MASCC/ISOO 2022 Annual Meeting Speaker Guidelines

- Verbally share your **Conflicts of Interest** and include them after the 'Title' slide

- Verbally share the **Learning Objectives** of the presentation and include them after the 'Conflicts of Interest' slide

- **All content must be evidence-based**, or include an explanation why it is not:
  - **Ensure that you note your references** including: authors, titles, article title, year, volume, and page numbers in your materials
  - Evidence must come from systematic reviews/meta-analyses of studies (RCTs {randomized control trials}, cohort case control studies), or single, moderate-sized, well designed RCTs, or well-designed, consistent, controlled, not randomized trials or large cohort studies
  - **Any lack of evidence for assertions or recommendations must be acknowledged**
  - If a single study is the focus or select studies are omitted, the rationale to support this decision must be included
  - Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product
  - **Both potential harms and benefits should be discussed**; an efficient way to present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions

- **Refer to all medications by the generic name.** If brand names must be used, the brand name should appear in parentheses after the generic name. Every drug mentioned should be referred to in a similar manner.

- **Hospital and institution logos are permitted**.

- **Pharmaceutical company logos and any other corporate/commercial logos are not permitted.**

- Adhere to the **Rx&D Code of Ethical Practices** (attached)

- Adhere to the **CMA Guidelines for Physicians in Interactions with Industry** (attached)

- Adhere to the **National Standard of Support of Accredited CPD Activities** (attached)

- Please review the **MASCC**/ISOO Annual Meeting Terms of service here: https://www.mascc.org/2022-terms-of-service

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CMA CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection, and decision-making concerning what a physician's actions should be and the reasons for these actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations. The Code and other CMA policies constitute guidelines that provide a common ethical framework for physicians in Canada.

In this Code, medical ethics concerns the virtues, values, and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those norms through standards, competencies, and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians should aspire to uphold the virtues and commitments in the Code, and they are expected to enact the professional responsibilities outlined in it.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

A. VIRTUES EXEMPLIFIED BY THE ETHICAL PHYSICIAN

Trust is the cornerstone of the patient–physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues:

COMPASSION. A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.
HONESTY. An honest physician is forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.
HUMILITY. A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient's knowledge of their own circumstances.
INTEGRITY. A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.
PRUDENCE. A prudent physician uses clinical and moral reasoning and judgement, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION

Commitment to the well-being of the patient

Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
Provide appropriate care and management across the care continuum.
Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.
Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

Commitment to respect for persons

Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.
Always respect the autonomy of the patient.
Never exploit the patient for personal advantage.
Never participate in or support practices that violate basic human rights.

Commitment to justice

Promote the well-being of communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care, and promote social accountability.

Commitment to professional integrity and competence

Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity.
Develop and advance your professional knowledge, skills, and competencies through lifelong learning.

Commitment to professional excellence

Contribute to the development and innovation in medicine through clinical practice, research, teaching, mentorship, leadership, quality improvement, administration, or advocacy on behalf of the profession or the public.
Participate in establishing and maintaining professional standards and engage in processes that support the institutions involved in the regulation of the profession.
Cultivate collaborative and respectful relationships with physicians and learners in all areas of medicine and with other colleagues and partners in health care.

Commitment to self-care and peer support

Value personal health and wellness and strive to model self-care; take steps to optimize meaningful co-existence of professional and personal life.
Value and promote a training and practice culture that supports and responds effectively to colleagues in need and empowers them to seek help to improve their physical, mental, and social well-being.
Recognize and act on the understanding that physician health and wellness needs to be addressed at individual and systemic levels, in a model of shared responsibility.

Commitment to inquiry and reflection

Value and foster individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.
Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.

C. PROFESSIONAL RESPONSIBILITIES

PHYSICIANS AND PATIENTS

Patient–physician relationship

The patient–physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The physician owes a duty of loyalty to protect and further the patient's best interests and goals of care by using the physician's expertise, knowledge, and prudent clinical judgment.

In the context of the patient–physician relationship:

1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not abrogate the right of the physician to refuse to accept a patient for legitimate reasons.
2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
3. Act according to your conscience and respect differences of conscience among your colleagues; however, meet your duty of non-abandonment to the patient by always acknowledging and responding to the patient's medical concerns and requests whatever your moral commitments may be.
4. Inform the patient when your moral commitments may influence your recommendation concerning provision of, or practice of any medical procedure or intervention as it pertains to the patient's needs or requests.
5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient's understanding.
6. Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
7. Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.
8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
9. Ensure that any research to which you contribute is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. When involved in research, obtain the informed consent of the research participant and advise prospective participants that they have the right to decline to participate or withdraw from the study at any time, without negatively affecting their ongoing care.
10. Never participate in or condone the practice of torture or any form of cruel, inhuman, or degrading procedure.

Decision-making

Medical decision-making is ideally a deliberative process that engages the patient in shared decision-making and is informed by the patient's experience and values and the physician's clinical judgment. This deliberation involves discussion with the patient and, with consent, others central to the patient's care (families, caregivers, other health professionals) to support patient-centred care.

In the process of shared decision-making:

11. Empower the patient to make informed decisions regarding their health by communicating with and helping the patient (or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and benefits before consenting to any treatment or intervention.
12. Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.
13. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors, while respecting a mature minor's right to consent to treatment and manage their personal health information.
14. Accommodate a patient with cognitive impairments to participate, as much as possible, in decisions that affect them; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making and collaborate with them, where authorized by the patient's substitute decision-maker, in discerning and making decisions about the patient's goals of care and best interests.
15. Respect the values and intentions of a patient deemed incompetent as they were expressed previously through advance care planning discussions when competent, or via a substitute decision-maker.
16. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient's discernable values and goals of care or, if these are unknown, act in the patient's best interests.
17. Respect the patient's reasonable request for a second opinion from a recognized medical expert.

PHYSICIANS AND THE PRACTICE OF MEDICINE

Patient privacy and the duty of confidentiality

18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and within the patient's circle of care. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.
19. Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
20. Recognize and manage privacy requirements within training and practice environments and quality improvement initiatives, in the context of secondary uses of data for health system management, and when using new technologies in clinical settings.

21. Avoid health care discussions, including in personal, public, or virtual conversations, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their families, or caregivers.

Managing and minimizing conflicts of interest

22. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative, or leadership).
23. Enter into associations, contracts, and agreements that maintain your professional integrity, consistent with evidence-informed decision-making, and safeguard the interests of the patient or public.
24. Avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
25. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
27. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

PHYSICIANS AND SELF

28. Be aware of and promote health and wellness services, and other resources, available to you and colleagues in need.
29. Seek help from colleagues and appropriate medical care from qualified professionals for personal and professional problems that might adversely affect your health and your services to patients.
30. Cultivate training and practice environments that provide physical and psychological safety and encourage help-seeking behaviours.

PHYSICIANS AND COLLEAGUES

31. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team.
32. Engage in respectful communications in all media.
33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.
34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.

35. Promote and enable formal and informal mentorship and leadership opportunities across all levels of training, practice, and health system delivery.
36. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

PHYSICIANS AND SOCIETY

37. Commit to ensuring the quality of medical services offered to patients and society through the establishment and maintenance of professional standards.
38. Recognize that social determinants of health, the environment, and other fundamental considerations that extend beyond medical practice and health systems are important factors that affect the health of the patient and of populations.
39. Support the profession's responsibility to act in matters relating to public and population health, health education, environmental determinants of health, legislation affecting public and population health, and judicial testimony.
40. Support the profession's responsibility to promote equitable access to health care resources and to promote resource stewardship.
41. Provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public; clearly indicate when you present an opinion that is contrary to the accepted views of the profession.
42. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration and, when possible, collaborative models of care.
43. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada.
44. Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities.

Approved by the CMA Board of Directors Dec 2018

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CMA POLICY

Guidelines for physicians in interactions with industry

See also companion policy Recommendations for physician innovators

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 can benefit patients, society, and physicians through the advancement of medical science and practice, effective and safe use of health care products and services, and ultimately by improving patients' opportunities to access the benefits of health care and health outcomes. However, physicians' interactions with industry can influence their professional judgment and potentially conflict with patients' interests in ways that can harm patients and public health. Evidence indicates that physicians may not always be aware of, or be able to accurately self-assess, how their industry affiliations can subconsciously influence their judgment, their assessment or presentation of medical evidence, their clinical decisions and their prescribing.

Physicians have a responsibility to ensure that their participation in collaborative efforts with industry primarily serves the interests of their patients and the public. Physicians must strive first to avoid or second to minimize or manage conflicts of interest. They must always disclose any ties with industry that have, or could be perceived as having, the potential to influence their judgment, including their professional recommendations, clinical decisions, and prescribing.

Conflicts of interest arise when a person in a position of trust has competing professional or personal interests. Conflicts of interest occur where judgments or decisions about a primary interest — in this case, patient well-being, trustworthy medical research and knowledge, and excellent medical education — are unduly influenced by a secondary interest. Secondary

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 guidelines.

These guidelines are directed primarily to individual physicians across the career life cycle — including learners and practising and retired physicians. They are also relevant to guiding the development of relationships between medical organizations and industry.

GUIDING PRINCIPLES

These principles apply both to these guidelines and to the Recommendations for Physician Innovators. These principles draw on the CMA Code of Ethics and Professionalism.

Well-being of the patient

A physician's primary obligation is to preserve and promote the well-being of the patient. Relationships with industry are appropriate only where they do not undermine the physician's

[a] In these guidelines, industry refers to health-related industries, which include, but are not limited to, manufacturers, developers, or suppliers of pharmaceuticals, therapeutics, medical devices and supplies, health care products and services, wellness and nutritional products and services, biotechnology, information technologies including software (such as for the management of patient data, records, and treatment), and products that may be understood as having a clinical or health benefit.

duty of loyalty to protect and further the patient's best interests and goals of care. Physicians must resolve any conflict of interest between themselves and their patient resulting from interactions with industry in favour of the patient. In particular, they must avoid acting in self-interest in their prescribing and referral practices.

Public trust

Trust is central to the patient–physician relationship and to providing the highest standard of medical care. Patients and the public should be able to trust that physicians prioritize the well-being of patients above all else. Physicians must uphold patients' and the public's trust in physicians, in the profession of medicine and in medical science. Transparency helps promote public trust by facilitating oversight and accountability, as well as facilitating public commentary and advocacy.

Professional integrity

Physicians must uphold professional integrity when engaging in innovation or entering into associations, contracts, and agreements with industry. Integrity requires maintaining professional autonomy and independence, acting in accordance with professional expectations and the best available medical evidence, adhering to scientific methodology, and safeguarding the interests of the patient or public. Professional integrity also requires humility, honesty, and the transparent disclosure of innovation activities and industry relationships to patients, colleagues, and supervisors when such potential conflict would be viewed by others as relevant to the relationship in question.

Social accountability and equity

Social accountability is central to professional excellence in medicine. Physicians and the profession express social accountability when they respond to the current and future priority health needs of the patients and communities that they serve in their clinical practice, education, research, leadership, and advocacy. Physician interactions with industry and physician-led innovation should be guided by a primary concern for advancing the health and addressing the evolving health needs of Canadians, including by advancing medical practice and science to reduce health inequities and disparities in care.

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] developed by the Guidelines International Network serve as an additional source of guidance for physicians and physician organizations involved in guideline development. Physicians should also be aware of guidelines and standards related to CPG development adopted by other bodies, including academic journals.
8. Clinical practice guidelines are used to inform medical practice and education. Owing to their potential to significantly affect practice, CPGs must be developed on the basis of an independent, rigorous assessment of the best available medical evidence by a committee with significant representation of the target audience of the guideline. Financial and non-financial interests held by physicians involved in CPG development can give rise to biases that may lead

to the overestimation of benefits or underestimation of harms associated with a treatment or intervention, which may in turn unduly influence the strength or direction of a practice recommendation.
9. Physicians must be aware of how industry affiliations can influence their judgment and must not allow their affiliations to influence their assessment or presentation of medical evidence.
10. Physicians involved in CPG development should be free of financial and other relevant non-financial conflicts of interest. Where this is not possible, a majority of panel members should be free of conflicts of interest and the panel must adhere to the guidance listed below.
11. Physicians and physician organizations involved in CPG development must disclose all financial and non-financial conflicts of interest in writing, including disclosing the nature of conflict, the name of the business involved, and the amount provided; physicians on a CPG development panel must inform the chair should they develop a new conflict of interest.
12. Physicians chairing a guideline development panel must be free of direct financial or other relevant non-financial conflicts of interest. The chair is accountable for the assessment of conflicts of interest for panel members.
13. Physicians with conflicts of interest may be involved in CPG development by imparting or clarifying medical information only if they have unique expertise that cannot be provided by experts without industry affiliations or other relevant conflicts of interest. In such cases, those developing a CPG should seek a balance of opinion among those involved.
14. Physicians with direct financial conflicts of interest must recuse themselves from adjudication and voting on the strength or direction of a practice recommendation.

Samples

15. A sample is a unit of a pharmaceutical product, therapeutic agent, or medical device intended for patient use provided to a physician free of charge for the purpose of evaluating the product, agent, or device. Samples can also be referred to as clinical evaluation packages.
16. Physicians should only accept samples they request and should not accept unsolicited samples distributed at conventions, displays, meetings, or learning programs.
17. Physicians who accept samples or other health care products are responsible for recording the type and amount of medication or product dispensed; ensuring their age-related quality, appropriate storage and security prior to dispensing; and ensuring proper disposal if the items are outdated and still in the physician's possession.
18. Physicians who accept samples must determine whether samples are appropriate and dispense them on the basis of clinical evidence, their own clinical judgment, and in accordance with the principles of professional integrity, social accountability, and equity. This includes taking into account whether the physician considers that the sample is their first choice of treatment, and any impact that the patient's use of samples may have on the patient's costs, including when such samples are no longer available.
19. Physicians must avoid distributing samples, including pharmaceutical products and devices, for which they, or any practice they are associated with, would receive any form of material gain.
20. Where industry provides physicians with software (including applications) for clinical evaluation for patient use, physicians should adhere to the guidance in this section.

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.
29. Physicians should not display industry-developed advertisements or informational materials with logos, except for teaching aids, in clinics or hospitals, nor accept payments or donations in return for displaying industry-sponsored materials.

Advisory boards and consulting

30. Physicians may be asked to become members of advisory or consultation boards or to serve as advisors or consultants for industry organizations. Physicians should be mindful of the potential for these relationships to influence their clinical decision-making, research, and

teaching.
31. The expected deliverables of all consulting or advisory arrangements should be clearly set out in writing in the form of a contractual agreement. Physicians should avoid informal consulting arrangements.
32. Remuneration of the physician should be commensurate with the work performed and take into account the extent and complexity of the physician's involvement.
33. Whenever possible, meetings should be held in the geographic location of the physician or as part of a meeting that they would normally attend. Basic travel and accommodation expenses may be reimbursed to a physician advisor or consultant who is required to travel. Hospitality and other arrangements must not be reimbursed for personal guests of the advisor or consultant, including spouses or family members.
34. Physicians must disclose their participation on advisory boards or as consultants where relevant in the course of their practice, research, or teaching.

B. EDUCATION

Continuing professional development (CPD)

35. This section of the guidelines primarily addresses accredited/certified CPD activities, including activities referred to as continuing medical education (CME), for practising physicians, including regular scheduled series, rounds, journal clubs, and small groups. The same general principles apply to live, in-person CPD events and accredited online or electronic CPD (eCPD) content, or any other written, curriculum-based CPD modules. Physicians should also refer to this guidance when considering attendance at informal or non-accredited learning activities with industry involvement. Physicians should approach non-accredited learning activities offered by industry with caution, recognizing that there is a higher likelihood that such events are promotional in nature.
36. CPD provider organizations and presenters must also follow all applicable laws and regulations and the guidance outlined by relevant accrediting bodies. These guidelines are complementary with the National Standard for Support of Accredited CPD Activities;[2] should discrepancies arise, the more stringent of the two standards should be followed.
37. The purpose of accredited CPD activities is to address the educational needs of physicians and other health care providers to improve patient care. Financial and in-kind support by industry should not be considered necessary or desirable for CPD activities but may be accepted as outlined in the national standard. Non-accredited learning activities offered by industry are considered promotional in nature and are not considered as CPD.
38. Physician presenters must disclose to participants any financial affiliations with manufacturers or providers of products and services mentioned at the event, financial affiliations with manufacturers of competing products, and any other related relationships with for-profit and non-for-profit organizations over the previous two years.
39. A reference list for studies cited in CPD activities and modules should be made available to participants to allow them to evaluate the quality of the evidence discussed.
40. Generic names should be used. Where trade names are required, generic names must also be included.

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 activity, but they are not precluded from claiming or receiving compensation from residency programs, employers, or provincial CPD support funds. However, presenters at CPD events may accept reasonable honoraria and reimbursement for travel, lodging, and meal expenses. All participants at an event cannot be designated presenters.

Medical students and residents

45. The principles in this section apply to learners as well as to medical educators.
46. Academic institutions and training environments should provide guidance for, and supervision of, learners in their interactions with industry. Medical curricula should deal explicitly with these guidelines by including educational sessions on conflicts of interest, detecting bias, and physician–industry interactions in the context of medical education, practice and research.
47. All lecturers and those educating or training medical learners should fully and consistently disclose to both learners and their educational institutions any relationship with industry, including financial and non-financial conflicts of interest.
48. Learners should carefully examine involvement in extracurricular activities, non-accredited events, and clubs that receive financial support from industry, no matter how informal, in light of the principles and guidance in these guidelines. They should avoid events or activities that have the potential to create bias or a conflict of interest. Industry ties in this context may include industry sponsorship or a training component provided by industry.
49. In very limited circumstances, industry can play a role in providing training to residents specific to the use of medical devices, pharmaceutical delivery methods, or skills or techniques developed by industry. Such training should only be considered where there is no means of providing the training internally. If training is provided by faculty with industry relationships, all conflicts of interest should be examined and managed, including through careful review by the educational institution and disclosures to learners and the institution. Drug detailing should

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 study may contribute substantially to medical knowledge about the drug or device. Studies that are clearly intended for marketing or other purposes must be avoided.

Approved by the CMA Board of Directors August 2021
See also companion policy Recommendations for physician innovators

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National standard for support of accredited CPD activities

Preamble

The primary purpose of Continuing Medical Education/Continuing Professional Development (CME/CPD) is to "address the educational needs of physicians and other health care providers in order to improve the health care of patients" (CMA Policy; Guidelines for Physicians in Interactions with Industry; standard 22) and improve public health outcomes.

Financial and in-kind support of accredited[1] CPD activities for physicians should not be considered either necessary or desirable. However, the practical reality for many is that this support is required for the development, delivery and evaluation of CME/CPD activities. The medical profession shares a common interest with for-profit and not-for profit organizations in improving patient care and improving public health outcomes. These organizations have resources and expertise that can contribute to the development, quality and effectiveness of accredited CPD activities. However, the interests of organizations that provide financial and in-kind support for the development of accredited CPD activities cannot be assumed to always be congruent with the goal of addressing the educational needs of the medical profession. Therefore it is essential that the medical profession define and assume their responsibility for setting standards that will guide the development, delivery, and evaluation of accredited CPD activities.

The intent of the National Standard for Support of Accredited CPD Activities (the Standard) is to safeguard the integrity of accredited CPD activities from the influence of sponsoring organizations that could lead to bias.

Applicability

The Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

Adherence to the Standard is required for the approval of all accredited CPD activities included within the Canadian national/provincial CME/CPD accreditation systems for physicians. The standards of individual accrediting organizations may be more stringent than these standards, but may not be less so.

The requirements of the Code of Ethics of the Conseil québécois de développement professionnel continu des médecins (CQDPCM http://www.cemcq.qc.ca) must be met for accredited activities held in the province of Québec.[2]

[1] Any use of the term "accreditation" applies to the CFPC Mainpro+ certification process.

[2] For Royal College MOC Section 1 or MOC Section 3 credits, this paragraph is only applicable to CPD activities developed by organizations directly accredited by the CMQ.

Physicians participating in CPD activities should adhere to the Canadian Medical Association's *Guidelines for Physicians in Interactions with Industry*.

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About this document

The Standard includes 7 elements and 29 sub-elements across the domains of Independence, Content Development, Conflict of Interest, Receiving Financial and In-Kind Support, Recognizing Financial and In-Kind Support, Managing Commercial Promotion, and Unaccredited CPD Activities.

A Glossary of Terms used is available at the end of this document.

Principles

The Standard is guided by the following four principles:

Trust
Accredited CPD activities must be developed, delivered and evaluated in accordance with educational and ethical standards of Canadian national/provincial CME/CPD accreditation systems, and to minimize the potential for bias in learning that supports physicians in their multiple roles with patients, learners, and the health care system.

Transparency
CPD Providers[3] must disclose to participants information related to the receipt of financial and in-kind support provided by sponsors. Upon request, CPD Providers must report on how financial or in kind support was used.

Accountability
All CPD provider organizations will be expected to adhere to all elements and sub-elements of the Standard and will be informed by the national/provincial CME/CPD accrediting bodies about the process for monitoring adherence to the Standard. All CPD provider organizations will be invited to consult on any future versions of the Standard.

Fairness
The implementation and monitoring of the Standard by national/provincial CME/CPD accrediting bodies will be equally applied to all CPD Provider organizations and respectful of the principles of equity, due process, and justice.

[3] For Royal College MOC Section 1 or MOC Section 3 credits, CPD provider organizations must always meet the definition of a physician organization. CFPC Mainpro+ two and three-credit-per-hour activities must be developed in collaboration with a physician organization.

Element 1: Independence

This element describes the membership, roles, responsibilities and decision authority of a scientific planning committee.

1.1 Every accredited CPD activity must have a scientific planning committee (SPC) that includes representatives of the intended target audience. The SPC is the group responsible for all decisions noted throughout the Standard.

1.2 The SPC may consider data or advice from all sources, but must ensure that decision-making related to the following CPD program elements is under its exclusive control:

a) Identification of the educational needs of the intended target audience;
b) Development of learning objectives;
c) Selection of educational methods;
d) Selection of speakers, moderators, facilitators and authors;
e) Development and delivery of content; and
f) Evaluation of outcomes.

1.3 Representatives of a sponsor or any organization hired by a sponsor cannot participate in decisions related to CPD program elements a) through f) within 1.2.

Element 2: Content Development

This element describes the processes and requirements for members of the SPC and speakers to develop content that is responsive to the needs of the intended target audience.

2.1 The SPC must have mechanisms in place to support the development of content and/or materials that address the identified educational needs of the intended target audience. Specific interests of any sponsor must have no direct or indirect influence on the content and/or materials of an accredited CPD activity.

2.2 A process must be in place to ensure that those responsible for developing or delivering content are informed about:

- the identified needs of the target audience,
- the need to ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
- the intended learning objectives for the activity,
- ensuring that the description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

2.3 The SPC must have a process to collect from participants their assessment of the degree to which the accredited CPD activity:

- met the stated learning objectives,
- achieved appropriate balance,
- was perceived to be biased.

2.4 The SPC must have a process in place to deal with instances where CPD activities are not in compliance with the Standard.

Element 3: Conflict of interest

This element describes the processes and requirements for gathering, managing and disclosing conflicts of interest to participants.

3.1 All members of the SPC, speakers, moderators, facilitators and authors must provide to the CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years including (but not necessarily limited to):

a) Any direct financial payments including receipt of honoraria;
b) Membership on advisory boards or speakers' bureaus;
c) Funded grants or clinical trials;
d) Patents on a drug, product or device; and
e) All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.

3.2 The SPC is responsible to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.

3.3 All members of the SPC, speakers, moderators, facilitators, and authors, must disclose to participants their relationships as described in 3.1

3.4 Any individual who fails to disclose their relationships as described in 3.1 and 3.3 cannot participate as a member of the SPC, speaker, moderator, facilitator or author of an accredited CPD activity.

Element 4: Receiving Financial and in-kind Support

This element provides a description of the requirements for CPD provider organizations and the SPC in receiving and distributing financial and in-kind support.

4.1 The CPD provider organization or SPC is responsible to receive any financial and in-kind support for the development of an accredited CPD activity.

4.2 The SPC cannot be required to accept advice from a sponsor as a condition of receiving financial and in-kind support. Specific interests of any sponsor must have no direct or indirect influence on any aspect of the development, delivery or evaluation of an accredited CPD activity.

4.3 The terms, conditions and purposes by which sponsorship is provided must be documented in a written agreement signed by the CPD provider organization or SPC and the sponsor.

4.4 The CPD provider organization or SPC can assume or delegate to a third party[4] the payment of travel, lodging, legitimate out of pocket expenses and any honoraria offered to members of the SPC, speakers, moderators, facilitators and/or authors. The CPD provider organization or the SPC must approve what payments are delegated and retain overall accountability for these payments.

4.5 Participants (who are not members of the SPC, speakers, moderators, facilitators and/or authors) cannot accept payment or subsidies for their travel, lodging or other out of pocket expenses to participate in an accredited CPD activity. This provision does not preclude participants' claiming and receiving compensation from residency programs, employers or provincial CPD support funds, even when activities they attend have received support from these sources.

4.6 The travel, lodging or other out of pocket expenses of spouses, partners or other family members of: the SPC, speakers, moderators, facilitators, authors or participants cannot be paid for or subsidized by the CPD provider organization, sponsor or any organization hired by a sponsor.

4.7 Social activities associated with CPD activities cannot occur at a time or location that interferes/competes with or takes precedence over accredited CPD activities.

4.8 Upon request, CPD Providers must disclose how the financial and in-kind support was used for the accredited CPD activity.

4.9 The CPD provider organization or SPC has an obligation to ensure[5] that their interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations.

[4] The CPD provider organization or SPC can never delegate to a commercial interest the payment of travel, lodging, legitimate out of pocket expenses and any honoraria offered to members of the SPC, speakers, moderators, facilitators and/or, authors.

[5] The CPD provider organization or SPC is obligated to implement appropriate policies and procedures to demonstrate that their interactions with sponsors meet these professional and legal standards.

Element 5: Recognizing Financial and in-kind Support

This element provides a description of the requirements for CPD provider organizations and the SPC in recognizing financial and in-kind support received from sponsors.

5.1 The SPC must recognize and disclose[6] to participants all financial and in-kind support received from sponsors of CPD activities as part of a sponsorship acknowledgement page[7] separate from the educational content.

5.2 Beyond the standard acknowledgement statement of financial and in-kind support outlined in 5.1, the linking or alignment of a sponsor's name (or other branding strategies) to a specific educational session or section of an educational program within an accredited group learning activity is prohibited.

Element 6: Managing Commercial Promotion

This section defines the requirements related to exhibits and the types of materials that can and cannot be displayed.

6.1 Product-specific advertising, promotional materials or branding strategies cannot be included on, appear within, or be adjacent to:

- any educational materials, slides, abstracts and handouts used as part of an accredited CPD activity;
- activity agendas, programs or calendars of events (preliminary and final);
- any webpages or electronic media containing educational material.

6.2 Product-specific advertising, promotional materials or branding strategies cannot be included on/appear within locations where accredited CPD sessions are occurring (e.g. lecture halls, small group discussion rooms) immediately before, during or immediately after an accredited CPD activity.

6.3 Commercial exhibits or advertisements must be arranged in a location that is clearly and completely separated from the accredited CPD activity.

6.4 The SPC cannot be required by an exhibitor or advertiser to accept advice concerning the CPD activity development, delivery or evaluation as a condition of their exhibit or advertisement. Specific interests of any exhibitor or advertiser must have no direct or indirect influence on any aspect of the CPD activity development, delivery or evaluation.

6.5 Any incentive provided to participants associated with an accredited CPD activity must be approved by the CPD provider organization.

[6] Financial and in-kind support received from sponsors of CPD activities are to be acknowledged using the standard acknowledgement statement, as defined by this document.

[7] The term "page" refers to any program materials containing educational content (such as learning objectives, schedules of events etc.); educational materials, slides, abstracts, and handouts associated with an accredited CPD activity; any webpages or electronic media containing educational material.

Element 7: Unaccredited CPD Activities

This section defines the roles and responsibilities of the SPC in relation to unaccredited CPD activities.

7.1 The SPC/CPD provider organization cannot schedule unaccredited CPD activities to take place at times and locations that interfere or compete with accredited CPD activities.

7.2 Unaccredited CPD activities cannot be listed or included within activity agendas, programs or calendars of events (preliminary and final).

Glossary of Terms

Term	Definition
Accredited CPD activity	An educational event that meets the administrative, educational and ethical standards of the Royal College of Physicians and Surgeons of Canada, College of Family Physicians of Canada or Conseil Québécois de Développement Professionnel Continu des Médecins. Accredited CPD activities include group learning, self-learning and assessment, in a live or electronic format.
Advertiser	A for-profit organization that shares information about its programs, services and products through space purchased in conjunction with accredited CPD activities or through other venues produced by CPD provider organizations.
Advisory board	A group that advises the management of a corporation, organization, or foundation based on their knowledge, experience or expertise
Author	The developer of content within eLearning modules, abstracts, posters, presentation slides or any other written or visual materials provided to participants of an accredited CPD activity.
Bias	A predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint. http://www.dictionaryofeducation.co.uk/b/b/blog
CPD provider organization	An organization that assumes the responsibility and accountability for the development, delivery and evaluation of accredited CPD activities. CPD provider organizations ordinarily meet the definition of a physician organization.
Commercial interest	For-profit entities that develop, produce, market, re-sells or distribute drugs, devices, products, or other healthcare goods, services or therapies that may be prescribed to patients or ordered by doctors in the diagnosis, treatment, monitoring, management or palliation of health conditions.
Conflict of interest	A set of conditions in which judgement or decisions concerning a primary interest (example a patients' welfare, the validity of research and/or quality of medical education) is unduly influenced by a secondary interest (personal or organizational benefit including financial gain, academic or career advancement, or other benefits to family, friends, or colleagues).
Continuing medical education (CME)	Teaching and learning that meets an identifiable need and designed to enhance medical/clinical knowledge, skills, attitudes, performance or health outcomes.
Continuing professional development (CPD)	CPD extends beyond the scope of traditional CME (defined above) and includes learning activities focused on competencies across the CanMEDS Framework.
Exhibitor	An individual or organization having a service contract with a CPD provider organization for displaying and sharing information about their program's services and products in an Exhibit Hall or area separate from the location where accredited learning activity occurs.
Facilitator	One that facilitates; especially: one that helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision. http://www.merriam-webster.com/dictionary/facilitator

Financial support	Monetary contributions provided by sponsor for the development, delivery or evaluation of an accredited CPD activity, learning resource or tool.
Incentive	Something that incites or has a tendency to incite to determination or action. http://www.merriam-webster.com/dictionary/incentive
In-kind support	Services or tools or human resources which have a monetary value and are provided to an organization in support of an educational activity.
Moderator	One who presides over an assembly, meeting, or discussion. http://www.merriam-webster.com/dictionary/moderator
Participant	Any individual, other than a resource person, who attends or takes part in a CPD activity or program in order to acquire, sustain or enhance his or her knowledge or skills. The term "participant" includes healthcare professionals, residents, students or individuals who are part of the target audience.
Perceived conflict of interest	A perceived conflict of interest is the appearance of a conflict of interest as judged by outside observers regardless of whether an actual conflict of interest exists
Physician Organization	A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its physician members through: • Continuing professional development • Provision of health care and/or • Research. This definition includes (but is not limited to) the following groups: • Faculties of medicine • Hospital departments or divisions • Medical societies • Medical associations • Medical academies • Physician research organizations • Physician clinic • Health authorities not linked to government agencies • Canadian provincial medical regulatory authorities (MRAs) This definition excludes pharmaceutical companies or their advisory groups, medical supply and surgical supply companies, communication companies or other for-profit organizations and ventures/activities. Types of organizations that are not considered physician organizations: • Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association). • Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada). • Industry (e.g. pharmaceutical companies, medical device companies, etc.). • Medical education or communications (MEC) companies (e.g. CME Inc.). • For-profit' on-line educators, publishing companies or simulation companies (e.g. Medscape, CAE). • Small number of physicians working together solely and

	specifically to develop educational programming.
Real conflict of interest	A real conflict of interest is when two or more interests are indisputably in conflict.
Reasonable	Not excessive and is perceived as such and defendable to stakeholders and to the public.
Scientific Planning Committee	A group of target audience representatives responsible for the identification of the educational needs of the intended target audience; development of educational objectives; selection of educational methods; selection of scientific planning committee members, speakers, moderators, facilitators and/or authors; development and delivery of content; and evaluation of outcomes of an accredited CPD activity.
Speaker	Individuals selected by a scientific planning committee based on their recognized expertise and skills to prepare and present information or evidence at a planned educational session in an accredited learning activity.
Social Activity	A gathering of individuals that enables social interaction. Social activities do not include meals or breaks.
Sponsor	An individual, group, corporation or organization (for-profit and not for-profit) who provides financial or in kind support, including goods or services in support of accredited educational activities, learning resources, or tools.
Sponsorship	The process by which an individual, group, corporation or organization provides financial and in-kind support for the development, delivery or evaluation of an accredited CPD activity, learning resource or tool.
Standard acknowledgment statement	The statement that recognizes and discloses to participants all financial and in-kind support received from sponsors of CPD activities. “This program has received an educational grant or in-kind support from (names of funding organizations)”
Support	The provision of financial and in-kind resources provided by sponsor for the development, delivery or evaluation of an accredited CPD activity, learning resource or tool.