

Simplistic approach with ignorance of rural Canada

I feel obliged to respond to the College of Family Physicians of Canada's approach to managing its relationship with the pharmaceutical industry.¹

First, I think there is bias exhibited toward the generic industry, which has been shown to have many potential conflicts of interest and provides financial incentives to many in the greater pharmaceutical industry without providing any educational or research components.

Second, there are challenges to providing high-quality continuing medical education (CME) in rural areas. I think industry sponsorship has provided some solutions at times to bridge gaps that might not be experienced in more urban settings in this vast country. I think the College has increasingly put forth policies on CME that are alienating many rural CME opportunities.

Third, I look at advertising in *Canadian Family Physician* and note there are very few standards applied with respect to medical evidence; the dollars received seem to trump the high standards to which the College is supposedly trying to adhere.

Overall, I think there is a "holier than thou" attitude permeating the College. The rather borderline and simplistic attitude of Big Pharma being bad is quite insulting to at least some of the membership. Like most generalizations, this is likely unfair and overly simplistic. And I think the College has gone too far.

—Brendan J. Hughes MD CCFP FCFP
Lakefield, Ont

Competing interests

Dr Hughes has received past honoraria from Servier, AstraZeneca, Eli Lilly, Merck, and Lundbeck.

Reference

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Response

I thank Dr Hughes for taking the time to provide the College of Family Physicians of Canada (CFPC) with feedback.¹ The CFPC makes no distinction in its Mainpro+ policies between generic and research-based drug manufacturers, nor does the new National Standard for Support of Accredited CPD Activities.² Access to certified continuing professional development (CPD) for rural and remote family doctors is a

real challenge, in particular because of the difficulty in securing visiting speakers and in arranging practice coverage to allow doctors to attend out-of-town CPD events. The increasing access to certified online learning in the form of videoconferences, webinars, and modules helps address this challenge. Please note that sponsorship of CPD events by the pharmaceutical industry is permitted by the new national standard, although it does strengthen the expectation that the CPD organizers, usually physician-led organizations, are fully independent and in the driver's seat for the event. It is true to say that recent rule changes no longer permit health care and pharmaceutical industry companies to act independently as organizers and providers of CPD events, which was a CPD staple in years past for many doctors. Today, such events are viewed as being at high risk of commercial bias and are viewed by the CFPC as marketing rather than education.

As for the journal, all pharmaceutical advertisements that appear in *Canadian Family Physician* must be approved by the Pharmaceutical Advertising Advisory Board (PAAB) before they are accepted; PAAB is an independent, not-for-profit organization that works to ensure health care product advertising meets the regulatory, scientific, therapeutic, and ethical standards outlined in PAAB's Code of Advertising Acceptance.

Finally, the CFPC does not view Big Pharma as "bad." All Canadians, including CFPC members, staff, and their families, benefit from advances in pharmacotherapy that this industry has made possible in its research, manufacturing, and distribution role. But the role of such companies in physician education can be more problematic. The current consensus across Canadian medical organizations, including the CFPC, is that their role is best expressed as valued sponsors of certified learning, operating at arm's length from and with great respect for the independence of physician organizations and other approved CPD providers who create education programs for physicians.

—Jeff Sisler MD MClSc CCFP FCFP
Mississauga, Ont

Competing interests

Dr Sisler is Executive Director of Professional Development and Practice Support of the College of Family Physicians of Canada.

References

1. Hughes BJ. Simplistic approach with ignorance of rural Canada [Letters]. *Can Fam Physician* 2019;65:162.

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4. **Clinical Review:** Diabetes Canada 2018 clinical practice guidelines. *Key messages for family physicians caring for patients living with type 2 diabetes* (January 2019)
5. **Commentary:** Exercise specialists should be members of our health care team (December 2018)

2. Royal College of Physicians and Surgeons of Canada, College of Family Physicians of Canada, Collège des médecins du Québec. *National standard for support of accredited CPD activities*. Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: www.cfp.ca/national-standard. Accessed 2019 Feb 13.

Adverse events following immunization

In Canada, adverse events following immunization (AEFIs) are reported to maintain the safety of vaccines.¹ The Praxis article on shoulder injury related to vaccine administration in the January issue of *Canadian Family Physician* highlighted an example of a possible AEFI that family physicians should likely assess for report to public health.²

An AEFI is any untoward medical occurrence that follows immunization and that does not necessarily have a causal relationship with the administration of the vaccine. It might be any unfavourable or unintended sign, abnormal laboratory finding, symptom, or disease.³

Requirements of family physicians to report AEFIs depend on the jurisdiction in which they practise, but AEFIs are typically reported to local or regional public health authorities for initial assessment when they have a temporal association with a vaccine and no other clear cause.¹

In Ontario, for example, family physicians are required to report AEFIs to their local Medical Officer

of Health, and shoulder injury related to vaccine, as described in the Praxis article, would likely be considered reportable.⁴

For more information on AEFIs and reporting requirements, family physicians can contact public health in their jurisdiction. Family physicians play an important role in immunizing people living in Canada, and also have a role in keeping immunization safe: appropriate AEFI reporting is part of this.

—Lisa K. Freeman MD CCFP MPH FRCPC
Ottawa, Ont

Competing interests

None declared

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