TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty Medicine

Temerty Faculty of Medicine Office of Clinical and Faculty Affairs Report on Bill 60 ("*Your Health Act*") and the Integrated Community Health Services Act
June 20, 2024

EXECUTIVE SUMMARY

Bill 60 ("*Your Health Act*") was passed by the Ontario legislature and received Royal Assent in May 2023. Bill 60 enacts the *Integrated Community Health Services Centres Act* (*ICHSCA)* and repeals the *Independent Health Facilities Act (IHFA)* and its Regulations. The ICHSCA and its General Regulation came into force on September 25, 2023.

There are many similarities between the IHFA and the ICHSCA. However, the ICHSCA does include some significant differences. The ICHSCA is intended to be a vehicle through which the roles of non-hospital based private clinics are expanded, with the aim of diverting surgical and other hospital services into these clinics. The broader range of services is expected to include hip and knee replacement surgery. The ICHSCA provides for the licencing of independently or privately owned and operated clinics, to be known as "Integrated Community Health Services Centres" (ICHSCs). Under Bill 60, ICHSCs are required to provide "connected and convenient care" and are expected to improve patient wait times and access to care. An application must include a description of how the proposed ICHSC will address regional health equity needs. In addition, they are required to process patient complaints in a timely fashion.

There were previously hundreds of Independent Health Facilities (IHFs) in Ontario, both not-for profit and for-profit, which were overseen by the College of Physicians and Surgeons of Ontario (CPSO) with respect to quality and safety. The past IHFs will continue to operate under the new Act. As well, most of the licensing and oversight mechanisms from the previous legislation have been maintained. Early in 2024 it was announced that Accreditation Canada has been selected as the inspecting body to develop an enhanced oversight and quality assurance program that will provide mechanisms for ICHSCs to be held to the same accountability and standards as public hospitals.

Early analyses of Bill 60 by some Ontario physicians, the Ontario Health Coalition and other advocacy organizations, and legal entities such as Goldblatt Partners LLP and BLG have identified a number of concerns. These include diversion of human resources that could lead to reduced hospital health human resource capacity and increased wait times, and the nature of the quality and safety regulatory program, particularly as it relates to complex procedures requiring deep anesthesia and/or patients with significant comorbidities. Additionally, there is concern surrounding "upselling" of medical interventions that are not currently part of evidence-based standards of care. Some members of the Temerty Medicine community have expressed concerns related to faculty and learner involvement with ICHSCs due to perceived and actual conflict of interest (COI) and/or conflict of commitment (COC).

Given these concerns, the University must consider how to ensure that learners placed in ICHSC's are receiving optimal training in a high-quality learning environment.

Faculty members have also expressed concern that their involvement with ICHSCs may be subject to an a priori perception that they have conflicts of interest and commitment that

preclude them from academic leadership positions, as well as teaching and research opportunities.

In 2018, Toronto Academic Health Science Network (TAHSN) institutions implemented a new process that requires the disclosure of relationships by hospital staff and full time clinical (MD) faculty through the completion of a Relationship Attestation and Disclosure module as part of the annual reappointment process undertaken through the CMaRS system. The module requires disclosure of certain relationships in connection with hospital and University activities. A Relationship is defined as any association, activity, or situation in which you or your personal associate(s) has/have personal, business, professional or other interests that may impact, or be perceived to impact, your roles, responsibilities and commitments to your hospital(s) and its patients and/or research participants, as well as to students/learners in the educational environment.

This new disclosure process is rooted in the underlying commitment to foster greater transparency in relationships and is governed by the *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* standards within the Temerty Faculty of Medicine.

The ICHSCA potentially impacts Temerty Faculty of Medicine clinical MD faculty who provide medical care, clinical teaching of learners, and conduct research in ICHSCs, which are independent of their hospital sites. Questions have been raised as to how such clinical faculty participation relates to the academic mission of the Temerty Faculty of Medicine; how it may impact faculty and learners; and the nature of licensing and quality and safety oversight. The ICHSCA and the expansion of licensed private clinics (as defined below) represents the opportunity for new relationships between faculty and these licensed private clinics with potentially new environments for our learners.

In summer 2023, at the request of Dr. Trevor Young, the former Dean of Medicine and Vice Provost, Relations with Health Care Institutions, Temerty Medicine's Office of Clinical and Faculty Affairs examined the potential academic implications of Bill 60. This included a review of relevant internal and external policies and standards, consultation with the Office of University Counsel, a literature review, and interviews with internal and external stakeholders. This report offers a summary of the findings and provides recommendations for consideration in five areas: quality and safety, the learning environment, relations with healthcare institutions, conflict of interest and conflict of commitment, and academic appointments and practice plans.

The review resulted in a number of recommendations that are primarily focused on clinical (MD) faculty, given that many new ICHSCs will be physician-led. We would like to acknowledge the important feedback provided by Temerty Medicine Rehabilitation Sciences Sector leaders during the interview phase. It is recommended that the leadership of the Rehabilitation Sciences Sector continues to be engaged as this report's recommendations are considered as there may be potential implications for their faculty and learning environments. The recommendations of the report may be adapted as appropriate to meet the needs of the sector in the future.

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DEFINITIONS

Conflict of Interest (COI): A conflict of interest may arise when a faculty or staff member's personal or other interests are in actual, potential, or perceived conflict with duties or responsibilities to patient care, the University, their hospital, or hospital research institute. Mere existence of a conflict of interest does not imply wrongdoing: conflicts of interest can arise naturally from an individual's engagement with the world outside the University. When conflicts of interest do arise, however, they must be recognized, disclosed, and properly managed. For the purposes of this document, relevant potential conflicts will be those arising from relationships or financial interests existing within the last five years.

Conflict of Commitment (COC): A conflict of commitment occurs when commitment to external activities of a faculty or staff member adversely affects their capacity to meet academic responsibilities.

Fellows: Medical learners who have completed residency training and are doing advanced post-residency training in a clinical area and/or an area of academic scholarship such as research, quality and innovation, or education scholarship.

Licensed Private Clinics: Healthcare facilities licensed under the *Integrated Community Health Services Centres Act* and are known as Integrated Community Health Services Centres (ICHSCs). These clinics are typically non-hospital clinical organizations in which members of the public receive services and for which facility costs are charged to healthcare providers and/or government or corporate organizations. For clarity, private clinics can be for profit or not-for-profit private sector entities but do not include publicly funded healthcare entities. Private clinics located within public hospital are considered private clinics.

Medical Students: Learners that are registered in the undergraduate MD program in the Temerty Faculty of Medicine at the University of Toronto.

Postgraduate Medical Education (PGME) Students: Medical graduates who are registered with the PGME Office in the Temerty Faculty of Medicine at the University of Toronto as residents or as fellows.

Residents: Post-graduate MD learners whose training will lead to specialty or subspecialty certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or to certification as a family physician by the College of Family Physicians of Canada (CFPC).

BACKGROUND

The Temerty Faculty of Medicine and its faculty members have many valuable relationships with industry and private sector entities. These relationships encourage and support innovation and accelerate delivery of new health care products and methods to our patients. Financial support from industry and licensed private clinics and engagement with industry has been and continues to be beneficial to the development and delivery of many educational programs. At the same

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time, it is recognized that some relationships may give rise to benefits (actual or perceived) for faculty members and/or for the Faculty itself, which may lead to the potential conflicts of interest to arise.

The Temerty Faculty of Medicine's standards on *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* was approved at Faculty Council in 2013 and revised and reapproved in 2019. The standards ensures that relationships between the faculty, its academic units and members, and business entities are appropriate and transparent. It covers financial interests, positions of influence, and relationships with private sector entities in order to protect the integrity and reputation of individuals and institutions. The guideline defines conflict of interest (COI) and conflict of commitment (COC) (as defined above).

The interpretation and implementation of the *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* standards are managed by Temerty Medicine's Professional Relationships Management Committee (PRMC).

As described briefly above, full-time clinical (MD) faculty complete disclosures regarding relationships which may give rise to real or perceived COI as part of their annual renewal of hospital privileges through the CMaRS system, with questions contributed by Temerty Medicine and a group of Toronto Academic Health Science Network (TAHSN) affiliated hospitals (full and associate). Reponses to the two sets of questions are currently not reciprocally shared between the University and the partner hospitals. When relationships that may give rise to conflicts of interest or commitment are disclosed to the University, management plans are provided to faculty members and their Department Chair by PRMC.

ENVIRONMENTAL SCAN

The Office of Clinical and Faculty Affairs conducted an environmental scan of relevant internal University of Toronto policies[1] as well as external policies of medical schools in Canada and the United States. All seventeen Canadian Faculties of Medicine and Health Sciences have policies that provide definitions and guidance on conflict of interest (COI) and conflict of commitment (COC). While the policies generally address financial interest, to this point, none provide specific recommendations regarding faculty and learner involvement in private for-profit health care settings.

In reviewing policies at US medical schools, the focus was on the top research-intensive medical schools in 2023-24 as reported by US News (Harvard, Johns Hopkins, Pennsylvania Perelman, Columbia, Duke and Stanford). The published policies and procedures are consistent in their definitions and approaches to COI and COC. They acknowledge benefits from academic-industry relationships while simultaneously highlighting the potential for actual and perceived conflicts of interests to undermine the credibility of academic and clinical functions.

[1] *[see Appendix A for list of policies reviewed]*

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Each of the institutions clearly states that faculty members are expected to adhere to their agreed upon time commitments to the University, with further restrictions placed on full-time faculty members regarding professional activities outside of the University. Similar to those of the Canadian Universities, the US policies address issues such as financial interests but provide little guidance on faculty and learner involvement in external private-for-profit organizations.

STAKEHOLDER INTERVIEWS

Following the policy scan, the Office of Clinical and Faculty Affairs conducted a series of semi structured interviews with a range of stakeholders and subject matter experts. Participants included senior education administrators from the MD Program, Post-Graduate Medical Education, and Rehabilitation Sciences Sector, chairs of clinical (MD) departments, University of Toronto legal counsel, affiliated Academic Health Sciences Centres (AHSC) CEOs and VPs of Medicine, the CPSO, and faculty working in private for-profit clinics.

Respondents provided feedback on ICHSCs and issues such as conflict of interest and conflict of commitment, mitigating risk, the informal curriculum and hidden curriculum, the learning environment, academic position descriptions, and membership in and flow of earnings through practice plans.[2]

Please note that what is set out below is a summary of the feedback that was collected during the interviews. The described opportunities and concerns do not necessarily reflect the opinion or recommendation of the writers.

Recommendations are set out on page 8 below.

OPPORTUNITIES

The following opportunities emerged from the stakeholder interviews:

- Addressing shortages of hospital-based outpatient facilities in some teaching hospitals, resulting in more ambulatory learning opportunities.
- Providing trainees exposure to the environments where they may practice in the future.
- Enhancing the learning environment in ICHSCs by working more closely with teaching hospitals. For example, hospital credentials can be provided to MDs providing care in ICHSCs, relevant hospital quality and safety measures can be adopted in the clinics, and some hospital staff may be able to spend part of their work hours in the clinics.
- Fostering innovation and commercialization.
- Providing additional financial resources to Temerty Medicine clinical (MD) departments by reinvesting profits in areas such as research.

[2] *[see Appendix B for interview questions]*

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- Improving faculty retention by enhancing incomes of junior faculty facing debt and the Greater Toronto Area's high cost-of-living.
- Provide learners with exposure to patient assessment protocols, procedures, pathology, and associated complications and management strategies not available at academic teaching centres.

CONCERNS

The following concerns emerged from the stakeholder interviews:

Quality and Safety

- A lack of clarity on the mechanism of oversight of quality and safety by the CPSO, based on prior experiences with IHFs. This is particularly important given the expectation of increased acuity of patients, including those undergoing surgical procedures, in ICHSCs.
- On January 17, 2024, after our stakeholder interviews had been completed, Health Minister Sylvia Jones announced that Accreditation Canada has been selected to develop an enhanced oversight and quality assurance program for ICHSCs. Details on the program are not available at this time. However, the intention is for ICHSCs to be held to the same accountability and standards as public hospitals.
- Potential for inadequate escalation of care pathways. Mechanisms to ensure ICHSC physicians have an active staff appointment at a hospital will allow for continuity of care if a patient is transferred from an ICHSC due to an adverse outcome and subsequent need for escalated medical care. Without this mechanism, facilities will have to rely on emergency services which can lead to a disconnect in continuity of care and lead to a suboptimal patient experience.

Learning Environment

- In the absence of a clinical placement agreement between an ICHSC and the University, there may not be a clear pathway to address allegations of learner mistreatment. Respondents noted it will be important to consider the nature of placement agreements with ICHSCs to ensure clarity with regard to addressing concerns or grievances in addition to other issues.
- Without strong placement agreements in place, the infrastructure to support learners at ICHSCs may be suboptimal.
- Restricted training opportunities, particularly since many current learners experienced a loss of many hands-on training opportunities during the COVID-19 pandemic. Respondents noted that ICHSC placements may not offer adequate learning experiences as it is expected that these facilities will have a high volume of repetitive low-acuity procedures.
- Concern was raised regarding the risk of inequitable access for learners to training opportunities in ICHSCs, and the potentially diminished quality of learning situations where non-evidence-based treatments are offered.
- Potential brain drain if ICHSCs take significant numbers of learners (particularly those who are in senior years) away from the public system. On the other hand, several faculty

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members stated that some of the ICHSCs they work in do not welcome trainees as they feel it negatively impacts productivity.
- A need to create support for fellows to seek recourse should they find themselves being used as assistants at ICHSCs.
- Where faculty are owners of licensed private clinics there may be an explicit or implicit perception or pressure exerted that for the trainee to get cases, they will need to work at the faculty's licensed private clinic to help generate greater revenue.
- Where there is a connection, geographic or otherwise, between a hospital and licenced private clinic, such as when an owner of a licensed private clinic is also the chief of service at that hospital or participates in a search committee for a new position, such an appointment may be contingent on the successful candidate working at that faculty's licensed private clinic.

Relations with Healthcare Institutions

- Pressure on health human resources in an already strained environment, given a potential drain of staff and faculty to ICHSCs.
- Potential for queue-jumping and self-referrals creating (and exacerbating) health inequities.
- Creation of separate and diverging lines of health care delivery, with the potential result that the healthcare system could become less integrated as a result. Respondents noted this could worsen inequities of healthcare access.
- Existing and potentially increased administrative burden to some hospitals related to patient triage and referral to ICHSCs.

Conflict of Interest/Conflict of Commitment

- Conflict of commitment may occur with faculty who spend increasing time in ICHSCs and are less available for clinical and academic work in their usual clinical setting(s).
- Potential for conflict of interest due to financial interest, for example, incentive for upselling unnecessary procedures and
- Need for appropriate ethical oversight for research activity in ICHSCs as the University of Toronto cannot accept Research Ethics Board (REB) approvals from MDs unless they are a Principal Investigator, work at an affiliated institution such as a teaching hospital and are appointed to the University of Toronto as a full-time or part-time faculty member under the *Policy for Clinical Faculty*.
- Potential for inappropriate use of the Toronto Academic Health Science Network (TAHSN) brand, which includes the University of Toronto. For example, a licensed private clinic may inappropriately include the University of Toronto logo in their signage and communications even if the Temerty Medicine faculty member is not conducting any academic work, i.e., teaching or research, in that setting.

Academic Appointments and Practice Plans

- Faculty member engagement with ICHSCs has the potential to impact fulfillment of their Temerty Medicine academic position description (APD), and may sometimes necessitate change in academic appointment category, e.g., from full-time to part-time.

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- Potential reduction of AHSC AFP payments to some practice plans and faculty members because of reduced FTE participation in hospital clinical and academic activities.

RECOMMENDATIONS

Recommendations are listed below and have been grouped by the corresponding domains of emerging themes, opportunities, and concerns. These recommendations would apply to all Licensed Private Clinics. While we recognize that there are a number of different types of clinics that operate outside of the hospital environment, at this time the focus of these recommendations is on the Licensed Private Clinics – given the expected rapid expansion and the potential for learner environments that are new to the Faculty and not directly linked to our affiliated hospitals.

<u>General Recommendations</u>

- Develop and disseminate an education plan for clinical chairs, clinical (MD) education program directors, and affiliated hospital VPs of Education and VPs of Medicine regarding ICHSCs, COI, COC and the expectations, roles, and responsibilities of clinical (MD) faculty members who participate in ICHSCs. Invite input from these groups on how best to disseminate the education plan to faculty members and other relevant stakeholders.
- Update Temerty Medicine's *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* guidelines to capture COI and COC in the context of participation in ICHSCs.
- Ensure that questions about COI, COC and mitigating measures become a mandatory element of interviews for academic leadership positions, particularly those that are educational in nature (e.g., residency or fellowship program directors).
- Review recommendations with senior Rehabilitation Sciences Sector leaders on potential implications for their faculty and learning environments. Consider how these recommendations can be adapted to meet the needs of the Sector.
- Collaborate with TAHSN-Legal and Clinical Management and Reappointment System (CMaRS) to consider revisions to and sharing of information from annual full-time clinical (MD) faculty disclosures.

<u>Quality and Safety</u>

- Collaborate with MD and PGME education programs to develop process for review of participating ICHSCs to ensure they continue to be appropriate learning environments and meet education program accreditation standards.

<u>The Learning Environment</u>

- Review processes to ensure learner placements in ICHSCs are equitable and transparent.
- Review clinical placement agreements with ICHSCs with Education portfolios and Legal Counsel to ensure they address the potential educational concerns raised by this review.
- Review the policies for grievances (from the learner or the site) to mitigate any risks of prejudicial impacts or preferential treatment (real or perceived).

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- In consultation with the MD and PGME programs, develop a mechanism for transparent disclosure to learners regarding any faculty ownership (full or partial) of ICHSCs.
- Ensure appropriate oversight of fellows working in ICHSCs.

Relations with Health Care Institutions

- Continue to work with TAHSN hospital partners to improve the sharing of information between organizations, particular in areas related to faculty appointment/status updates and annual Clinical Management and Reappointment System (CMaRS) disclosures.
- Review language in the affiliation agreements to identify any areas that may require increased clarity and further consultation with our affiliated sites.
- Share recommendations of this report with relevant TAHSN Committees, Clinical Chairs Committee, University of Toronto's Council of Health Sciences Deans and the Office of University Counsel.

COC/COI

- Review questions asked about participation and/or financial interests in ICHSCs as part of the renewal of hospital privileges of full-time clinical (MD) faculty through CMaRS.
- Ensure COC and COI disclosures by faculty members participating in ICHSCs if not occurring through CMaRS.
- Expand COC and COI disclosures to clinical (MD) part-time and adjunct faculty members.

Academic Appointments and Practice Plans

- Communicate to Temerty Medicine faculty members and staff that the Clinical and Faculty Affairs group is a resource to provide support to practice plans considering issues related to ICHSCs and their potential impact on practice plans and FTE counts for AHSC AFP funding.
- Communicate that Temerty Medicine's Professional Relationship Management Committee (PRMC) is a support for faculty and departments with regard to developing management plans for faculty who disclose COI/COC.
- Consider updating the *Procedures Manual for the Policy for Clinical (MD) Faculty*, particularly with regard to full-time clinical (MD) faculty to address potential impact to their required ≥80% commitment to academic work should they participate in ICHSCs.
- Ask MDs requesting initial appointments to complete disclosure statements for the University and hospital.
- Create a two-year plan (2024-2026) and attain approval for disclosures by part-time and adjunct clinical (MD) faculty members.

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APPENDIX A: POLICIES REVIEWED

Canadian Universities

Dalhousie University Policies and Guidelines

- Guidelines for the Relationship between the Faculty of Medicine and Health Related Industries
- Office of Research Services Ethical Conduct - Conflict of Interest
- Policy on Conflict of Interest
- US Public Health Service Financial Conflict of Interest Policy

McGill University Policies and Guidelines

- Conflict of Interest Policy
- Recognizing Conflicts
- Regulation on Conflict of Interest

McMaster University Policies and Guidelines

- Institutional Procedure for Compliance with The U.S. Public Health Service Financial Conflict of Interest Regulations
- Joint Intellectual Property Policy
- Statement on Conflict of Interest in Research
- Statement on Consulting Policy and Procedures

Memorial University Policies and Guidelines

- Conflict of Interest Policy
- Procedure for Appeal of Conflict of Interest Decisions
- Procedure for Disclosing and Assessing Conflicts of Interest
- Procedure of Handling Conflicts of Interest

NOSM University Policies and Guidelines

- Conflict of Interest Policy
- Conflict of Interest with Commercial Entities

Queen's University Policies and Guidelines

- Conflict Faculty of Health Sciences Policy on Conflict of Interest in Interactions with Industry
- Conflict of Interest and Commitment
- Conflict of Interest and Conflict of Commitment Policy (Faculty)
- Conflict of Interest Policy for MD Program Faculty and Students
- Conflicts of Interest (Researchers)
- Policy on Conflicts of Interest, Disclosure, and Mitigation

University of Alberta Policies and Guidelines

- Conflict of Interest and Conflict of Commitment
- Conflict of Interest and Conflict of Commitment Reporting and Assessment Procedures
- Conflict Policy – Conflict of Interest and Commitment and Institutional Conflict
- Financial Conflict of Interest for National Institutes of Health and Other Applicable Research Funding Sources Reporting and Assessment Procedures
- Managing Conflict of Interest in Employment Procedure

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University of Calgary Policies and Guidelines

- Collective Agreement Between the Faculty Association of the University of Calgary and the Governors of the University of Calgary
- Conflict of Interest: Instructions for US Public Health Services Funding
- Disclosure and Management of Potential Conflicts of Interest in Relationships with Industry
- Disclosure and Management of Potential Conflicts of Interest in Relationships with Industry
- Management Committee on Conflicts of Interest Terms of Reference
- Procedure for Conflict of Interest

University of British Columbia Policies and Guidelines

- Conflict of Interest Advisory Note – Conflict of Commitment (Faculty Members)
- Conflict of Interest Advisory Note – Managing a Conflict of Interest
- Conflict of Interest and Conflict of Commitment
- Conflict of Interest Relationship with Industry

Université Laval Policies and Guidelines

- Policy on Conflicts of Interest in Research, Creation, and Innovation at Université Laval

University of Manitoba Policies and Guidelines

- Conflict of Interest Policy
- Conflict of Interest Procedures
- Intellectual Property

University of Ottawa Policies and Guidelines

- Commercialization of Research – Derived Intellectual Property
- Conflict of Interest-Members of Staff
- Faculty of Medicine Industry Relations Policy

University of Saskatchewan Policies and Guidelines

- Conflict of Interest
- PGME Conflict of Interest Policy
- Procedure for Conflict of Interest During Assessment of Student Performance

Université de Sherbrooke Policies and Guidelines

- Université de Sherbrooke Policy on Research Integrity and Conflicts of Interest

University of Toronto Policies and Guidelines

- Human Resources Guidelines on Conflict of Interest – Administrative Staff
- Policy for Clinical (MD) Faculty
- Policy on Conflicts of Interest – Administrative Staff
- Policy on Sponsorship Support of University of Toronto Accredited Programs and Conferences
- Policy on the Use of the University of Toronto Name
- Procedures Manual for the Policy for Clinical (MD) Faculty
- Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education
- Researcher's Guide to Industry Partnerships
- Statement on conflict of Interest and Conflict of Commitment

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Western University Policies and Guidelines

- Conflict of Interest Disclosure and Management for Accredited Learning Activities
- Conflicts of Interest
- Policy on Interactions between Schulich School of Medicine and Dentistry and Pharmaceutical, Biotech, Medical Device, Medical/Dental Supply, and Research Equipment Supplies Industry
- Statement on Faculty Student Conflict of Interest in Student Assessment

International Universities

United Kingdom Medical Schools

- University of Cambridge of Conflict of Interest Policy
- University of Oxford Guidance on the holding of consultancies and other outside appointments
- University of Oxford's Policy on Conflict of Interest

United States Medical Schools

- Harvard University Faculty of Medicine Policy on Conflicts of Interest and Commitment
- John Hopkins University Conflict of Interest and Conflict of Commitment
- Washington University Conflict of Interest Policy
- Washington University Disclosure of Financial Relationships Policy and Procedures
- Washington University Policy on Institutional Conflict of Interest

Other Policies and Guidelines

- Canadian Medical Association Code of Ethics and Professionalism
- Canadian Medical Association Guidelines for Physicians in Interaction with Industry
- The College of Physicians and Surgeons of Manitoba Standard of Practice – Conflict of Interest
- University Health Network Policy – Research: Conflict of Interest of Research Personnel

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APPENDIX B: INTERVIEW QUESTION

PREAMBLE

Thank you for making the time for this interview. Our Clinical and Faculty Affairs group has been asked to consider potential opportunities offered by private clinics with appropriate consideration of conflict of interest and conflict of commitment issues, as well as optimal learning environments. We (I) have a few questions to ask you about private clinics, and welcome any other comments you would like to make about this issue.

1. What is your experience of faculty participating in private clinics?
2. In your opinion, what are the opportunities associated with these endeavours?
3. What are the risks associated with these endeavours?
    a. Prompt re COI/COC
    b. Prompt re practice plans
4. Has your department developed any practices and/or guidelines for members who participate in these endeavours? If yes, have learners been considered?
5. What role (if any) should the University play in regard to faculty and learner participation in these clinics?
    a. Have your faculty participating in private clinics had to address issues related to COI and/or COC? If yes, were any of these issues related to learners?
6. What else would you like to tell us about the potential impact of private clinics for the University?

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