



July 7, 2014

Physicians' Relationships with Industry: Practice, Education and Research draft policy

Online Survey Report and Analysis

Introduction:

The College's draft [Physicians' Relationships with Industry: Practice, Education and Research](#) policy was released for external consultation between March 11 and May 14, 2014. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including the entire CPSO membership as well as key industry organizations. In addition, a general notice was posted on the College's website, Facebook page, and announced via Twitter. It was also published in *Dialogue* and *Noteworthy* (the College's public e-newsletter).

Feedback was collected via regular mail, email, an [online discussion forum](#), and an online survey. In accordance with the College's [posting guidelines](#), all feedback received through the consultation has been posted [online](#).

This report summarizes the stakeholder feedback that was received through the online survey.

Caveats:

237 respondents started the survey (see *Table 1*). Of these, 36 respondents did not complete any of the substantive questions¹. These respondents were removed from the analysis below, leaving 201 respondents who either fully or partially completed the survey.² The results reproduced below capture the responses for both complete and partially complete surveys.

¹ These respondents completed only the initial demographic or 'warm-up' questions and provided an indication of their familiarity with the draft policy.

² Respondents who partially completed the survey answered at least one, but not all of the substantive questions regarding the draft policy.

Table 1: Survey Status

Summary of surveys received	n=237
Complete or partially complete	201
	85%
Incomplete	36
	15%

The purpose of the online survey was to collect feedback from physicians, organizations, and the public regarding the draft [Physicians' Relationships with Industry: Practice, Education and Research](#) policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

The *quantitative* data shown below are complete and the number of respondents who answered each question is provided.

The *qualitative* data captured below are a summary of the general themes or ideas conveyed through the open-ended feedback.

Respondent Profile:

Nearly all survey respondents indicated that they were completing the survey on behalf of themselves (see *Table 2*). 3 respondents indicated that they were completing the survey on behalf of an organization.³

Table 2: Respondents

Are you completing this survey on behalf of yourself or an organization?	n=201
Self	198
Organization	3

³ These included Novo Nordisk Canada Inc., McMaster University, and York University.

As shown in *Table 3* below, respondents were predominately physicians (77%).

Table 3: Respondents (cont'd)

Are you a....?	n=201
Physician	155
	77%
Other health care professional (e.g., nurse, pharmacist)	9
	4%
Organization staff (e.g. policy staff, registrar, senior staff)	3
	1%
Member of the public	26
	13%
Other	8
	4%

Experience with the Policy:

A significant majority of respondents (89%) indicated that they had read the draft Physicians' Relationships with Industry: Practice, Education and Research policy (see *Table 4*).

Table 4: Read Policy

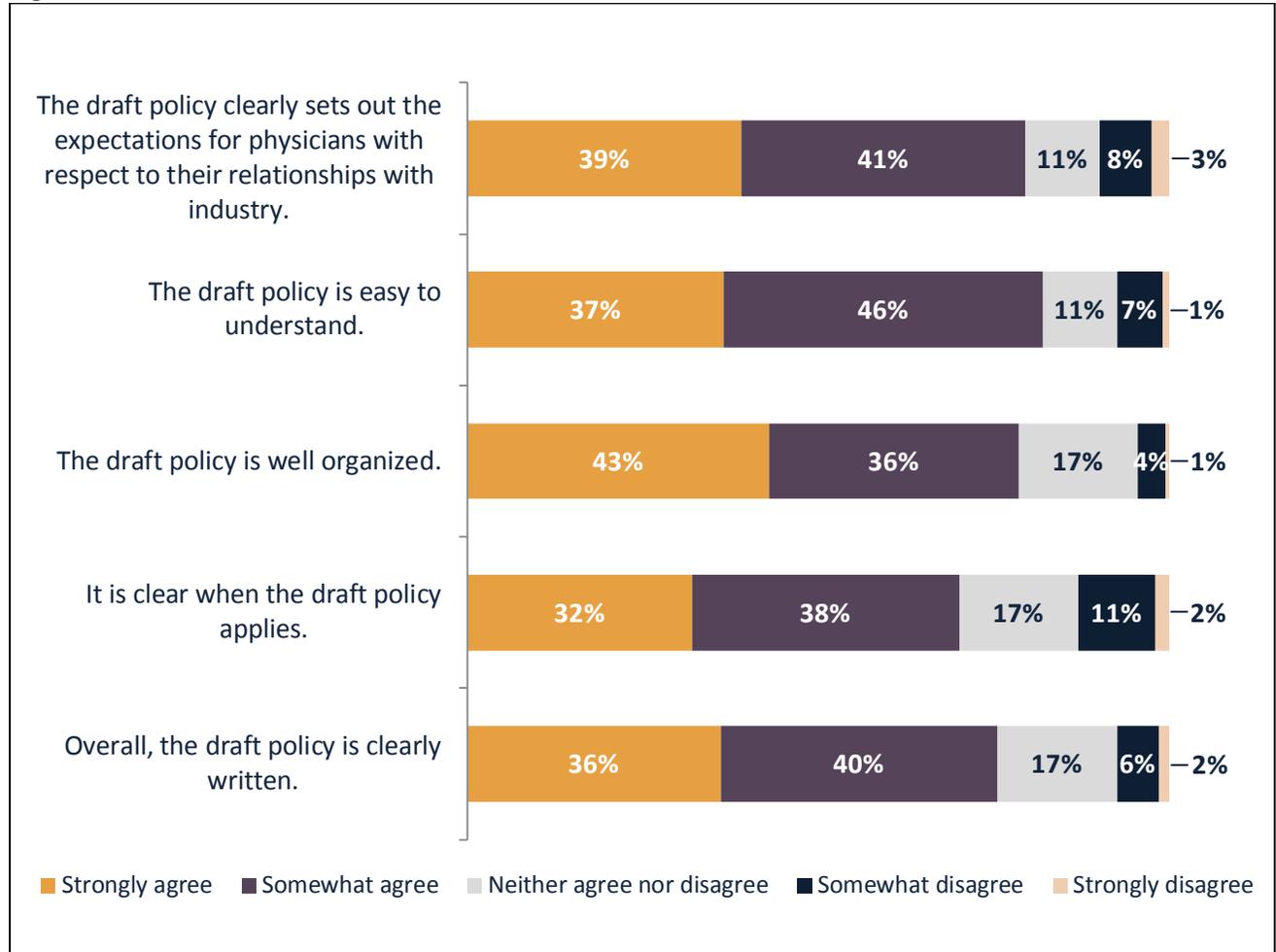
Have you read the draft Physicians' Relationships with Industry: Practice, Education and Research policy?	n=201
Yes	179
	89%
No	22
	11%

Assessments of the Draft Policy:

Q1. “For each item below, please indicate your level of agreement.”

As reported in *Figure 1* below, most respondents agreed⁴ that the draft policy clearly set out expectations for physicians (80%), was easy to understand (86%), well organized (79%), and clearly written (76%).

Figure 1:



Base: n=201

Open ended feedback regarding the clarity of the draft policy was received from 69 respondents. Representative suggestions for how the draft policy could be clarified include the following:

- State the consequences for failing to meet expectations set out in the draft policy;
- Explain what is considered “modest” in relation to industry meals (for example, by providing a specific dollar value);

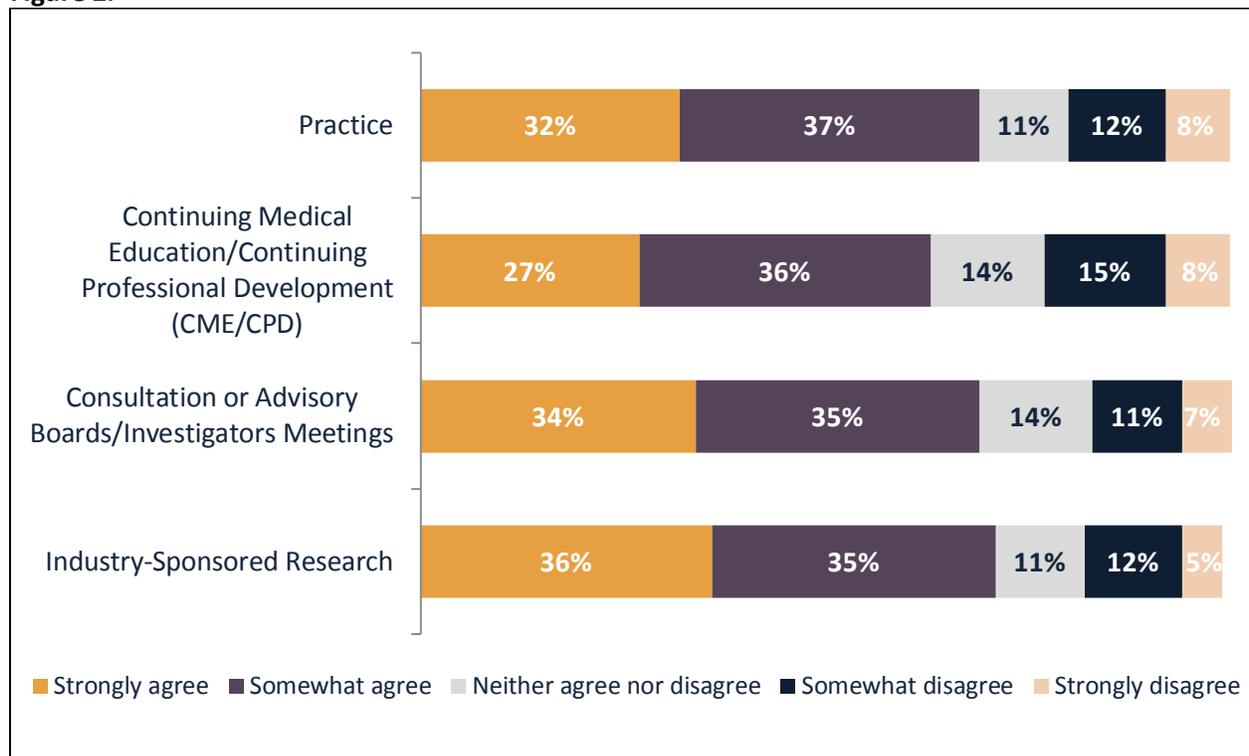
⁴ The number of respondents reported to have “agreed” in each summary include both those who “strongly agreed” and those who “somewhat agreed”. Complete data are reported in the figures following each question.

- Explain how expectations set out in the draft policy apply to undergraduate medical students and “trainees”;
- Address “drug dinners” and other educational events where funding and/or organization is provided directly by industry, and not through an independent academic planning committee.

Q2. “Please indicate your level of agreement with the following statements: The draft policy comprehensively addresses all of the relevant issues relating to...”

Overall, the majority of respondents agreed that the expectations set out in each of the four key sections of the draft policy were comprehensive (*see Figure 2*). These included: Practice (69% agreement), CME/CPD (63% agreement), Consultation or Advisory Boards/Investigator Meetings (69% agreement), and Industry-Sponsored Research (71% agreement).

Figure 2:



Base: n=185

Open ended feedback regarding the comprehensiveness of the draft policy was received from 69 respondents. While 4 of the 69 respondents indicated that the draft policy comprehensively addressed all of the relevant issues related to physicians’ relationships with industry, others felt that important topics had not been addressed. Respondents provided a number of suggestions for additional topics that should be addressed in the draft policy, including (but not limited to):

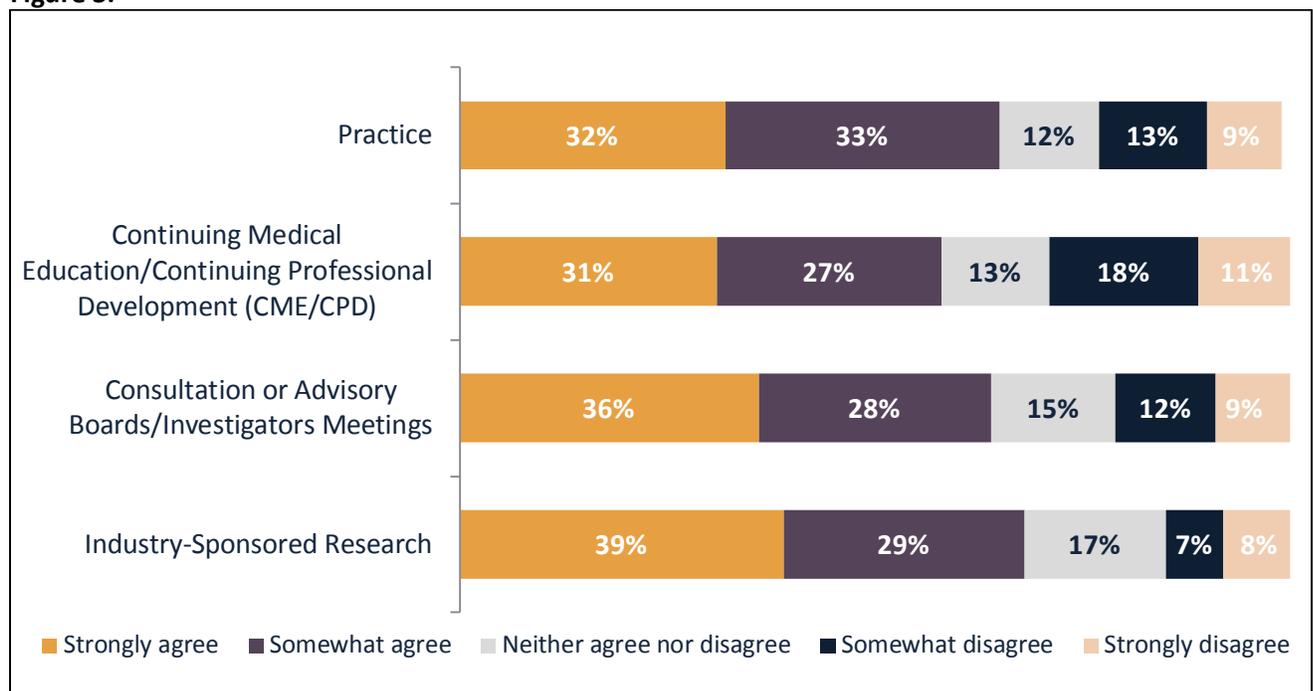
- Physician-use of free drug samples: respondents recommended that the draft policy specifically state that samples are for patient use only, and must not be used by physicians or their family;

- Public disclosure of industry payments: respondents recommended that the draft policy require physicians to publicly disclose all financial payments received from industry;
- Industry-produced presentation materials: respondents recommended that the section of the draft policy regarding CME/CPD be expanded to specifically require physicians to disclose where presentation materials have been prepared by industry;
- Drug dinners: respondents recommended that the draft policy be expanded to provide more specific guidance around “drug” or “pharmaceutical dinners”.

Q3. “Please indicate your level of agreement with the following statement: The expectations set out in relation to each of the following sections are reasonable.”

Overall, the majority of respondents agreed that the expectations set out in each of the four key sections of the draft policy were reasonable (see Figure 3). These included: Practice (65% agreement), CME/CPD (58% agreement), Consultation or Advisory Boards/Investigators Meetings (64% agreement), and Industry-Sponsored Research (68% agreement).

Figure 3:



Base: n=180

Open ended feedback regarding the reasonableness of the draft policy was received from 41 respondents. Of those respondents who indicated that the expectations contained in the draft policy were not reasonable, the following statements are representative of the feedback received:

- The expectations set out in the draft policy are not reasonable because they do not go far enough to discourage inappropriate physician-industry relationships;
- The expectations set out in the draft policy are not reasonable because they go too far in discouraging appropriate physician-industry relationships;

- It is not reasonable to prevent physicians who sit on advisory or consultation boards from engaging in education, as they are often experts in their field with valuable knowledge and experience to impart;
- It is not reasonable to permit physicians to accept meals from industry, as these will likely create influence;
- It is not reasonable to expect physicians practicing in rural areas to avoid interactions with industry, including “drug dinners”, as these are often their only sources of ongoing education.

Q4. “The draft policy states that physicians must not accept personal gifts of any value from industry or industry representatives. This statement is based on current research which indicates that accepting gifts, even where the gift is of low value, can influence and undermine a physician’s independent clinical judgment. Do you support or oppose this policy expectation?”

When asked, nearly three quarters of respondents (73%) indicated that they agreed physicians should not accept personal gifts of any value from industry (see *Table 5*).

Table 5:

“Do you support or oppose this policy expectation?”	n=180
Support	131
	73%
Oppose	49
	27%

Open ended feedback regarding this expectation was received from 53 respondents. Of the respondents who indicated that they did not support this expectation, the following statements are representative of the feedback received:

- Suggesting that physicians will “sell” themselves for a low value gift is degrading to the profession;
- Only high value gifts should be prohibited;
- The issue is more complicated for physicians who are personal friends with industry representatives, as gifts are sometimes exchanged in relation to a social occasion, such as a birthday. Drawing a clear line is difficult;
- The draft policy should more clearly define what constitutes a “personal gift”.

Q5. “Do you think it is appropriate for physician and staff to accept meals of “modest value” paid for by industry?”

The draft policy takes the position that physicians and appropriate staff may accept meals of “modest value” paid for by the industry representatives where the representative is providing information about products or services. When asked, approximately two thirds of respondents to the online survey (69%) indicated that this was appropriate (see *Table 6*).

Table 6:

“Do you think it is appropriate for physicians and appropriate staff to accept meals of “modest value” paid for by industry?”	n=177
Yes	122
	69%
No	55
	31%

Open ended feedback regarding this expectation was received from 65 respondents. Of the respondents who indicated that they did not support this expectation as drafted, the following statements are representative of the feedback received:

- The meaning of the word “modest” is unclear, and some physicians will take advantage of this ambiguity by accepting meals of significant value;
- Meals, even where they are of “modest value”, are an inappropriate gift, and should be prohibited.

Q6. “Instead of setting out a specific dollar value for meals paid for by industry, the draft policy advises physicians that the meal must be of “modest value”. In assessing whether the meal is of “modest value”, the draft policy advises physicians to have regard for the reasonable expectations of the general public. Do you think that “modest value” will be clearly understood?”

When asked, a small majority of respondents (56%) indicated that the meaning of the word “modest” would not be clearly understood (see *Table 7*).

Table 7:

“Do you think that “modest value” will be clearly understood?”	n=177
Yes	78
	44%
No	99
	56%

Open ended feedback regarding this expectation was received from 79 respondents. Of the respondents who indicated that the meaning of word modest would not be clearly understood, few provided

suggestions for specific alternative wording. Of the few suggestions we did receive, these included the following:

- The draft policy should use the word “reasonable” instead of “modest”;
- A specific dollar value should be set out;
- Several respondents simply reiterated that meals of any value should be prohibited by the draft policy.

Q7. “The draft policy states that physicians must ensure that they critically evaluate any information provided to them by industry representatives regarding products or services (such as new drugs), and not rely solely on this information when making clinical decisions regarding patient care. Do you think that this is a reasonable expectation for physicians?”

When asked, respondents overwhelmingly expressed support (89%) for this expectation (see *Table 8*).

Table 8:

“Do you think that this is a reasonable expectation for physicians?”	n=176
Yes	157
	89%
No	19
	11%

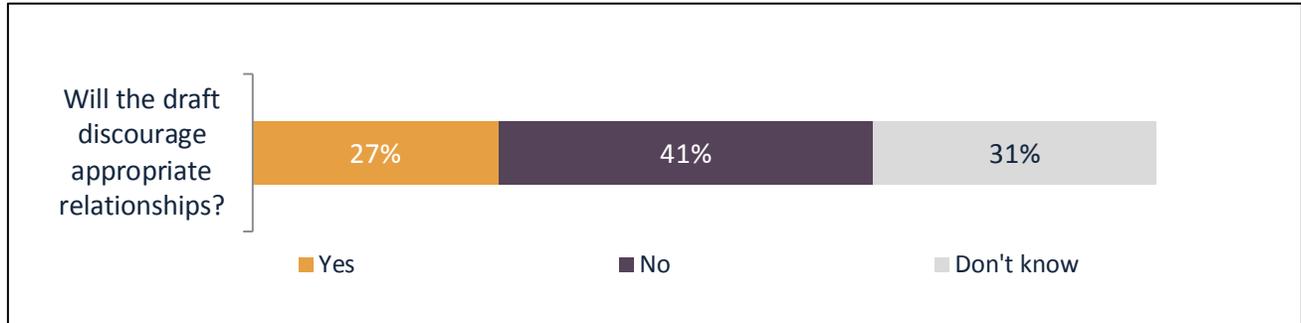
Open ended feedback regarding this expectation was received from 57 respondents. While most respondents expressed support for the expectation in their written comments, some physicians indicated that it set too high a standard. Of the small number of respondents who indicated that they did not support this expectation, the following statement is representative of the feedback received:

- It is not reasonable to expect physicians to take the time to critically evaluate all of the information they receive from industry.

Q8. “The draft policy is not intended to discourage appropriate physician-industry relationships. Do you think the draft policy achieves this goal, or do you think the draft policy will prevent appropriate physician-industry relationships?”

When asked, 41% of respondents indicated that they did not believe that the draft policy would discourage appropriate physician-industry relationships (see Figure 4). Of the remainder of respondents, 27% indicated that they did believe the draft policy would discourage appropriate relationships, while 31% of respondents indicated that they did not know.

Figure 4:



Base: n=176

Open ended feedback regarding this question was received from 51 respondents. The following statements are representative of the feedback received:

- The policy does not explicitly clarify what an appropriate physician-industry relationship looks like. For that reason, physicians will likely err on the side of caution and avoid interacting with industry where possible;
- New medical graduates are likely to avoid relationships with industry as they have been led to believe that all industry influence is negative;
- Policies like this one have the effect of “scaring” physicians away from ethical and productive relationships with industry;
- The draft policy is vague, and will not be effective in preventing inappropriate relationships.