

STANDARDS OF PRACTICE

Conflict of Interest

Under Review: ~~No~~Yes

Issued By: Council: Jan 1, 2010 (*Conflict of Interest Involving Financial or
Personal Gain by Physicians*)

Reissued by Council: Jan 1, 2021; Oct 8, 2015 (*Conflict of Interest*)

DRAFT FOR REVIEW: CONSULTATION 33

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.

PREAMBLE

Regulated members have an obligation to act in good faith and not allow their personal interest to conflict with their professional duty.¹ Maintaining public trust requires regulated members to recognize, avoid, disclose and appropriately manage real, potential or perceived conflicts of interest whenever they arise.

Conflicts of interest may occur in many aspects of professional practice, including financial arrangements, ownership interests, business relationships, referrals, research, education and the provision of publicly or privately funded health services. While not every conflict can be avoided, every conflict must be managed in a manner that protects the patient's interests and preserves professional integrity.

Related standard and companion resources can be found at the end of this document.

Commented [CD1]: Added to modernize and align with other standards.

DEFINITIONS

1. **Conflict of interest:** a situation in which a reasonable person could believe perceive that a regulated member's judgment, decisions, or duty to act in the patient's best interests interest may be affected or influenced by other competing interests, including financial, non-the regulated member's personal, financial, direct, or indirect transactions with patients or others. A conflict of interest—real, potential or perceived—can exist even if professional, or other interests, including interests that benefit the regulated member is confident their professional judgment is not being influenced by the conflicting interest or relationship¹; directly or indirectly. Conflicts of interest may be real, potential, or perceived.¹

Commented [CD2]: Updated to modernize and align with other Canadian medical regulators.

¹From CPSO's *Conflicts of Interest and Industry Relationships* (March 2024)

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “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.

Inducement: a financial or other incentive, benefit or promotional offer intended to encourage or influence a person or organization to seek, obtain, receive, consent to, refer for, recommend, purchase or use a professional service, product, facility or supplier.

Commented [CD3]: Updated to modernize.

STANDARD

2.1. A regulated member **must** resolve any real, potential or perceived conflict of interest in the best interest of the patient.

3.2. A regulated member **must**:

- make full, frank and timely disclosure of any real, potential or perceived conflict of interest to the patient; and
- document the details of the disclosure made to the patient in the patient's record; and

3.3. ~~comply with clause (2) regardless of whether the A regulated member has obtained consent from~~ **must not exploit** the physician-patient to remain in the conflict of interest relationship for personal advantage by recommending, selling or providing products, tests, devices or services¹¹

Commented [CD4]: Added to clarify obligations to prioritize patients' interests when a personal benefit may be derived.

4. A regulated member **must not**:

- ~~accept or, offer, provide or request~~ commissions, rebates, fees, gifts, benefits or other inducements⁶ related to inducements that could reasonably be perceived as influencing, patient referrals or, recommendations or the use, purchase or provision of devices, appliances, supplies, pharmaceuticals, diagnostic procedures ~~or, therapeutic services, facilities or suppliers;~~
- seek or accept any benefit for a referral, service or product provided by another regulated professional to a patient by another person or organization, other than for services provided by a partner, associate, employee or locum of the regulated member;
- offer an inducement to another regulated professional person or organization conditional on providing a referral, service or product to a patient, whether or not such referral, service or product is medically appropriate; or

Commented [CD5]: Expanded for clarity.

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- d. encourage another person or organization to offer, provide, request or accept an inducement conditional on providing a referral, service or product to a patient, whether ~~or not~~ such referral, service or product is medically appropriate.

5. A regulated member **must not** refer a patient to any facility or healthcare business separate and apart from the regulated member's medical practice in which the regulated member has a direct or indirect financial interest **unless** there are no viable alternatives to meet the patient's needs **and** the following conditions are all met:
- a. any benefit the regulated member receives due to their financial interest is based on the regulated member's financial contribution or effort provided to that facility and not on the volume of patient referrals or other business from generated by the regulated member;
 - b. there are no terms or conditions that require the regulated member to make referrals to the facility or otherwise generate business for the facility; and
 - c. the regulated member fully discloses the nature and extent of their interest ~~they have~~ in the facility or healthcare business to the patient prior to the referral.

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Boundary Violations: Personal](#)
- [Charging Fees](#)
- [Code of Ethics & Professionalism](#)
- [Dual Practice](#)
- [Patient Record Content](#)
- [Sale of Products by Physicians](#)

COMPANION RESOURCES

- Advice to the Profession:
 - [Conflict of Interest](#)
 - [Advertising](#)

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Commented [CD6]: Link to be added.

- o [Boundary Violations: Personal](#)

REFERENCES

ⁱ From CMA's "Duty of Care" (Mar. 2023).

ⁱⁱ From CPSO's *Conflicts of Interest and Industry Relationships Policy* (Mar. 2024); CPSNL's *Conflict of Interest Standard of Practice* (Sept. 2023); and CPSNS's "Professional Standards Regarding Conflict of Interest" (May 2018).

ⁱⁱⁱ From CMA's *Code of Ethics & Professionalism* (2018).

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