

# Résumé :

## Rétroaction des membres sur l'exclusion des kiosques de l'industrie pharmaceutique et des soins de santé (IPSS) dans le Hall d'exposition du Forum en médecine familiale (FMF) du CMFC

Septembre 2019

### Contexte :

- Nombre de répondants = 2 731
- Taux de réponse = 7,3 %
- Comparativement à tous les membres du CMFC et au groupe de non-répondants, ceux et celles qui ont fourni une rétroaction sont assez représentatifs selon les catégories de membres, la répartition provinciale et le genre. Il y a un peu moins de répondants francophones et un peu plus de répondants plus âgés.
- Courriel envoyé à chaque membre du CMFC avec un hyperlien personnalisé pour voter électroniquement (un vote anonyme par membre) entre le 9 et le 20 septembre 2019. Deux rappels ont été envoyés aux non-répondants.

### Questions :

1. À quel point êtes-vous en faveur de l'exclusion des kiosques de l'IPSS du Hall d'exposition du FMF au cours des trois à cinq prochaines années ?
  - Très en faveur de l'exclusion des exposants de l'IPSS
  - Plutôt en faveur de l'exclusion des exposants de l'IPSS
  - Incertain ou indifférent quant aux exposants de l'IPSS
  - Plutôt opposé à l'exclusion des exposants de l'IPSS
  - Très opposé à l'exclusion des exposants de l'IPSS
2. À quel point êtes-vous en faveur d'une éventuelle augmentation des frais d'adhésion annuels au CMFC (environ 50 \$ par année pour un membre actif) afin de compenser la perte de revenus de l'IPSS au FMF, si les mesures d'économie ne sont pas suffisantes ?
  - Très en faveur
  - Plutôt en faveur
  - Incertain ou indifférent
  - Plutôt opposé
  - Très opposé
3. Vos commentaires à ce sujet sont les bienvenus (200 mots maximum) :

[Le contenu du courriel a été partagé avec les membres](#)

## Section 1 : Résumé des résultats – questions 1 et 2

Vous trouverez ci-après les grandes lignes des résultats.

Les tests de chi carré de Pearson pour les différences statistiquement significatives (< 0,01) ont été calculés pour les 5 catégories de réponses originales. Des catégories regroupées ont été fournies pour illustrer les tendances.

### Q1: À quel point êtes-vous en faveur de l'exclusion des kiosques de l'IPSS du Hall d'exposition du FMF au cours des trois à cinq prochaines années ?

				95% Confidence Interval	
	Frequency (n)	Percent (%)	Collapsed Percent (%)	Lower (%)	Upper (%)
Très opposé à l'exclusion des exposants de l'IPSS	699	25.6	46.8	44.9	48.7
Plutôt opposé à l'exclusion des exposants de l'IPSS	579	21.2			
Incertain ou indifférent quant aux exposants de l'IPSS	339	12.4	12.4	11.2	13.7
Plutôt en faveur de l'exclusion des exposants de l'IPSS	325	11.9	40.7	38.9	42.6
Très en faveur de l'exclusion des exposants de l'IPSS	787	28.8			
<b>Total</b>	<b>2729</b>	<b>100.0</b>	<b>100.0</b>		

\*chi carré de Pearson significatif : 0.000

Différences statistiquement significatives selon le genre, l'âge et la langue (les femmes, les répondants de moins de 35 ans et les répondants francophones sont plus susceptibles d'appuyer l'exclusion des exposants de l'IPSS).

### Q2: À quel point êtes-vous en faveur d'une éventuelle augmentation des frais d'adhésion annuels au CMFC (environ 50 \$ par année pour un membre actif) afin de compenser la perte de revenus de l'IPSS au FMF, si les mesures d'économie ne sont pas suffisantes ?

				95% Confidence Interval	
	Frequency (n)	Percent (%)	Collapsed Percent (%)	Lower (%)	Upper (%)
Très opposé	998	36.6	55.6	53.7	57.5
Plutôt opposé	520	19.0			
Incertain ou indifférent	263	9.6	9.6	8.6	10.8
Plutôt en faveur	417	15.3	34.8	33.0	36.6
Très en faveur	532	19.5			
<b>Total</b>	<b>2730</b>	<b>100.0</b>	<b>100.0</b>		

\* chi carré de Pearson significatif : 0.000

Différences statistiquement significatives selon le genre, l'âge et la langue (les femmes, les répondants plus âgés et les répondants francophones sont plus susceptibles de soutenir une augmentation des frais).

Parmi les répondants qui s'opposent à l'exclusion des exposants de l'IPSS, 94 % s'opposent également à une augmentation des frais. Parmi les répondants favorables à l'exclusion des exposants de l'IPSS, 78 % sont également favorables à une augmentation des frais (chi carré de Pearson significatif : 0.000).

[Les résultats détaillés suivant sont disponibles en sept feuilles de calcul.](#)

- i. Données démographiques : Les répondants sont répartis selon cinq variables démographiques (catégorie de membres, genre, groupe d'âge, province, langue) par rapport à l'ensemble des membres
- ii. Q1 (avec 5 catégories de réponse, 3 catégories et 2 catégories)
- iii. Q1 en fonction des données démographiques
- iv. Q2 (avec 5 catégories de réponse, 3 catégories et 2 catégories)
- v. Q2 en fonction des données démographiques
- vi. Q1 Q2 Tabulation croisée
- vii. Commentaires (Q3 catégories de codage assignées)

## Section 2: Résumé des résultats – questions 3 :

### Partie 1 : Généralité :

- Parmi les 2 731 répondants, 1 426 (52 %) ont ajouté un commentaire
- Certains thèmes sont ressortis des commentaires, dont :
  - Merci de soulever ce sujet/solliciter les commentaires des membres
  - Raisons pour lesquelles nous devrions exclure l'IPSS du FMF
  - Raisons pour lesquelles l'IPSS et les médecins devraient travailler ensemble
  - Commentaires indiquant que les membres ont la capacité de faire une analyse critique et de gérer la partialité
  - Ce que l'on aime/que l'on n'aime pas du hall d'exposition \*
  - Indications que les membres de « regroupent » pas tous les éléments faisant partie de la définition du CMFC de l'IPSS\*
  - Indications que les membres ne veulent pas payer plus
  - Suggestions d'augmenter les frais d'inscription au FMF et non pas les frais d'adhésion au CMFC

- Demandes que l'on trouve d'autres mesures de réductions des coûts

\*Notes de Sarah Scott, après révision de tous les commentaires :

a) possibilité que les perspectives diffèrent en fonction de la géographie (rurale : urbaine); nous n'avons pas encore de variable géographique correspondant à celle de nos membres

b) la possibilité de divergences d'interprétations de ce que comprend l'IPSS. Pourrait influencer les réponses à la Question 1 (voir la Partie 3 ci-dessous).

## Partie 2 : Étendue des commentaires

Les traductions générées par SurveyGizmo ont été incluses.

### Commentaires de membres qui sont très en faveur de l'exclusion des kiosques de l'IPSS :

"If we believe that one of the prime purposes of FMF is to provide attendees with information that will influence their patient care decision-making, then there is no justification whatsoever for continuing with methods and formats for conveying this information that prioritize marketing over best available unbiased evidence. We can do better than that, and good for the Board for finally taking this reality seriously."

"I think this is a critical issue. We need to make best efforts to act in ways that are not influenced by industry. Particularly in light of the opiate crisis and the current cannabis industry rise."

"It's a good move for integrity. We can afford it."

"Please follow through with this very important decision. It is long past time that we divorced ourselves as individuals and as an organization from the influence of Healthcare and Pharmaceutical Industry!"

"It is definitely time for the CFPC to do this. The benefits in terms of the organization's image and reputation will far outweigh the loss of revenue."

"I think this is a very important step for our college - we need to be responsible for our own education, rather than off-loading it to pharma, which has clear conflicts of interest."

"This is an absolute no-brainer. Physicians should have absolutely no conflict of interest with respect to CME, medical school education including corporate partnerships between universities and businesses and research. The FMF should not be an advertising arena for businesses."

"L'intégrité et l'autonomie des médecins passent par l'affranchissement de l'influence de l'industrie pharmaceutique. En 2019, il n'y a plus d'excuse pour laisser les Big Pharmas s'immiscer dans nos activités de formation. Je suis totalement d'accord pour qu'on les bannisse des congrès. Le financement devra venir de l'adhésion des membres. C'est le prix pour notre indépendance et notre image au sein du public. Merci d'y penser !" / *The integrity and autonomy of doctors require the release of the influence of the pharmaceutical industry. In 2019, there is no longer an excuse to let Big Pharma interfere in our training activities. I totally agree that they should be banned from conferences. Funding will have to*

*come from membership. This is the price for our independence and our image in the public. Thank you for thinking about it!"*

"What we should be teaching our learners is how to access unbiased, evidence-based information on pharmaceuticals and therapeutics, not how to " interact with industry".

"The exhibitor hall at FMF and the overbearing presence of HPI at the conference is an embarrassment to our profession and the reason I no longer attend FMF for CME (case in point the dozens plus medical marijuana booths last year)! We need to distance ourselves from industry to preserve our integrity. Same goes for the pharma ads that heavily infiltrate CFP. Bring in cars, golf stuff, watches, gyms, travel, meal prep, who market directly to physicians instead of selling docs things to sell our patients. We can do better!"

"one can not be independent of thought and action from someone that you are financially dependent on. as a family doc, I learned about new drugs from the reps. It was definitely biased but CME did not include talks or articles that taught broadly of new drug classes or comprehensively about changes in management. removing HPI direct contact to fam docs will encourage educators, I hope, to consider some talks, online resources, articles to be like classes in medical school. The health care system has allowed drug reps to be part of educating front line docs. Remove that and it leaves a gap that in truth would be better filled by objective docs than subjective sales people anyway. But the gap WILL need to be filled."

"Think Oxycontin and the opioid crisis."

"It is part of taking FM Leadership to the next level"

"How is this still even a question? With good evidence to show that physicians are influenced even if we think we aren't I don't think pharmaceutical involvement can be justified. If we expect lecture presenters to declare conflicts of interest and attempt to mitigate them why do we not expect exhibitors to as well? Participation of the pharmaceutical industry at FMF is an inherent conflict of interest that can't truly be mitigated."

"I'm not entirely sure why we are still discussing this issue at such a late stage. There is enough evidence to know that HPI funding represents a conflict of interest and compromises our professional integrity. We are losing public trust and being represented in the media as money hungry assholes! You are running PR campaigns to try and stop this but you're still entertaining HPI at our biggest conference, seriously?! You are supposed to be leaders, not trying to win a popularity contest. Lead and make the difficult but necessary decision, not everybody is going to like it. If we don't stand for transparency and integrity then what the hell do we stand for? And more importantly why would the public trust us when we can't even make the most obvious ethical choices in the face of financial incentives? Please do the right thing even if it's financially impractical and inconvenient. I'm just one member but this issue is important enough for me to start boycotting FMF and looking for more honest and progressive representation that knows when change is both imminent and necessary. Let's show the public we haven't been bought and paid for and silence our critics."

"Maybe a plenary on big pharma and its effects on our patients would be helpful in informing minds."

“I think we should discontinue the exhibits from the industry but wonder if they extended some financial support they might be listed on a donors page in the program.”

“We need to pay completely for our CPD which we are tax deducting. An extra \$50 per year is nothing for the value we get for CFPC membership.”

“less pharm = more opportunity for members to showcase their projects, initiatives and research”

#### **Commentaires de membres qui sont plutôt en faveur de l'exclusion des kiosques de l'IPSS :**

“The issue goes beyond FMF. There are many smaller CME offerings all across the country (for example hospital departmental CME offerings) who cannot ‘go to members’ to pay more to continue them and local CME will be hurt quite significantly as move to remove ‘all access’ for HPI.”

“Many physicians are unduly influenced by pharma and have come to accept the information provided by pharma as being the sole source of truth, so I’m not personally convinced that individuals can be trusted (or trained) to manage the relationship responsibly. In addition, there’s growing evidence out there that pharma publishes or plays up positive research and suppresses or plays down negative research, so even when they are quoting ‘research outcomes’, they may be bending the truth.”

“We need to formally dissociate from any funding from ‘big pharma’ because if we don’t then we will be looked upon as being unscientific and not objective enough for our role in the current health system. I don’t think it makes a difference practically though but practicality and common sense seem to have left the building in healthcare and it’s all about perception now...very sad.”

“The CFPC must ensure it does not show a double standard. The Mainpro+ guidelines are clear and should be enforced consistently. As a University Provider, I see a lot of discrepancy here so if the national office and local chapters can fall short of the Mainpro+ guidelines, the whole process loses its credibility. FMF always crosses the line right from COI disclosure to lack of learning objectives, to bias in funding...”

“Would like the products to have direct relevance to the topics being discussed during the meeting. Don’t like the plastic freebies, glossy literature.”

#### **Commentaires de membres qui sont incertains quant à l'exclusion des kiosques de l'IPSS :**

“I have attended FMF about 6-7 times in the past 10 years. I have enjoyed meeting others in the common HPI space. I recognize that there is evidence that HPI’s influence us. I hear colleagues say that they have not found FMF to be relevant to them, and I worry about an FMF that gets smaller. I also worry about raising fees of those of my colleagues who do not feel they want to attend. Perhaps raising the cost of the conference, but we all know that will cause attendance to decline as well. Perhaps then we go back to encouraging strong provincial family medicine conferences. Or perhaps hold the FMF every few years. But that changes everything, doesn’t it? - convocation, national collaboration. Yet I am torn. Increasing fees for FMF and increasing membership fees to sustain FMF may backfire. We have a difficult decision ahead.”

“As responsible physicians, we should be able to provide evidence-based care to our patients irrespective of the influence of the pharmaceutical industry”

“I have no issue with medical office equipment suppliers, EMR vendors, HR management companies, financial management companies or other vendors that are not involved in therapeutics or patient management in any way. I have no issues having companies market their business solutions or office equipment to me.”

“I think there is no question that advertisers in the situation influence decision-making, but they also do positive things, and I think getting rid of them completely is an over correction.”

“Important to be mindful of the relationship while maintaining collaboration”

“Conflict with interest not just pharma but banks as well like MD financial. Please consider dropping them as well.”

“Having been exposed to both sides of this, I feel there is some benefit to being exposed in various ways. Our neighbours to the south have patients directly marketed to, I don’t support that. Perhaps the committee has it disclosed by the vendors what is being marketed and some short snappers could go over the evidence for ‘condition’ concerned- thereby having a balance.”

“I am uncertain about discontinuing. I cannot anticipate all the consequences of discontinuing HPI booths.”

“If you are kicking out the pharma reps, you should also kick out MDM/Scotia Bank who profit off selling physicians high fee mutual funds with a goal of making profit for shareholders rather than physician financial independence.”

“I believe that physicians are capable of understanding their risk of developing bias. If individual physicians are concerned for themselves, they do not need to visit the exhibits. Personally, I enjoy the opportunity to ask questions and review the information on new treatment choices, which I believe helps me make informed decisions about patient care, and helps me remain up to date. I am not too personally worried about bias, and regardless, all physicians have ‘favourite’ treatment choices, usually developed experientially from our practice.”

#### **Commentaires de membres qui sont plutôt opposés à l’exclusion des kiosques de l’IPSS :**

“I still think it’s appropriate and valuable to have these exhibitors at conferences. This is a valuable service to physicians. Physicians are capable of deciding if these are going to use a new drug or product. This forum is an excellent way of sharing new information and products available that may otherwise be more difficult or time-consuming to gather.”

“I do think HPI is here and it is important to learn how to deal with it. I think it may help to develop an information piece that discusses how to think critically about information being passed on from HPI beginning with regarding the info as suspect, like an advertisement in the Sunday paper pullout (if anyone remembers these), and very different than a journal article or text. It’s important to remember that many of these ‘new’ drugs do not differ from the old ones truly in what they do except with regard to cost. It’s important to know that many of the drug reps are taught info that they don’t understand. A more modern reference to HPI would be the characters Bernadette and Penny in ‘Big Bang Theory. The exhibit hall is the perfect place to teach that.”

“Learning from pharma reps is not ideal, but I do not see anything to fill the void at present. Honest discussion from medical experts re pros and cons of specific treatments is needed, with or without input from pharma.”

“I think it is crucial to continue investing in training and teaching a critical thinking and approach to HPI in order to have an impartial and honest opinion. Our main goal is patient’s safety and part of it is making sure we have an open relationship with these companies and keep them accountable. If we are clear about our role and position then we can maintain a professional and healthy relationship with HPI which would benefit everybody involved.”

“Je suis très sensibilisée aux dangers de l’influence de l’industrie pharmaceutique sur les médecins. Par contre, je pense qu’il peut être pertinent pour l’industrie de venir présenter les produits. Je suis déchirée par cette problématique. Je pense que nous passons d’un extrême à l’autre et qu’il n’y a pas de bonne réponse./ *I am very aware of the dangers of the pharmaceutical industry’s influence on doctors. However, I think it may be relevant for the industry to come and present the products. I am torn apart by this problem. I think we are going from one extreme to the other and there is no right answer.*”

“I think this is a well-understood issue by medical graduates and most staff. Some degree of relationship with the pharma industry is unavoidable. In my community, the bulk of offered CME and family practice meetings are routinely funded by industry. I think this is a small potatoes issue and I am not concerned with their involvement as long as they are not influencing presenters and content of the forum itself.”

“Tout à fait d’accord qu’il faut encadrer l’influence de l’industrie pharmaceutique, mais plus on coupe l’accès au MD, plus ils vont utiliser d’autres moyens pour influencer: politiciens, de plus en plus directement les patients par des publicités suggestives sans mentionner clairement le nom du médicament... Ce qui en fin de compte me semble pire. Formons nos membres à demeurer critique face à l’industrie et permettons-leur de pratiquer ces habiletés critiques à l’occasion. Bien entendu, l’industrie ne doit en aucun cas influencer le contenu des conférences, mais on parle ici de salle d’exposition. Les positions modérées me sont toujours apparues plus gagnantes à long terme que les positions extrémistes./ *Quite agree that the influence of the pharmaceutical industry must be framed, but the more access to MD is cut, the more they will use other means to influence: politicians, more and more directly patients through suggestive advertisements without clearly mentioning the name of the drug... Which at the end of the day seems worse to me. Let us train our members to remain critical of the industry and allow them to practice these critical skills from time to time. Of course, the industry should not influence the content of the conferences, but we are talking about a showroom. Moderate positions have always seemed to me to be more successful in the long run than extremist positions.*”

“We need to learn to manage this relationship and the potential for bias but not to sever our relationship completely, in my opinion. There is a role for communication and a collaborative partnership - not for alienation.”

“I regularly use sample medications to give to my patients who are not as well off financially. I am concerned that if we completely stop our association with pharmaceutical companies it will be more difficult to obtain these samples.”

“I really think having the booth also expands our collaboration with our patients, as we know, what our patients are using outside of prescription medications. Health care is a system based on collaboration



with other providers , it is an opportunity to have an insight into other fields and this gives us more information . Accessing care for our patients can also be enhanced by individuals getting more information on some of the choices available.e.g., I was made aware of private detoxification centres . We need to set boundaries , but we still have to be a member of the health care team.”

“I don’t see HPI a big issue following our current guidelines treating and managing patients’ health issues.”

“Balance!!!!!!!!!!”

“All members should not be penalized because of losses over an annual event. That event should be looking for cost-saving measures. Stopping pharmacy exhibitors is like taking a sledgehammer to a nail. It likely will not fix the issue of pharma influence, and would prevent physicians from learning about new products and technologies on or coming to the market.”

#### **Commentaires de membres qui sont très opposés à l’exclusion des kiosques de l’IPSS :**

“I think HPI booths add a nice diversity to the forum and I find them very informative. Sometimes I haven’t even heard about some products until you see them at a conference. It is a physician’s job to critically evaluate what’s good for their patients since hopefully by the time we finish medical schools, we should know something about critical appraisal. I don’t see why we need to get rid of HPI.”

“Invite them all in to fight for the marketplace and let physicians determine the best evidence for our patients.”

“The thinking that physicians are mindless and unduly influenced by HPI is false. If physicians do not have the critical thinking skills necessary to differentiate when certain advertised products are appropriate for use then we should truly be replaced by other health care practitioners. If HPI exhibitors are discontinued from all physicians associated functions and literature, how are we find out about new products and services available to our patients. Direct advertising would increase our mail and email. Industry representatives would book more appointments in our offices, taking up more of our valuable time and reducing time available to our patients whom we serve. And as you accurately point out, it would ultimately also increase our costs for meetings, memberships and subscriptions. Perhaps in a just and democratic society/association we should seek and honour the opinion of the majority and stop catering to special interest groups.”

“I am very grateful for the steps FMF has taken to address possible prescribing bias with HPI. However, it has gone far enough. The safeguards we currently have are enough. We also need to recognize the very important contributions they are making to medicine and to the care of our patients. We need to ask ourselves ‘where would we be without pharmaceuticals or medical devices?’. It is incredibly arrogant to treat HPI as some sort of subversive enemy that we need to be free from. This does not make any sense and is not the balanced approach needed by the FMF and medicine in general. Thank you for your efforts.”

“I understand the implications of pharma presence; HOWEVER doctors with very limited time during their routine weeks have almost no opportunities like the grand hall at FMF. It is a unique opportunity to fill gaps in knowledge about new products and guidelines, pick up materials and pick/choose what they’d like to see based on their own needs in a very efficient manner. Leave it to individual physicians

to decide for themselves and gather their own information and make their own decisions; do not take this away entirely. Most doctors are intelligent enough to see through bias but it is still valuable information collected at these exhibits. Don't take away this unique, efficient resource."

"Pharmaceutical booths have been a part of healthcare for many years. The financial support to the educational forum is a payback to the medical profession. In a forum there is oversight and legitimate structure. If physicians don't receive the newest drug information this way they will receive it in their offices without such oversight. Asking the entire body of family physicians to subsidize on membership the cost of the forum which only a few physicians are able to attend to satisfy the moral outrage of again only a few physicians is not appropriate. It does not solve the issue that physicians need to be responsible for their own professional practice and be aware of bias. Removing the 'threat' at a cost to everyone is treating all physicians as children and making them pay for the privilege of daycare. Find another way to pay for the moral outrage if required. Those that attend can pay the additional fee if they opt out for the pharmaceutical support when they register. Give special tickets/pass to the docs that opt in to go to the closed pharmaceutical venue site if they wish to opt in. Treat all doctors like adults responsible for their choice."

"If the plan is to remove the Pharma supplementation that offsets the cost for doctors then it would be good to see if it actually changes our prescribing practices both before and after."

"I believe that having pharma participants is more than just a familiar environment that we must tolerate. We are prescribers of medication and as such are responsible for determining the actual benefits of these to our patients. We learn a lot from company representatives and must assume that the information may be biased and then do our own due diligence before making the agent part of our practice. Our relationship should be more cooperative than adversarial."

"Part of practicing medicine is knowing what is available to us and to our patients. Being advertised to is fine. This is also educational. It is up to us to evaluate what we feel is best for our patients, but we cannot do this if we don't know what is out there. I understand there is bias potential, even subconscious bias. This is part of being human. But guess what, we are human doctors. Medicine is becoming too robotic, and the human doctor factor is slowly being phased out. There has to come a point where we can still practice medicine and not just follow protocols and run macros on EMRs. I feel that in order to progress, we need to be exposed. If we are too sheltered, how will we move forward? We are adults, we are professionals. We are not children needing to be hand-held through this. I am fully in support of keeping the booths at FMF. It's not for the \$50. It is for the exposure and education. Thank you."

"Drug marketing will not go away. The fact that doctors misinterpret information about drugs and overprescribe is a commentary on medical education, not the drug industry. It's interesting that advertising in medical journals is similar to the ads people find in magazines like men's health and women's health but not like advertising in scientific journals like Nature or Science. Exposing clinicians and students to drug promotion is important and should be associated with increasing discussions of what pharma's promotional arguments really mean. Thanks for asking and best wishes"

"Do you hide all alcohol in existence to prevent your teenagers from misuse/abuse? No, you teach them to use it appropriately. Blocking all pharm companies to prevent influencing the medical masses is idiotic. Better to invite them in and critically analyze their findings/products. If a doctor/NP/student

can't listen to an argument by a company and make a decision to resist their influence in an open forum then what chance would they have reading the research/ads/policy on their own time. Treating the medical community like small children and blocking contact to the pharm/health industry is only causing the problem you fear most: unopposed and non-critically analyzed acceptance of financially motivated information"

"Keeping up with products is never ending. HPI exhibits at the events I attend are one way of doing this, and almost the only interactive opportunity I get to query advantages and disadvantages of products available. If one is to stay current with treatments, changes to prescribing are going to occur - and should be based on whatever knowledge gleaned. I do not believe that I make changes based on exhibits - I believe I have enough professionalism to evaluate what they present, while acknowledging they do bring things to my attention. Not a bad thing, in busy practice!"

"HPI participation at FMF events provides a great opportunity to interact professionally, socially and otherwise with other members of the health care industry. Excluding HPI's from these events is akin to building professional walls. We need bridges, not walls."

"You guys are really unrealistic. The concept of context is completely lost on you. Have any of you done fee-for-service work in a clinic that was not attached to a university facility? Don't fool yourselves into thinking that your clique thinks and speaks for the majority of family physicians, many of which have little use for your purposeless navel-gazing and virtue-signalling nonsense. This survey is really the very least you could have done."

"No concern about this issue. There are many other issues regarding the influence on our practices that could be addressed. We overprescribe in general with or without HPI influence!"

"I have never attended the forum, but my colleagues talk and post on social media about the networking done in the exhibit hall. It sounds like it is the best part of the forum."

## Partie 3 : Quelques thèmes précis

### « Définition » de l'IPSS :

- La définition fournie dans l'introduction du courriel envoyé aux membres : « L'IPSS... Ceci vise les entreprises pharmaceutiques, et les entreprises de dispositifs médicaux, de fournitures médicales et chirurgicales ainsi que les fabricants de produits de soins de santé en vente libre, y compris de traitements homéopathiques et de cannabis ».
- Commentaires des membres sur l'accès continu aux appareils médicaux, aux services de télésanté, aux outils de gestion de la pratique/entreprises de logiciels, etc. Des commentaires ont également été formulés sur la valeur des kiosques universitaires, des recruteurs, d'autres spécialistes, etc., ce qui soulève la question, à savoir si tous les répondants pensaient la même chose en répondant à la question «À quel point êtes-vous en faveur de l'exclusion des kiosques de l'IPSS du Hall d'exposition du FMF...? »

"I support removal of pharma but less enthused about other industries like medical devices"

“I would like to still have RX files and health care organizations, but not pharmaceutical industry”

“Public perception is everything. Politically, may be better to distance interactions with pharma within a public forum. Non-pharmacological exhibits, e.g., insulin pumps, TENS devices and other technologies relevant to primary care give opportunity to familiarize physician with devices their patients need/use for health care”

“I am uncertain if you needed to eliminate the exhibit hall - but if a criterion change would be helpful. I find interacting with national organizations (SOGC, CAPE, Health Canada, Public Health) and disease-specific advocacy groups (Multiple Myeloma) useful, informative. Drug companies, medical marijuana companies, unproven therapies are not useful and reflect poorly on us as a profession (eg. how would the average patient feel about there being several medical marijuana booths all heavily promoting an unproven therapy). Having medical technology vendors there is helpful - EMR/equipment vendors (BP cuffs, US) is helpful and would not be opposed.”

“I would suggest that the main concern is around suitable vetting of any exhibitors with assurance that they are impartial and exhibiting material that promotes education rather than bias. There are pharmaceutical companies that support educational material and activities that comply with this and it may be a loss to remove these completely. I do, however, strongly support the removal of private providers advertising their wares -e.g., private OSA/ sleep clinics , Marijuana clinics, interventional radiology clinics, etc.”

“it is the recent addition of the marijuana crowd and even more the pure marketing/selling dealers that concern me - get rid of the direct to physician sales and put some structure around the marijuana crowd and would be much better - the big pharma crowd are restrained in ways the newcomers are not - do not need to ditch the whole lot”

#### Perception du besoin d'exposition :

- **Des commentaires disant qu'on compte sur le FMF pour l'exposition à de nouveaux médicaments et dispositifs; une préférence pour la possibilité de choisir avec qui ils interagissent au FMF plutôt que d'avoir des représentants de services pharmaceutiques qui viennent à leur bureau.**

“I think we have to be aware of the new medications and devices that are available in the market.”

“Even a biased perception of current and emerging therapeutics is better than no ongoing source of information that is the alternative for many busy FPs who do not avail themselves of "unbiased" CME, whether F2F or web-based.”

“As a physician in a rural community, coming to FMF and meeting with the exhibitors is a great way to learn about new products and equipment. Due to the location of my practice not many pharma and equipment reps visit my location. In fact, at last year's FMF, I was able to obtain new equipment for my practice at a great price due to the connection I made at FMF.”

“Inclusion of HPI in FMF Exhibit Hall with policies to define the boundaries of their role and their presentations is appropriate and is part of the educational experience for physicians”

“Pharmaceutical, medical device, medical supply, and surgical supply companies they have a close relation to the medical care we provide as they are part of the medical team, so I don’t think this will make a conflict as long as there are rules to control that relation and organize it.”

“medicine is changing so rapidly and having them there does help to know what is new and emerging on the market. I think with the strict rules in place it leaves it to the individual to seek out these booths. As my office has a strict policy about pharmaceutical companies interaction, these conferences are now my only stream of interaction and I think that low level is just fine.”

“It makes sense to have a ‘neutral’ place to meet and talk with reps. i.e., FMF”

“I think the exhibits are very useful and let me see new devices, etc. that are available. I do not see drug reps in my practice so this allows me to see who I want to see in a non-intimidating venue”

“The only venue where we can compare prices or get rebates on equipment or medical books . Where else are we supposed to get that exposure?”

“This idea is nuts. Yes pharmaceutical reps and advertising affect prescribing but part of being a clinician involves having the skills to evaluate and assess evidence presented and make clinical decisions around prescribing. Simply getting rid of it completely deprives clinicians of the chance to be exposed to drugs and evidence we wouldn’t have access to. What will replace it as a revenue stream? Financial planners and insurance? I’d argue that has the potential to have a bigger impact on your members.”

#### Relations avec l’industrie pharmaceutique :

“For the past 20 years, I have been militant against the intrusive behaviour exhibited by pharma reps. I was the leader in having them banned from our ED in 1997 and I wore a "Just Say ‘NO’ to Drug Reps" button for years. I missed out on a lot of good dinners... I’ve even had a rep try to initiate sanctions against me through his "connections" in the hospital (it didn’t get anywhere). I think, however, that times have changed immensely. I used to be preaching in the wilderness, but now, the new generations "get it". They’re aware and understand so much better, are more careful or might choose to not give any attention at all to HPI reps/exhibitors. In the 13 years that I’ve been at a (new to me) teaching hospital, I’ve never heard a peep about "drug lunches". The kids are all right. Given our own greater awareness, I can believe "that giving prescribers access to HPI representatives in the Exhibit Hall is reasonable and allows family physicians to manage this de facto relationship responsibly and model this behaviour for residents and students." I’m pleased to have these questions asked of me; we’ve come a long way.”

“I am concerned that the CFPC has not taken broader contextual issues into account based on the information provided. Family Physicians are not the only prescribers of medical material in the Canadian context. Nurse practitioners and other medical specialists and other allied health professionals also have relationships with ‘industry.’ Some of our patients benefit from medical devices and pharmaceuticals. The CFPC, as a large professional body, should ensure that they have a structured and ethical relationship with industry, rather than isolating itself. This may include restrictions, or measures, that outline what is considered a professional association for individual CFPC members with industry. However, we should ensure that other health care stakeholders are respecting the same professional

and ethical framework. I would support conjoint efforts (i.e., with the CMA, nursing associations, professional regulators, others) in this area rather than isolated responses.”

“There seems to be a somewhat adversarial relationship that has developed between physicians and pharmaceutical companies. I feel this is misguided and unwise. We should include and encourage these companies as a vital part of the health care system. Most advanced treatments that have come to market in recent years, which benefit our patients, are based on the research they have done. Many new treatments in the areas of cardiology, diabetes, rheumatology, and oncology come to mind. No other group is researching new treatments. Universities and governments do not have funding for the tens to hundreds of millions of dollars it takes to bring a new drug to market. As profit-making companies, they do promote their products. Our duty is to educate physicians through the teaching of evidence-based medicine as to how to evaluate their products in a scientific way, not affected by advertising. If we have not done this adequately, that is our failure which we need to address. Excluding the pharmaceutical companies as remedy for this failure is misguided and unfair. We need to continue to include them in our educational events.”

“We need to learn how to manage a respectful relationship with industry. Why are we allowed to enter a business relationship with industry and prescribe medication and use devices but not an educational relationship. By avoiding exposure we limit opportunities to get better at picking up bias and learning what to do if we are guilty of it. Don't be short-sighted about the learning opportunities that are abundant based on Kolb's experiential learning theory. We need to partner with industry, not throw them under the bus because of perceived bias. How about more relationships with industry with more explicit transparency. Instead of unrestricted educational grants by industry to health-oriented organizations, the money could be transparent and support more grants for research, fellowship training, undergraduate and postgraduate training programs. Why can we have hospitals have departments sponsored by industry but we can't go to a talk sponsored by industry? I guess the influence stops at the front lines and never makes it to the CEOs office. Partners in health care need to support each other. that includes HPI.”

“We like to think we practice evidence-based medicine. The evidence is based on trials of new medications, these trials are usually funded by pharmaceutical companies (exclusively for their own products). These same companies should be credited with many of the advances in therapeutics. I do not feel the practice of modern medicine is possible without the direct, or indirect fundings, and influence, from the pharmaceutical companies. Removing HPI exhibitors from FMF may make us feel more righteous, but cannot remove the reality that our practice of evidence-based medicine is continually improving through the active involvement of these companies. I feel the relationship with these companies should be mutually respectful. Hopefully, we, as doctors, can make a studied choice for the most appropriate medications for our individual patients.”

“The attitude of the Medical teaching community and CFPC elected and non-elected members toward Pharma industry is very myopic. This sector in fact acts as a partner for physicians and patients in that they are the sector that drives therapeutic development. This attitude displayed by eliminating pharma from our exhibitors is misguided and missing a very critical point. I am sure that the CFPC along with all other physicians do not want to see any restriction or obstruction to the development of new therapeutics that can improve quality of life and in many cases save lives of our patients. What the issue our profession is and always has been is the marketing of therapeutics to physicians. Why instead of

such a draconian approach of shunning the Pharma Industry don't we as a profession spend all this energy and use it to collaborate with the Pharma Industry instead of taking our toys and go home. I would suggest that new therapeutic developments be shared between us in an appropriate non-biased fashion. This is where our energy should be spent. We as a species put a man on the moon!!!! Playing in the sand box together is also within reach."

"Why so much anti pharma? They have done a lot to support education and support patients with compassionate programs."

"The pharmaceutical industry is an integral part of practising medicine. We should work alongside instead of outside of it."

#### **Préoccupations entourant les conséquences involontaires :**

- **Écarts dans les mises à jour pour les médecins :**

"New medical devices are displayed (eg: videolaryngoscopes) that didn't exist during residency training. Will CFPC reliably into the future provide drug and equipment updates at every CPD event?"

"How exactly would we learn anything about new products? I have no problem discontinuing advertising if someone comes up with non-biased "advertising" information that would inform us of new drugs, products, etc. What's the difference between them being at conferences vs. our offices or advertising in medical journal or with email blasts? "

"are there are other unbiased ways in which physicians could be apprised of new developments in healthcare resources?"

"knowledge of novel therapies and ongoing research amongst physicians would be compromised, as in a similar example I have had to take a rather large amount of time to explain recently to endocrinologist colleagues at both the Calgary and Edmonton diabetes centres in phone conversations about patients precisely what is FIASP and Tresiba insulins and how do they act, as both these institutions refuse to see pharmaceutical representatives and the physicians in question only regularly stayed updated on those products which were already on hospital formularies and did not go to any major conferences that allowed HPI booths and thus even these specialists were unaware of new products even within their field of specialization with novel and for some patients quite valuable properties. Since our medical students are also blocked from contact with HPI, this knowledge gap should be of concern to us all."

- **Interactions des médecins avec l'IPSS :**

"Physicians will have to deal with and come up with strategies for relationships with the Health Care/Pharmaceutical Industry as they will still be an influence directly in office settings, advertising, journals, other conferences, etc. To just ignore the industry at a conference does not help current and new members learn about it and how to deal with it."

"Pharma and healthcare industry are a reality of our society. We need to reinforce critical thinking rather than just trying to not deal directly with this industry"



“We have to learn to identify, process and address bias from industry, government, and other agencies. Pretending they do not exist is not beneficial to anyone.”

“I have been a physician for 30 years. I still see physicians who are not up to date with a number of newer and safer medications because they refuse to see pharmaceutical reps. The pharmaceutical industry has changed significantly. There is less promotional material and more an FYI approach. It is naive to believe that family physicians will only get their information but researching things on their own. The pharmaceutical industry is a valuable resource for physicians in learning about new drugs. I think it would be a huge mistake to not have them at the biggest family physician event of the year.”

- **Répercussions de la décision sur les membres :**

“my main concern is an unintended consequence - if we do away with pharmacy presence at FMF will that lead to FPs providing greater access in their offices to pharmacy reps? I think it may be better to have a somewhat controlled access at FMF and advise no direct pharmacy rep contacts in physician offices.”

“We continue to emphasize very thin evidence of negative impact of pharma and negate the benefit offered to your largest constituency: non-academic, non-ARP, community FP’s. Those silent majority who don’t sit on the Board or spend long weekends in Mississauga find the paternalistic attitude of putting a firewall around pharma is disconnected to the world in which we live....and further separates our organizational policies from the grassroots.”

“Conferences are a great way to learn about a range of products, devices and experience from colleagues is often shared in the exhibition hall. Visual and auditory learners do well in this type of forum. Shutting out the partnerships for the products and devices we prescribe and recommend serves to leave gaps in the appropriateness of the product or device.”

“I believe the way FMF is currently set up is very appropriate and there is no need to remove all HPI from it. We cannot live or work not knowing what is available, patient will want to discuss if we are not able as healthcare provider to be critical when receiving information regarding new medical device or pharmaceutical then there is a problem with our training. The bias will always be there if we only get exposed to only one option rather than have quick access to several options. New product have to be known and it is unrealistic to believe we will only get unbiased information regarding all of this. We have to stop thinking this way that removing all HPI from conferences will fix the problem. If anything we need easier access to them in order to have a bigger picture of what is available and how it could help our patient population. For those that think there is only one bias and we can’t function this way need more training in critical thinking and appraisal. Only at conferences can you try devices from multiple companies and make the best choice for your specific needs.”

“interaction with the pharmaceutical industry is a fact of life for MDs. As a responsible organisation we have an obligation to role model this behaviour to allow our learners and new to practice physicians can learn the skill of ethical and positive interaction. A complete ban will not allow this.”

- **Répercussions sur le FMF :**



“The increase in overall fees from the discontinuation of HPI booths would be a minor factor, but a significant lessening of the size of our premier conference would lessen attendance and lead to less physician professional networking opportunities which likely would result in a significant decrease in educational value of this event for all physicians.”

- **Autres :**

“Having booths under CFPC (or other physician-led organisations) encourages ethical standards and open supervision and accreditation of what is being advertised. A system where direct company-physician advertising replaces this cannot be an advance”

“We need a solid stance on whether pharma is allowed to fund med ed across all MD organizations. It really isn't fair for some organizations to allow this and others to ban it.”

“also have to identify emerging trends outside of pharmaceutical companies that also may start to influence physicians - such as tech companies - when I attend big tech conferences (ie HIMSS) am shocked at the level of gifts, lavish dinner invites that I receive as a CMIO - (chief medical information officer) it is another level of potential influence for health care professionals but doesn't seem to have any restrictions currently (FYI I personally turned down multiple dinner invites, concert tickets, professional ball game invite, etc. as my facility may be going out to RFP for a new EHR in the near future - felt very much like the early 90s when pharmaceutical companies would offer gifts of similar type)”

“It's complex. We need to keep updated in advances, but not be influenced by questionable evidence-based information. Where there is clear evidence for poor evidence as in a number of alternative therapies they have no place in our displays. To increase fees by \$50 would be a hard pill to swallow for many family physicians, who are not happy with their incomes relative to other specialties. Bear in mind CFPC is not the only source of CPD and I can see many would jump ship, That there is no sponsorship of scientific sessions by pharma has vastly improved the value of the presentations. Let us hope our FP's entering the display area don't check their brains at the door. In my discussions with fellow FP's I see they are increasingly jaded by big pharma's claims and are becoming more discerning. It would need to be vigorously countered should the public media say that FP's are heavily influenced by ads and other enticements from big pharma. We need to remember that there are some huge benefits from pharmaceutical companies, and it is up to us to discern what is true. CFPC is our foundation and cornerstone for patient care.”

“Educate us to mitigate bias in an otherwise helpful service”

<b>Suggestions des membres :</b>
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- **Capacité de faire une évaluation critique :**

“Perhaps there needs to be more attention placed on critical appraisal skills in undergrad education and ongoing. A keynote address at our conference, educating physicians about bias and encouraging that they not rely on research sponsored by the Pharma industry, advising physicians that they should ask

their reps for the peer-reviewed research articles published in medical journals, could bring unconscious bias into the conscious. I find reps are very willing to do this. I explain to my reps why I cannot rely on the research they often present because of conflict of interest on their part. They do understand as they should. I do not oppose that our association gain from the rather shocking revenues of the Pharma industry, as long as we are trained not to "come under the influence".

**"We must work with industry to increase transparency and demand balanced presentations of evidence. If GPs are not trained to determine appropriate evidence FMF should work to improve GP evidence-based medicine skills and statistics knowledge. We, as physicians, work with industry to improve the health of our patients. By not having industry at the FMF we are creating an artificial divide between us as providers and the industry as innovators."**

"Consider more educational opportunities on the potential for bias when interacting with marketing industries. Further education on statistical analysis."

**"Understand the consideration for removing vendors. There is a degree to which having vendors present is important to learn about new treatments and medications. I feel that ensuring there is equal representation of all companies may better offset the concerns of bias as then there would not be a weighted bias towards one company"**

"Managing our relationship with industry is a necessary and integral part of the practice of medicine in Canada and, as such should be a part of major medical meetings. The funding provided by industry helps keep our registration fees in check. What better place to learn about how we can unknowingly be influenced by industry than at such industry supported events?"

**"Instead of focusing on reducing advertising and increasing prices, maybe allocate part of the conferences to ensuring participants recognise bias and marketing influence, so it becomes more overt and conscious."**

"The faster we do this, the better. Please invite speakers to EVERY FMF who provide evidence for the influence of big pharma. An example of such a person would be Dr Joanna Moncrieff. Other speakers could come from the (overdiagnosis & overtreatment) specialists. Therapeutics Initiative out of University of BC are doing high quality work on this topic."

**"With the advent of social media, bias will always be present. We sign into the computer and see ads each and every day. Instead of 'avoiding' the inevitable, perhaps we should be focusing on how physicians can develop skills, self-awareness, and ways to identify bias in its forms. If it's unconscious, what exercises and learning do we need to do to have more self-awareness? Perhaps this is a skill that should be developed not just for pharmaceutical influence, but for our countertransference many of us face with patients on a daily basis. Let's not inhibit our opportunity to further develop our skills, let's tackle this head on as no matter what we will be exposed to this, even if we tell ourselves we won't be."**

- **Produire des mises à jour impartiales**

"How will new info about products be disseminated in an unbiased manner as a replacement The association needs to have some alternative structure in place , in advance of simply discontinuing a

program which has been in place for years Doctors by and large are not stupid , are able to discern info provided and make decisions about usage of products Before discontinuing, THINK - what will replace this method of dissemination ( with all its faults ) Don't shoot yourself in your foot without thinking about what you are going to do afterwards Need a review system in place - think of medical letter publication - drug companies would make presentation to a committee , that committee would also conduct an independent review of the available literature - all this would be combined into a synopsis that would then be distributed to all family physicians in Canada - a true unbiased review of a product If you need help let me know"

"Would like information about new medications, but not in this way. Would even attend a session that introduces new medications or would look at a booth that had a list of what was released with which indication this year. Vendors could submit a brief paragraph and online links that I could then look up more information."

"The need for curated resources is ever increasing due to the volume and complexity of information from multiple sources, much of which is actually traceable back to industry if one can do that level of diligence. It would be so great if the CFPC was a clean purveyor of all things needed to keep up to date in the essential aspects of family medicine."

"The College should ideally develop a real-time information service with expert interpretation of our expanding pharmacopoeia to permit physicians to stay current in their treatment without the need to 'trust' pharma to educate them."

"we need to spend on research on the efficient way the physicians can be updated about information regarding new products. For example, there could be one common group of representatives who will represent all the new products of all the companies. They could be self regulated and paid by the pharma."

"Still need a way for family physicians to become aware of new products and services for their patients. There should be an independent panel vetted by CFPC who details these products at the conference without any pharma reps present"

- **Choix des kiosques/suggestions d'autres exposants**
- Sur 2 731 répondants, 49 (1,8 %) ont spécifiquement souligné l'exclusion de l'homéopathie ou de la naturopathie

"Why can't they be there but just not sponsor anything so we are ethically funded by ourselves and not sponsored by them but can also see their products and have opportunity to talk to reps if we choose?"

"I think one of the biggest issues is that 'sponsors' (e.g., booths) simply buy their way in without any quality control as to what the booths are, what their motives are, and whether they have any evidence base whatsoever. Unfortunately with money seeming to be the only factor as to whether someone can set up a booth or not, these booths can be highly detrimental and reflect poorly on the professionalism and medical expertise of the CFPC and us as physicians."

"please continue exhibits but in a selective and ethical way. A panel or the board themselves can decide on selection."

“I would have liked to see some dermoscopes on sale and have the ability to purchase one or a new stethoscope. Some sales Botha of practical items may also be helpful and give back revenue without being drug-based. The arts / crafts type thing is popular also.”

“Perhaps limiting booths of a sole topic/realm is wise. Last year’s excessive number of cannabis booths was alarming.”

- [excessive cannabis booths in 2018 was mentioned by several members]

- **Subventions sans restriction**

“CFPC could still solicit unrestricted grant from industry, with lots of acknowledgement at FMF. In keeping with recommendations made by U of T’s Associate Dean of Ethics and Professionalism, we stopped direct interactions years ago.”

“Would not HPI provide arm’s length funding?”

- **Autres**

“Supportive of this direction. Feel very strongly that any decision (whether to continue or discontinue HPI exhibits) should be accompanied by a robust evaluation (planned prior to the decision-taking effect) and the decision revisited after three to five years of experience. Both the experience of the CFPC and similar organizations nationally and internationally should be considered.”

“If pharmaceutical companies were to continue to have booths, I would like to see a handout or information displayed regarding the cost of their medication vs. generic vs. competitors. This information may help to reduce bias between companies and help with cost savings in the system.”

<b>Frais :</b>
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- Sur 2 731 répondants, 107 (3,9 %) ont spécifiquement indiqué qu’ils préféreraient une hausse de frais d’inscription au FMF plutôt que les droits d’adhésion

“I am not interested in funding a conference I do not attend. Fees are high enough and funding is not forthcoming from the government. Physicians have a number of professional organizations we must fund to practice.”

“I don’t see why college fees should increase based on a philosophical decision that has not been driven by the majority of the membership at large”.