

CPSO Feedback

Conflict of Interest and Industry Relationships

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Definitions

I would encourage the definition section to include for Industry.

Ambulatory Surgical Centres and Out of Hospital Premises

Possibly also healthcare management companies put in place to handle financial transactions to appear unrelated to the actual physician's work.

Specific Feedback.

5. I think that fee splitting should be pulled out and specifically mentioned here as mentioned under the medicine act. There would be use in specifying that fee splitting is not allowed to occur with industry, or any other health care professional, this would include nursing, pharmacy, or allied health unless specifically noted for a purpose of a group practice or an REB approved research activity.

Without this the main issue in ophthalmology is not called out.

Finally, re the issue of fee splitting relating to uninsured services needs to be clarified.

CPSO vs DEF 2015 ONCPSD 24 Is held as the standard to allow any fee splitting for the purposes of information gathering or research was acceptable for the portions of the uninsured work.

This has lead to enormous abuse in this area as referenced in the suggestions on research and post operative policies that involve money being transferred from the surgeon or the surgical centre to the referring health care professional for some sort of information. The patient is not I believe instructed or consented that that information is being used for either research and that the money is returning back to the referring health care provider.

Ideally the college should reconsider this and state that.

No forms of fee splitting shall occur for any service that is associated with an OHIP insured service.

Specific costs incurred for providing any additional services in association with the OHIP insured service must be paid directly to the other health care provider directly.

Specifically, this would allow things in ophthalmology like LASIK surgery or a refractive lensectomy to exist in its own space, but a refractive cataract procedure that has the cataract surgery covered under the Canada Health Care Act is not able to be confused for the purposes of driving business with kick back schemes.

6. This should include surgical services also.

Perhaps it may also be useful to state in this subsection that physicians will not engage in relationships with industry that seek to direct business to one source or supplier for the purposes of financial or secondary gain.

Samples

It may be necessary to spell out that additional materials needed to administer the samples i.e. an injection kit for an intravitreal injection should be reasonable and of a trivial nature. It is unreasonable for industry to provide an expensive machine to the physician also. This would be part of the physicians normal operating expenses.

Industry Sponsored Research

I would like to see another section here asking:

Physicians shall not engage in research with industry of third parties without REB assessed protocols and consent and approval of patients.

Physicians shall also disclose to patients the nature of any financial transactions associated with said research.

Any research fees associated for insured or uninsured services should be paid to the health care provider that provides the necessary services.

Any fees associated with the above research need to be itemized on invoices in a clear and transparent manner. I am not sure that research using patient information without their consent for any reason is acceptable between providers – perhaps this also hits PHIPA also?