

Block 1: Introduction

Conflicts of Interest and Industry Relationships: Draft Policy and Advice to the Profession

The College of Physicians and Surgeons (CPSO) is currently reviewing the [*Physicians' Relationships with Industry: Practice, Education and Research*](#) policy.

We are seeking feedback on a newly titled draft *Conflicts of Interest and Industry Relationships* policy and companion *Advice to the Profession* document. The draft policy sets out expectations for physicians around avoiding and managing conflicts of interest in the context of:

- clinical practice,
- continuing medical education/continuing professional development (CME/CPD),
- consultation/advisory boards, and
- industry-sponsored research.

We are inviting feedback at this stage to help inform future revisions to the draft policy.

The following survey asks you a few questions about the draft policy and *Advice*. It will take approximately **15 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy **here**.

All survey responses will be reviewed and a summary of the results will be posted online

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following the close of the consultation. The identity of all individual respondents will be kept strictly confidential.

Are you a:

- Physician (including retired)
- Medical student
- Member of the public
- Other health care professional (including retired)
- Organization
- Prefer not to say

What kind of health care practitioner are you?

- Family physician
- Specialist
- Other health care professional

If applicable, please specify the area of focus in your family practice, your area of specialty, or your health care profession:

Which of these describes the general area(s) where you practice?

Please select all that apply:

- Urban
- Suburban
- Rural
- Remote

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Please tell us which organization you are responding on behalf of:

Do you live in:

- Ontario
- Rest of Canada
- Outside of Canada
- Prefer not to say

Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- Yes
- No

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Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- Man
- Woman
- Non-binary:
- Transgender
- I prefer not to answer

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- No
- I prefer not to say

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

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What is your ethnic or cultural origin(s)?

- Open-ended response:
- I prefer not to say

In our society, people are often described by their race or racial background. For example, some people are considered “White,” “Black,” or “East/Southeast Asian,” etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- Black (African, African-Canadian, Afro-Caribbean)
- East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
- Latino (Latin-American or Hispanic descent)
- Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- White (European descent)
- Not listed:
- I prefer not to say

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

- Yes
- No
- I prefer not to answer

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an

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accident or developed over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as person with a disability?

- Yes
- No
- I prefer not to answer

Block 3: All Respondents

The following questions will ask you about changes to the draft *Conflicts of Interest and Industry Relationships* policy.

Conflict of Interest Definition

The **current** definition of conflict of interest is as follows:

A conflict of interest is created any time a reasonable person could perceive that a physician's personal interest or relationship with industry is at odds with their professional responsibilities. In this policy, the term "conflict of interest" is defined broadly and in accordance with the definition above. While sections 15-17 of Ontario Regulation 114/94 under the Medicine Act, 1991 describe some specific situations that constitute conflicts of interest, this policy is not limited in its scope to those specific situations.

The **new draft** definition is as follows:

A conflict of interest is created any time a reasonable person could perceive that a physician's judgments or decisions about a primary interest (e.g., the patient's best interests, unbiased medical research) are compromised by a secondary interest (e.g., direct financial gain, professional advancement).

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Please indicate the extent to which you agree or disagree that physicians must meet the following expectations:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The new draft definition of "conflict of interest" is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The examples provided of primary and secondary interests are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The new draft definition is better than the current definition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above. For example, if you think that the definition is not clear, what would make it clearer? If you prefer the current definition over the new draft definition, why?

General

In this policy, industry refers to the full range of commercial enterprises associated with health care (e.g., the pharmaceutical, biotechnology, and medical device industries.)

The policy recognizes that interactions with industry can benefit both physicians and patients by advancing medical knowledge and improving patient care. However, sometimes the goals and interests of industry may be at odds with a physician's

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professional and legal obligations.

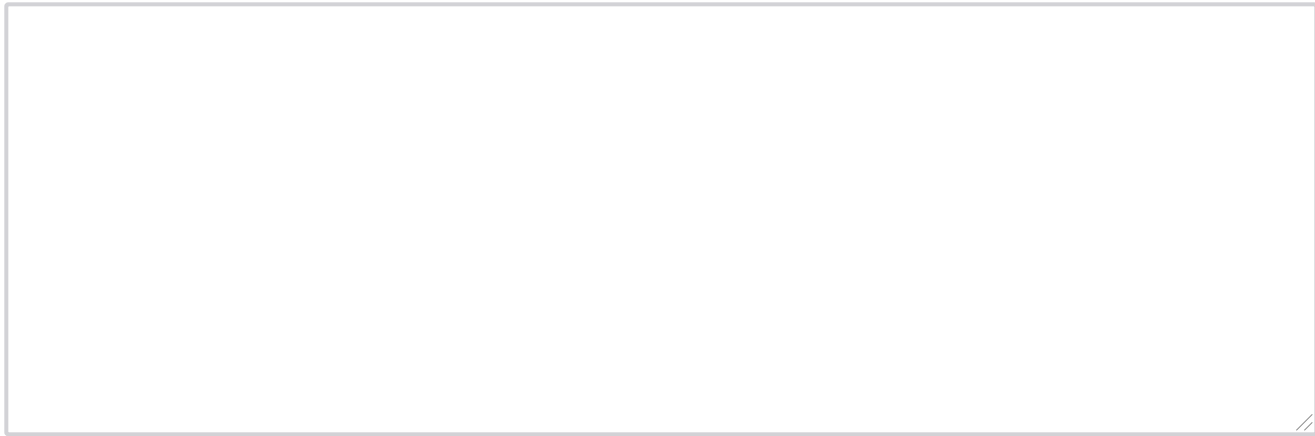
The draft policy aims to help physicians navigate their interactions with industry and manage conflicts of interest appropriately.

Please indicate the extent to which you think industry involvement with physicians is a concern in the following contexts:

	Unconcerning	Somewhat unconcerning	Neither/Not sure	Somewhat concerning	Concerning
Clinical practice (e.g., distributing drug samples or patient teaching aids from industry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation/advisory boards (e.g., providing expertise while sitting on an advisory board for industry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing medical education/continuing professional development (e.g., attending or presenting at events sponsored by industry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research (e.g., recruiting patients and participating in research with funding from industry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above.

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The draft policy addresses perceived, potential, and actual conflicts of interest with the following provision:

Physicians must identify situations or circumstances that are, may reasonably be perceived to be, or may lead to, a conflict of interest and avoid or appropriately manage them.

Please indicate the extent to which you agree or disagree with the following:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is important for physicians to avoid perceived conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for physicians to manage perceived conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for physicians to avoid potential conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for physicians to manage potential conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for the policy to address perceived, potential,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Strongly agree Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree

and actual conflicts of interest.

Optional: Please feel free to elaborate on your answers above.

New General Expectations

The draft policy includes new expectations which apply to physicians' interactions with industry generally.

One new expectation is as follows:

Physicians must fulfil their fiduciary duties to their patients by acting in good faith and in the patient's best interest when resolving conflicts of interest.

This expectation is based on the fact that the physician-patient relationship is a fiduciary relationship. In this relationship, the balance of knowledge and information favours the physician, so that patients are reliant on their physicians and may be vulnerable. Patients rely on and must be confident that the physician has put the needs of the patient first.

An additional expectation is as follows:

Physicians must be transparent and proactively disclose conflicts of interest and details of their interactions with industry to the relevant parties (e.g., patients,
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research participants, institutions) where they may be reasonably perceived to influence the physician's judgment.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is important for physicians to fulfil their fiduciary duties to their patients by acting in good faith and in the patient's best interest when resolving conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for physicians to be transparent and proactively disclose conflicts of interest and details of their interactions with industry to the relevant parties where they may be reasonably perceived to influence the physician's judgment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above.

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Conflicts of Interest under the *Medicine Act, 1991*

We heard during early engagement activities that physicians wanted more guidance around conflicts of interest in the context of making referrals or renting premises.

To address this gap, the draft policy includes a new section which refers to the relevant regulation setting out circumstances that would constitute a conflict of interest, including, but not limited to, when physicians receive a benefit for referring patients and for renting premises.

New Requirement

Under the regulation, physicians who order a diagnostic or therapeutic service at a facility in which they or their family member has a proprietary interest can only do so if they meet certain requirements (i.e., if the physician discloses the propriety interest to the patient before performing the service, or if the facility is owned by a publicly traded corporation not owned or controlled by them or their family member.)

The draft policy contains new expectations for physicians ordering a diagnostic or therapeutic service at a facility where they or their family member has a proprietary interest.

The new expectations are as follows:

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Physicians must communicate to the patient that:

- the patient can obtain the diagnostic or therapeutic service elsewhere; and
- the patient's choice will not affect the physician-patient relationship, or the quality of health services provided by the physician.

Please indicate the extent to which you agree or disagree that it is important for physicians to meet the above new expectations:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Optional: Please feel free to elaborate on your answers above. For example, if you agree that it is important for physicians to meet the expectations outlined above, why? If you disagree, why?

Industry Relationships in Clinical Practice

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Samples

The draft policy contains a new expectation for physicians to consider the influence of samples on their prescribing choices and to use clinical evidence when choosing the appropriate drug or device for a patient, ensuring that it aligns with their best interests.

The *Advice to the Profession* specifies that this includes taking into account whether the sample is the physician's first choice of treatment and any impact that using samples may have on a patient's current and future costs.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Samples are beneficial for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samples have the potential to influence physicians' prescribing practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for the draft policy to require physicians to consider the influence of samples on their prescribing choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Advice sets out helpful guidance for physicians distributing samples.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above. For example, if you think samples are beneficial or are not beneficial, why or why not? Are there additional considerations you believe physicians should make when distributing samples?

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Continuing Medical Education/Continuing Professional Development (CME/CPD)

In the context of CME/CPD for physicians, accredited activities and/or events are those that have met a defined set of standards.

In 2018, [a national standard](#) for the approval of accredited CME/CPD events came into effect. These standards set out rules around the development, delivery, and evaluation of accredited CME/CPD activities—for instance, the process for content development, managing and disclosing conflicts of interest, and receiving financial or in-kind support.

Accredited CME/CPD

The current policy sets out detailed requirements for organizers, presenters, and attendees of CME/CPD events.

The draft policy replaces these requirements and now refers to relevant guidelines, including the abovementioned standards, as follows:

Physicians participating in industry-sponsored accredited CME/CPD activities and events must comply with guidelines outlined by relevant accrediting bodies, including the *National standard for support of accredited CPD activities*.

Unaccredited CME/CPD

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The draft policy includes new expectations for physicians organizing, presenting, and/or attending industry-sponsored unaccredited CME/CPD activities and the receipt of reimbursement.

These are as follows:

Physicians who organize and/or present at industry-sponsored unaccredited CPD/CME activities and events must only accept reasonable honoraria and reimbursement for hospitality (i.e., travel, lodging, and/or meal expenses).

Physicians who attend industry-sponsored unaccredited CPD/CME activities and events must not accept reimbursement or subsidies for hospitality, outside of modest meals or social events that are held as part of the activity or event.

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is sufficient for the draft policy to refer to existing standards in the CME/CPD space, including the National standard for support of accredited CPD activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for CPSO to set these expectations for physicians participating in unaccredited CPD/CME activities and events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy expectations related to unaccredited CPD/CME activities are reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Optional: Please feel free to elaborate on your answers above.

Block 5: Draft Policy

In order to answer the next few questions, it is important that you have read the draft *Conflicts of Interest and Industry Relationships* policy.

If you have not read the draft policy, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft policy by clicking [here](#).

Have you read the draft *Conflicts of Interest and Industry Relationships* policy?

- Yes
- No

Please indicate the extent to which you agree or disagree with each of the following statements regarding the draft policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is easy to understand and clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

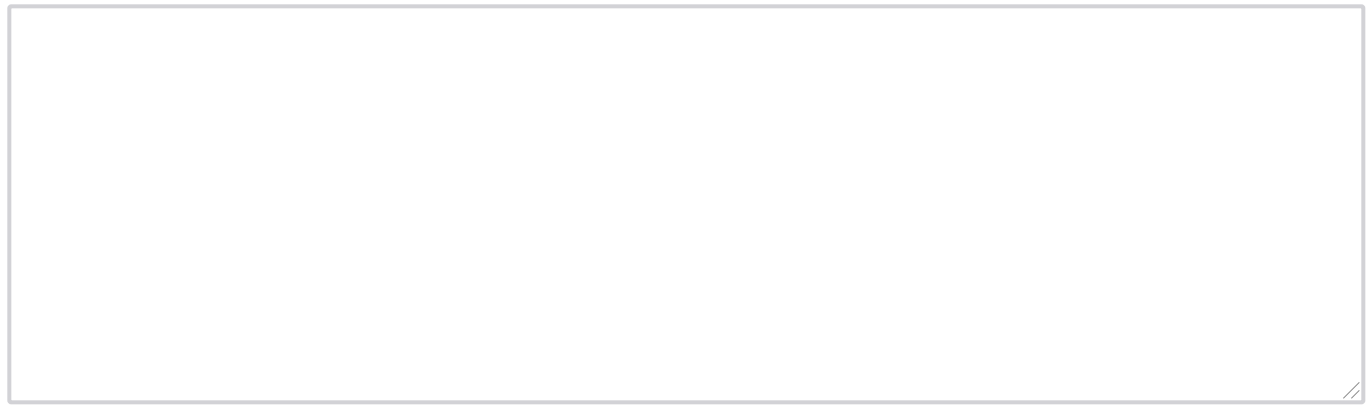
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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
written.					
The policy defines all key terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is comprehensive and addresses all of the relevant or important issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy sets reasonable expectations for physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy strikes the right balance between allowing physicians to engage in appropriate interactions with industry, and maintaining the protecting patients and the public from undue industry influence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Please feel free to elaborate on your answers above. For instance, if you disagreed that the draft policy is clearly written or comprehensive, how can we improve the draft policy's clarity or comprehensiveness?

Optional: Does the draft policy contain content or expectations that you feel are unnecessary and should be removed?

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Block 6: Advice

The draft *Conflicts of Interest and Industry Relationships* policy has a companion *Advice to the Profession* document. The purpose of this companion document is to provide additional information, rationale for policy expectations, and guidance for interpreting the policy expectations.

In order for you to answer the next few questions, it is important that you have read the draft *Advice to the Profession: Conflicts of Interest and Industry Relationships* document. If you have not read the draft document, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft *Advice* document by clicking [here](#).

Have you read the draft *Advice to the Profession* document?

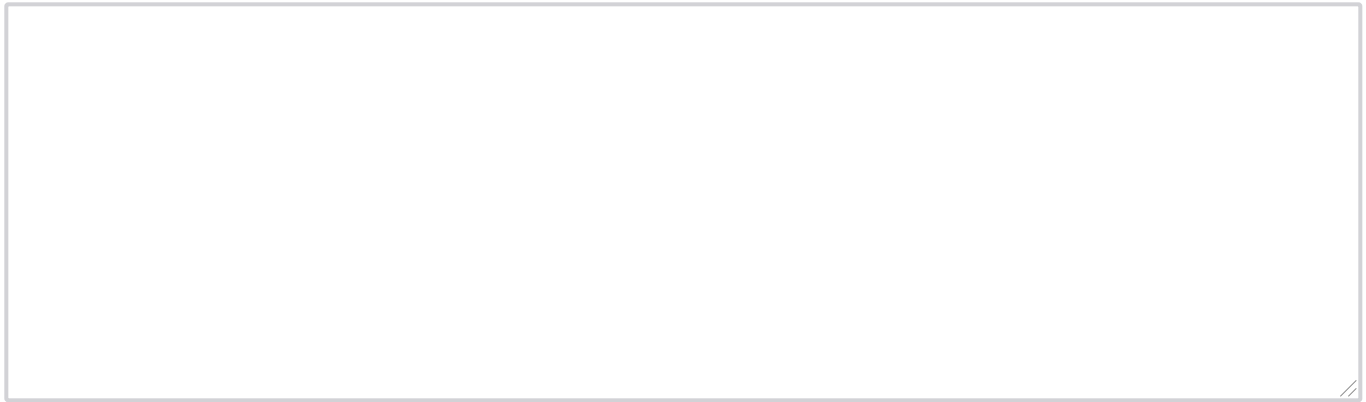
- Yes
- No

***Optional:* Is there any additional guidance that would be helpful to include in the draft *Advice to the Profession* document?**

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Optional: Is there any information in the draft *Advice to the Profession* document that you think is unhelpful or unnecessary?



Block: End

Optional: If you have any additional comments that you have not yet provided, please provide them below, by [email](#) or through our [online discussion forum](#):



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