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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

STANDARDS OF PRACTICE

Relationships with Industry

Under Review: Yes
Issued By: Council: January 1, 2010

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The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta ("CPSA") are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a "G" throughout this document.

PREAMBLE

This standard of practice provides direction for regulated members when interacting with industry, whether directly engaged in medical and health care innovation, or when an arm's-length relationship exists.[1] It must be read in conjunction with the *Conflict of Interest* and *Human Health Research* standards of practice.

"Industry" includes the full range of commercial enterprises associated with healthcare. These include, but are not limited to, the pharmaceutical industry, the biotechnology industry, the medical device industry and commercial providers of services related to clinical practice, research or education.[2]

The financial resources and product knowledge contributed by industry coupled with the medical knowledge of regulated members can lead to new procedures, drugs, therapies and treatments that may advance healthcare. However, the fiduciary duty of regulated members remains what is in the best interest of the patient. Conflicts of interest[G] related to financial aspects can affect a regulated member's objectivity and the care of patients.[3]

Related standards, additional information and general advice can be found in the companion resources listed at the end of this document.

[1] From the Canadian Medical Association's *Recommendations for Physician Innovators* Policy (2021) – accessed Apr. 2025.
[2] From CPSO's *Conflicts of Interest and Relationships with Industry* Policy (Mar. 2024) – accessed Apr. 2025.
[3] From the World Medical Association's "Statement Concerning the Relationship between Physicians and Commercial Enterprises" (May 2022) – accessed Apr. 2025.

Terms used in the Standards of Practice:
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- "Must" refers to a mandatory requirement.
- "May" means that the physician may exercise reasonable discretion.
- "Patient" includes, where applicable, the patient's legal guardian or substitute decision maker.

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STANDARD

General

1. A regulated member **must** maintain clinical objectivity,[4] professional autonomy and independence in any relationship with industry, as well as when making decisions regarding patient care to preserve the fiduciary relationship[G].

2. Where possible, a regulated member **must** identify and avoid situations or circumstances that are, may reasonably be perceived to be, or may lead to, a conflict of interest.[5]

3. Where avoidance is not possible, a regulated member **must**:

   a. proactively disclose the details of their interactions with industry to the relevant parties (e.g., patients, research participants, institutions, attendees at educational events, etc.); and

   b. resolve conflicts of interest in the patient's best interest,[5] in accordance with the *Conflict of Interest* standard of practice.

4. A regulated member **must not** accept any personal gift of any monetary or other value from industry.

5. A regulated member **must** follow the *Human Health Research* standard of practice when participating in industry-sponsored research activities.

6. A regulated member **must not** claim authorship or contribution to the production of educational materials unless they have substantially contributed to the material.

Industry relationships in clinical practice

7. When considering the use of clinical evaluation packages, such as medication samples or medical devices, a regulated member **must**:

Commented [CD1]: Clause 4 of current version.

Commented [CD2]: Clause 3 of current version with additions from CPSO's *Conflicts of Interest and Relationships with Industry* Policy to provide clarity.

Commented [CD3]: Clauses related to research will be addressed in a future Health Research Advice to the Profession document.

Commented [CD4]: From CPSO's *Conflicts of Interest and Relationships with Industry* Policy: provides additional clarity to above addition.

Commented [CD5]: Simplified with reference to *Human Health Research* standard: research-related clauses from the current version of the *Relationships with Industry* standard will be addressed in a future Health Research Advice to the Profession document.

Commented [CD6]: Clause 8 of current version.

[4] From the MCNZ's "Doctors and health-related commercial organisations" Statement (Feb. 2023) – accessed Apr. 2025.
[5] From CPSO's *Conflicts of Interest and Relationships with Industry* Policy (Mar. 2024) – accessed Apr. 2025.

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a. recognize the influence on the regulated member's prescribing choices;[6] [7]

b. use appropriate clinical evidence to determine the choice of medication or device; and

c. document the type and amount of medication or device in the patient record.

8. A regulated member **must not** receive any form of material gain for themselves, or the practice they are associated[8] with, based on the choice of product in relation to clinical evaluation packages.

9. Notwithstanding clause (9), a regulated member **may** accept teaching aids[G] provided by industry if:

a. they are satisfied the teaching aids are accurate, balanced, complete and adequately disclose any potential safety concerns;

b. primarily entail a benefit to patients with more educational than promotional value[G]; and

c. do not have value to the regulated member outside of their professional responsibilities.[8]

10. A regulated member **must not** accept a fee or other consideration from industry in exchange for seeing an industry representative in a promotional or similar capacity.

Continuing professional development

11. A regulated member involved in organizing or presenting at a continuing professional development event **must** disclose to participants any financial relationship with industry for products mentioned at the event or with manufacturers of competing products.

12. A regulated member involved in organizing or presenting at a continuing professional development event **must not:**

Commented [CD7]: Clause 11 of current version.

Commented [CD8]: Clause 12 of current version with acknowledgement of practice from CPSO.

Commented [CD9]: Clause 13 of current version.

Commented [CD10]: From CPSO: provides additional clarity on acceptable teaching aids.

Commented [CD11]: Clause 14 of current version.

Commented [CD12]: Clause 7(a) of current version.

[6] From CMA's *Guidelines for Physicians in Interactions with Industry* Policy (2021) – accessed Apr. 2025.
[7] From BMJ "Interactions Between Physicians and the Pharmaceutical Industry Generally and Sales Representatives Specifically and Their Association with Physicians Attitudes and Prescribing Habits: A Systematic Review" (Sep. 2017) – accessed Apr. 2025.
[8] From CPSO's *Conflicts of Interest and Relationships with Industry* Policy (Mar. 2024) – accessed Apr. 2025.

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a. conduct a seminar or similar event directly or indirectly for industry that promotes a product for the purpose of enhancing the sale of that product; or

b. accept reimbursement for expenses or honoraria at a rate that could reasonably be perceived as having undue influence.

13. A regulated member attending a continuing professional development event **must not** accept reimbursement for expenses from industry unless they:

a. are in the employ of the industry; or

b. are directly involved in the presentation of the professional development activity.

14. A regulated member **must** ensure that all industry contributions are declared on educational materials.

Commented [CD13]: Clause 7(b) and (c) of current version.

Commented [CD14]: Clause 10 of current version.

Commented [CD15]: Clause 9 of current version.

GLOSSARY

Conflict of interest: a conflict of interest is created any time a reasonable person could perceive that a regulated member'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). A conflict of interest can exist even if the regulated member is confident that their professional judgment is not actually being influenced by the conflicting interest or relationship.[9]

For more information, please refer to the *Conflict of Interest* standard of practice and Advice to the Profession document.

Fiduciary relationship: one in which the regulated member acts in good faith and with loyalty toward the patient and never places their personal interests ahead of the patient's.[10] [11]

Promotional value: focus would be on the industry/company (e.g., large logos; references to specific therapeutic agents, services or other products; medical claims of a product; etc.).

[9] From CPSO's *Conflicts of Interest and Relationships with Industry* Policy (Mar. 2024) – accessed Apr. 2025.
[10] From CMPA's Glossary – accessed Apr. 2025.
[11] From CMPA's "Duty of Care" (Mar. 2023) – accessed Apr. 2025.

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Teaching aids: help educate patients on their health conditions, improve their understanding and enhance informed decision-making (e.g., brochures, models, props, videos, etc.) based on the most current and updated clinical evidence.[12]

ACKNOWLEDGEMENTS
CPSA acknowledges the work of the Colleges of Physicians and Surgeons of Ontario in preparing this document.

RELATED STANDARDS OF PRACTICE

- *Conflict of Interest*
- *Human Health Research*
- *Informed Consent*
- *Patient Record Content*
- *Prescribing: Administration*

ADVICE TO THE PROFESSION DOCUMENTS

- Conflict of Interest
- Informed Consent for Adults
- Informed Consent for Minors
- Prescribing: Administration

[12] From the National Library of Medicine's "Empowering Patients: Promoting Patient Education and Health Literacy" (July 2022) – accessed Apr. 2025.

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