Guidelines for physicians in interactions with industry

See also companion policy Recommendations for physician innovators

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Physician–industry relationships are evolving in an increasingly complex health care landscape as new industry sectors assume more prominent roles in medicine. Today, physicians interact with industry in the course of medical practice, research, and education. Appropriate interactions with industry (retail) have the potential to improve patient care. Evidence indicates that physicians may not always be aware

interests can include direct financial gain, professional advancement, and reputational benefits, or other benefits to family, friends, or colleagues and may arise in the context of competing roles that physicians hold (such as clinical, education, research, organizational, administrative, leadership, and advocacy roles). Conflicts of interest may be real, potential, or perceived, and may exist even if no unethical or inappropriate act results from the conflict. Conflicts can persist even after an individual has ceased to benefit directly from a secondary interest.

This document guides physicians in determining how to appropriately interact with industry and effectively mitigate bias and undue influence through the avoidance or management of conflicts of interest. The medical profession leads by example by promoting physician-developed guidelines. The guidelines offer direction on how physicians should interact with industry at an arm's length including when acting as consultants, advisors, or employees, or as recipients or users of industry funding, products, or information. Physicians are also increasingly taking on leadership roles in medical innovation or entrepreneurship enterprises — roles that place the physician within industry.a A companion document to these guidelines, the Recommendations for Physician Innovators, provides recommendations for physicians in navigating conflicts of interest arising from their roles as medical professionals who are also engaged directly in medical and health care innovation.

Relationships between physicians and industry are also guided by the CMA Code of Ethics and Professionalism. Physicians should also be aware of regulatory and legal requirements that govern medical practice and the use of patients' personal health information in the jurisdiction where they practise as well as any additional requirements set out by relevant institutions, research ethics boards, accreditors and publishers, which may be more stringent than these (nno)-362 (e)-2 (0 g19(0 g0 T (r)-1)-155 (we)-2 (l)-1 (lxf)4.9 (a))1 (l423.12 1-2 ( ))5 (pr)-Tw fgevewherrenodyd4

PART I: PHYSICIAN INTERACTIONS WITH INDUSTRY

A. PRACTICE

Medical practice

1. Physicians should always maintain professional autonomy in interactions with industry. Physicians must remain committed to scientific methodology and to their professional responsibilities.
2. Physicians who are employed by, or affiliated with, industry should not allow their employment or affiliation to influence their clinical judgment and medical practice in ways that do not support the well-being of their patients and the public.
3. Physicians with industry affiliations or with a direct financial interest in health care industry have an obligation to disclose these affiliations, interests, or investments to patients and ensure that they do not affect their decision-making in practice, including with respect to diagnosis, prescribing, and patient care.
4. Physicians should dispense pharmaceuticals or other products only where permitted by applicable law and regulations, including the regulations of their medical regulatory authority, and where they can demonstrate that these cannot be provided by an appropriate other party, and then only on a cost-recovery basis.
5. Physicians who enrol patients into industry-sponsored patient support programs or patient assistance programs in the course of their practice must not accept compensation or benefits from an industry member or representative in return for prescribing a particular agent, recommending a particular device, diagnostic, or service, or enrolling a patient to the program.
6. Physicians should limit the presence of industry representatives in their practice, including ensuring that industry representatives are not present during clinical rounds and confidential conversations or decisions, unless rounds are open to the public.

Clinical practice guidelines (CPGs)

7. This section provides general guidance to which physicians involved in clinical practice guideline (CPG) development should adhere. These principles also apply to the development of clinical care pathways developed in hospitals and health systems to guide care. The Principles for Disclosure of Interests and Management of Conflicts in Guidelines[1]

Gifts

21. Physicians must not accept a fee, gift, meal, or equivalent benefit from industry, including in exchange for interacting with them in a promotional or similar capacity. Physicians should be aware that acceptance of gifts of any value, even minor, has been shown to influence clinical and therapeutic decision-making.
22. Physicians may accept patient teaching aids (also known as service-oriented items) appropriate to their area of practice provided that the aids: (i) hold no personal value to the physician; (ii) are not connected to any stipulation that the physician prescribe a particular medication or use a particular medical device; and (iii) carry at most the logo of the donor company and do not refer to specific therapeutic agents, medical devices, diagnostic tests, or other products or services.

Promotional activities

23. This section provides guidance about the promotion of industry products or services that may be understood as having a clinical or health benefit by physicians, in their capacity as physicians, through any private or public medium, including through social media.
24. The promotion of products or services, whether or not they are directly related to health care or wellness, is at a high risk of creating a conflict with the physician's primary obligation to the well-being of the patient and to the maintenance of public trust.
25. Physicians should carefully reflect on the potential impact of the information they share via social media on both the intended and potential future audiences, especially as information can be easily circulated further without their knowledge or control.
26. Physicians must avoid using their role as a physician to promote services (except their own medical services) or products to patients or the public for commercial gain outside of their treatment role.
27. Physicians should not accept positions from industry to conduct seminars or similar promotional events aimed at enhancing the sale of industry products or services to other physicians. This also applies to third-party contracting, including participation in speaker's bureaus, on behalf of industry.
28. Physicians must disclose all relevant relationships with industry and real or perceived conflicts of interest in a way that is obvious to any relevant audience where discussing products and services. They should refer to relevant medical evidence, not overstate benefits or understate harms, not mislead patients or others about a product or service's impact, and be guided by a primary concern for patient well-being. Disclosure should be done in a serious manner and in such a way that the audience has sufficient time to absorb the information being disclosed.

41. If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of peer-reviewed scientific information on the product or service and of reasonable alternatives. If unapproved, “off-label” uses of a product or service are discussed, presenters must inform the audience of this fact.
42. Physicians acting as authors of accredited eCPD modules should have special expertise in the relevant clinical area and must declare any relationships with the sponsors of the module or any competing companies. Authors are ultimately responsible for the content and validity of eCPD modules and should ensure that they are both designed and delivered at arm’s length of any industry sponsors.
43. Physicians should only accept travel and accommodation arrangements and attend venues and social events for CPD activities receiving financial sponsorship from industry for accredited/certified activities in keeping with the arrangements that would normally be made without industry sponsorship. For example, the industry sponsor must not pay for travel or lodging costs or for other personal expenses of physicians attending a CPD event. Physicians must not accept subsidies for hospitality outside of modest meals that are held as part of a conference or meeting. Hospitality and other arrangements must not be subsidized by sponsors for personal guests of attendees or faculty, including spouses or family members.
44. Participants must not accept payment or subsidies to participate in an accredited CPD

only be provided by faculty or lecturers without industry relationships.
50. Sponsorships of learners, scholarships, and bursaries funded by industry should be managed, evaluated, and selected centrally by educational institutions. There should be no industry sponsorship of, or scholarships for, travel to attend conferences. There should be no expectation that recipients should provide any benefit to, or enter into any relationship with, industry.

C. RESEARCH

Industry-sponsored research

51. Physicians who conduct research have the primary responsibility to ensure that research involving humans meets high scientific and ethical standards that respect and protect the dignity and welfare of participants consistent with standards and guidelines that govern the ethical conduct of research involving humans.
52. Physicians participating in industry-sponsored research must comply with all laws, policies, standards and guidelines governing research involving humans, including the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2);[3] the International Conference on Harmonisation Guideline for Good Clinical Practice (ICH/GCP),[4] as set forth in Division 5 under the Canadian Food and Drugs Act;[5] and all relevant privacy legislation.
53. Physicians must avoid remuneration for conducting or collaborating in research studies that could influence their judgment, decision-making, or actions. Remuneration may cover reasonable time and expenses and should be approved by the relevant research ethics board. Research subjects must be informed if their physician will receive a fee for their participation and by whom the fee will be paid.
54. Physicians must ensure that agreements with industry protect the physician's right to publish or disclose complete and accurate study data and results or report adverse events that occur during the course of the study.
55. Physicians should participate only in post-marketing surveillance studies that are scientifically appropriate for drugs or devices relevant to their area of practice and where the

[1] Schünemann HJ, Al-Ansary LA, Forland F, et al. Guidelines International Network: The principles for disclosure of interests and management of conflicts in guidelines. Ann Intern Med 2015 Oct 6;163(7):548-53. Available: https://www.acpjournals.org/doi/10.7326/M14-1885 (accessed 2021 Jul 27).

[2] Royal College of Physicians and Surgeons of Canada (RCPSC), The College of Family Physicians of Canada (CFPC), Coll

Food and Drugs Act, RSC 1985, c F-27. Available: https://canlii.ca/t/7vgh (accessed 2021 Jul 27).
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