Staff&OEX=ISO-8859-1&OEH=ISO-8859-1. Accessed 2013 Jul 15.
5. Council of Medical Specialty Societies. *Code for Interactions With Companies*. March 2011. Available from: http://www.cmss.org/uploadedFiles/Site/CMSS_Policies/CMSS%20Code%20for%20Interactions%20with%20Companies%20Approved%20Revised%20Version%203-19-11CLEAN.pdf. Accessed 2013 Jul 15.
6. The Association of Faculties of Medicine of Canada's Standing Committee on Continuing Professional Development (SCCPD). *SCCPD Position Paper on the Role of Industry in University-Based CME/CPD*. Available from:

[http://www.afmc.ca/pdf/committees/SCCPD Position Paper on Role of Industry in University Based CME-CPD Dec%2012 2010.pdf](http://www.afmc.ca/pdf/committees/SCCPD_Position_Paper_on_Role_of_Industry_in_University_Based_CME-CPD_Dec%2012_2010.pdf). Accessed 2013 Jul 15.

Appendix

Examples of what *do* and *do not* fall under the HPI definition:

- Egg marketing board – No
- Board of a private clinic – Yes
- Private cosmetic surgery clinic – Yes
- EMRs – Not at the moment, but if they communicate directly with patients, then yes.
- Practice management software – No
- Trade and generic sectors of for-profit HPI – Yes
- Physicians having ownership shares in institutions like nursing homes – Yes
- Government releasing formularies – No
- Tobacco and alcohol production and marketing companies - No
- Fast-food marketing production companies - No
- Baby formula manufacturer – No

Acknowledgements:

The members of the Task Force on the CFPC's Relationship with the Health Care/Pharmaceutical Industry (HPI) include: Sandy Buchman, Jamie Meuser, Rick Glazier, Carol Herbert, Christie Newton, Paul Humphries, Judy Erola, Ian Goldstine, Larry Reynolds, Inese Grava-Gubins, Francine Lemire, Sarah Scott

Additional contributors to earlier discussions leading to this report include: Calvin Gutkin, Bernard Marlow, Martin Dawes, Robert Boulay, Merrill Pauls.