

# Too Few, Too Weak: Conflict of Interest Policies at Canadian Medical Schools

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# Disclosures

- No funding was received for this project.

# Context

- Students in many Canadian medical schools taught by faculty with financial ties with industry
- Financial relationships with industry may reasonably appear to affect:
  - Academic publishing interests
  - Professional medical opinions
  - Academic information that is disseminated to medical students
- Financial conflicts of interest (COI) between medical school faculty and industry undermine:
  - Public's confidence in physicians, medical researchers, and universities
  - Potential for robust clinical education for medical students

# Context

- Faculty who have financial COI are more likely to:
  - Report results that favour the sponsoring company
  - Publish significantly more and at a higher rate than those without financial COI
  - Conduct more commercializable research compared with independently-funded research
- Financial COI include:
  - Industry-provided resources to medical schools/faculty
  - Educational opportunities provided by industry
    - Students provided with industry-friendly information that compromises clinical judgement

# Research Aim

- 2012 research: University-wide COI policies are poorly regulated
- No standardized or common COI policies at Canadian medical schools
- AIM: to analyze the COI policies to document the current policy environment in all 17 Canadian medical schools

# 17 Canadian Medical Schools

1. University of Western Ontario (UWO)
2. University of Manitoba (U of M)
3. University of Ottawa (U of O)
4. Dalhousie University
5. Université de Sherbrooke
6. Laval Université
7. University of Toronto (U of T)
8. McMaster University
9. University of British Columbia (UBC)
10. McGill University
11. Memorial University of Newfoundland
12. University of Calgary (U of C)
13. University of Saskatchewan (USask)
14. Université de Montréal
15. Queens University
16. University of Alberta (U of A)
17. Northern Ontario School of Medicine (NOSM)

# Methods

- List of 17 Canadian medical schools obtained from Association of the Faculties of Medicine of Canada (AFMC) website
  - 14 English, 3 French
- Late July 2011:
  - Website of each medical school searched for COI policies or related interpretive documents
  - List of most recent publicly-available policy documents assembled (sent to deans to ensure accuracy)
- We did not search for policies at affiliated hospitals

# Policy Analysis

- Policy analysis (appendix S1)
  - Grading criteria adapted from AMSA (2011-2012) scorecard and Chimonas and colleagues (2011)
- 12 Categories:
  1. Gifts
  2. Consulting relationships
  3. Industry-funded speaking relationships and speakers' bureaus
  4. Honoraria
  5. Ghostwriting
  6. Disclosure
  7. Industry sales representatives
  8. On-side education activities
  9. Compensation for travel/attendance at off-site lectures and meetings
  10. Industry support for scholarships and funds for trainees
  11. Medical school curriculum (educational objectives/course content)
  12. Samples



# Policy Analysis

- Each category graded on a scale of 0-2:
  - 0 = no policy or permissive
  - 1 = moderate
  - 2 = restrictive
- Enforcement measures (yes/no):
  - A = clearly identified party responsible for general oversight to ensure compliance
  - B = clearly identified sanctions for noncompliance
- Each category weighted equally

# Policy Analysis

- Each policy scored by 2 people independently and compared
  - English: AS, KH
  - French: BM, AJ
- Disagreements resolved through discussion or third party (JL)
- Follow-up email sent to deans:
  - Preliminary policy scores, evaluation criteria
  - Requested that deans notify us regarding:
    - Assessment accuracy
    - Any new policies since September 2011
    - Email reminders sent when necessary
    - Policy evaluations amended as necessary (5 amended)

# Results

- Total 50 COI policies and interpretive documents located (web searches, deans' responses)
- Number of policies per school ranged from:
  - 0: NOSM
  - 8: UBC

# Results

- Dates of policies were:
  - Not provided (9)
  - Unclear (7)
  - 10+ years old (7)
  - Passed within two years of Sept 2011 (12)
- Institutional policy levels:
  - Medical school (21)
  - University-wide (29)
- Lowest possible score: 0
- Highest possible score: 24 + A(yes), B(yes)

Medical school	Total score (% of maximum)	Enforcement A (Yes/No)	Enforcement B (Yes/No)
UWO	19 (79)	Yes	Yes
U of M	16 (67)	Yes	Yes
U of O	15 (63)	Yes	Yes
Dalhousie Univ	14 (58)	Yes	Yes
U Sherbrooke	13 (54)	Yes	Yes
Laval Univ	11 (46)	Yes	Yes
U of T	8 (33)	Yes	No
McMaster Univ	5 (21)	Yes	No
UBC	5 (21)	Yes	No
McGill Univ	4 (17)	Yes	Yes
Memorial Univ Nfld	3 (13)	Yes	Yes
U of C	3 (13)	Yes	No
USask	3 (13)	Yes	Yes
Univ Montréal	2 (8)	Yes	No
Queens Univ	1 (4)	No	No
U of A	1 (4)	Yes	Yes
NOSM	0 (0)	No	No

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# Results

Table 3. Number (%) of Canadian medical schools with policies in each category and strength of policy.

Category	No. of schools (%) with no policy or permissive policy (score = 0)	No. of schools (%) with moderate policy (score = 1)	No. of schools (%) with restrictive policy (score = 2)	Mean score
Ghostwriting	9 (53)	0 (0)	8 (47)	0.9
Disclosure	2 (12)	14 (82)	1 (6)	0.9
Gifts	8 (47)	5 (29)	4 (24)	0.8
Scholarships	9 (53)	2 (12)	6 (35)	0.8
Consulting	8 (47)	6 (35)	3 (18)	0.7
On-site education	9 (53)	5 (29)	3 (18)	0.6
Compensation	10 (59)	4 (24)	3 (18)	0.6
Honoraria	9 (53)	6 (35)	2 (12)	0.6
Curriculum	12 (70)	4 (24)	1 (6)	0.4
Speaking	12 (70)	3 (18)	2 (12)	0.4
Sales reps	12 (70)	5 (29)	0 (0)	0.3
Samples	14 (82)	3 (18)	0 (0)	0.2

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# Limitations

- 2 schools did not respond to initial email request for any missed policies
- 6 medical schools did not respond to email requesting review of our ratings
- Only medical schools' COI policies within scope of our analysis – did not consider policies of affiliated teaching hospitals

# Conclusions & Future Directions

- COI policies most stringent in areas of:
  - Disclosure (but this is not enough)
  - Ghostwriting
  - Gifts
  - Scholarships
- Some Canadian medical schools have introduced new policies since September 2011 (i.e. NOSM)
- More stringent policies = *part* of a solution to help ensure medical education is independent of undue industry influence
- Policy development = dynamic process

Thank you.

Let's keep the conversation going:

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