

Commentary

CANADIAN ASSOCIATION FOR POPULATION THERAPEUTICS: PAST, PRESENT AND FUTURE – A PERSONAL VIEWPOINT AND A CALL TO ACTION

The Past

In the early 1990s, resources for pharmacoepidemiology and pharmacoconomics had only recently been identified and promoted in Canada¹ and scientific endeavours using them were in their infancy, although developing rapidly. Consequently, when the Canadian Pharmacoepidemiology Forum began in 1993, there was keen interest because no other conference of this nature existed in Canada. The meetings filled a gap for an evolving scientific community by providing a forum for researchers and decision makers in academia, federal and provincial governments, the pharmaceutical industry and associated research organizations to come together to share knowledge, to learn and to discuss directions in pharmacoepidemiology, pharmacoconomics and related health policy. It was, therefore, not surprising that the transition from the Forum to the establishment of the Canadian Association for Population Therapeutics (CAPT)² in 1996 was met with enthusiasm.

While pharmacoepidemiology was the initial impetus behind the early conferences, the focus quickly broadened to encompass health economics and other related topics. Consequently, the Association's name deliberately included "population therapeutics" to ensure maximum inclusivity of potential members from a wide range of disciplines and constituencies and to endorse a population-health methodology approach to research. CAPT conferences continued to be held across Canada until 2004 when the Association joined with the Canadian Society for Clinical Pharmacology and the Canadian College of Clinical Pharmacy in the Canadian Therapeutics Congress (CTC). CAPT participated in further CTCs until 2008 after which the stand-alone CAPT annual conference was re-established.

The Present

In 2011, CAPT is in a more competitive environment than in the 1990s, with several other annual conferences in Canada at which research and policy issues around drug safety, effectiveness, cost-effectiveness and related policy are presented and discussed. These include meetings of the Canadian Agency for Drugs and Technologies in Health (CADTH), the Canadian Association for Health Services and Policy Research (CAHSPR) and the Drug Information Association (DIA). However, these conferences tend to exclude or minimize the engagement of one or more relevant constituencies. For example, CADTH and CAHSPR conferences have predominantly academic and government attendees, while the DIA conference is a government and pharmaceutical industry meeting.

In contrast, CAPT is unique because it has an independent Mission "to advance population-based research of therapeutic interventions to improve the health outcomes of Canadians by bringing together *diverse perspectives*, facilitating open exchange of ideas and collaboration, and influencing policy and practice" (my emphasis).³ It is imperative that the unique independence and diversity of CAPT be preserved.

Between 2004 and 2008 CAPT lost many attendees, especially government and private payer members to the CADTH symposium, academic members to meetings of international societies and industry members to the plethora of meetings set up to attract them specifically. Over the last three years, the CAPT Board of Directors has invested considerable time and effort into rejuvenating the Association with the aim of making its annual meeting *the* place to be for open discussion between all relevant constituencies, as well as into working to re-connect with former members, strengthen the engagement of existing members and attract new members, especially students, for its long-term survival.

The revitalization of CAPT has, however, raised some issues for its Board of Directors. To achieve the Association's objective of bringing together diverse perspectives, the amount of conference time devoted to research results has been reduced to allow for more policy and practice sessions, frequently in the form of panels and discussion sessions. While conference evaluations suggest that these changes have been well received by the government, industry and consultant constituencies of the CAPT membership, they have not always been valued by academics. Nevertheless, it is essential that CAPT balances the needs of its intentionally broad membership in order to achieve its Mission. Conference sessions on policy and practice commonly do not fit the didactic research presentation style and, thus, it is incumbent upon CAPT scientific program planners to be innovative and flexible with the design and balance of sessions.

Panels and discussion sessions tend to increase the number of invited speakers for whom CAPT provides travel and accommodation expenses and a small honorarium, which impacts the conference expenditure. This, in turn, increases the already substantial need for partnership with sponsors. The financial viability of the Association has been an issue since its inception. Sponsors of CAPT have traditionally been pharmaceutical companies and associated research organizations and several companies have been generous to CAPT with unconditional sponsorship on a continuing basis. However, mergers and acquisitions have reduced the size of the industry and companies are tightening up their criteria for sponsorship. In addition, many pharmaceutical companies in Canada have reduced or eliminated their already low number of epidemiology and statistical employees and have become increasingly focused on health outcomes and economics activities for submissions to CADTH and the provinces. As a consequence, companies seem less interested in traditional research presentations and more attracted to broad-based sessions on health outcomes and associated policy and practice knowledge transfer.

Some members of CAPT's academic and government constituencies have expressed concern about a perception that the Association is influenced by industry sponsorship. Thus, there is

a need to develop a wider base of conference partners to reduce this perception as well as to counter the decreasing number of traditional sponsors. Engaging partners beyond the pharmaceutical industry and related research organizations is likely to be a time-consuming effort with limited response, since potential partners outside the industry are probably going to be small organizations with constrained budgets and, consequently, to raise a significant amount of sponsorship would require numerous partners. Nevertheless, it is important for CAPT to broaden its sponsorship base, both to reduce any perceived industry influence and to engage members from a wider network of organizations.

Another critical issue facing the CAPT Board is the need to develop the embodiment of "membership" in order to engage members on a regular basis, instead of just once a year at the conference. There is a clear requirement for an active website providing news, blogs, employment opportunities and other involvement of the membership. Further potential activities are local meetings or training sessions and the development of policy positions for the Association. However, not only do such pursuits require member participation, they also need a significant level of administration. CAPT has traditionally only had an administrator to support the annual conference and Board of Directors' meetings. Extending member activities will demand greater administrative support (further increasing the need for sponsorship) or more active and dedicated volunteer members from outside the Board (the Board's time is predominantly taken up by managing the overall organization of CAPT). Without more administrative support and/or more engaged and energetic members to undertake activities such as maintaining the website and volunteering for committees and for the annual Board replacement, the likelihood of CAPT pursuing these activities seems limited.

Thus, in 2011, CAPT faces a number of ongoing challenges to engage and sustain membership, maintain its resources and to achieve its wide-ranging Mission.

The Future

CAPT's long-term Vision is "to become the recognized Canadian leader for linking

population-based therapeutic research, policy and practice to optimize health outcomes.”³ What is needed over the next five to ten years to work towards this vision?

First and foremost, CAPT requires active and strong leadership from its Board of Directors, especially its President and Executive Committee. Although the Directors are volunteers, the Board must be active with each member responsible for a component of the continuing rejuvenation of the Association. The days when Board members met just twice a year to review conference activities are long gone. More extensive administrative support is required to support and work with Board members responsible for developing partnership support, member engagement and website development, as well as the annual conference organization. The conference must remain an important priority and, to respond to competitive meetings, serious consideration should be given to moving it to a different time of the year.

Engaging partnership support is crucial, but it takes time and effort. While raising sponsorship is a Board of Directors’ responsibility, additional support from outside the Board may be necessary. Unless members can be engaged to provide this assistance, it will have to be paid for, further increasing the need for greater sponsorship. Greater resources will also be required to support membership development in terms of both increasing the number of members and engaging the membership beyond the annual conference.

The tasks of increasing partnership and engaging members would likely be easier if the profile of CAPT among decision makers was higher. One way to achieve this would be for CAPT to be active in developing policy positions. CAPT has a process for generating position papers⁴, although at the time of writing it has yet to be used. The process is somewhat convoluted and not widely known. Reasons for its lack of use may include concern about a perceived conflict of interest for members who would like to produce a policy position for CAPT that may not be in agreement with their employer’s viewpoint. However, this should be countered by making any policy position an Association one, not a personal one. It is vital to raise the relevance of CAPT in the policy arena. No matter how high the quality of its conference research presentations, these

alone are unlikely to be sufficient to move CAPT towards its recognized Canadian leadership Vision.

CAPT’s founders deliberately established a broad-based association where all viewpoints would be listened to, considered fairly and debated. It is critical that this unique wide-ranging and independent approach be strenuously safeguarded. However, in an increasingly partisan environment, maintaining an organization of this type is demanding. Some challenges are perennial, such as raising sufficient sponsorship and increasing and sustaining membership, whereas others require a change of mindset from being an annual conference to becoming a leading influence in the evolving world of pharmaceutical evaluation within the Canadian healthcare system. These challenges must be overcome for CAPT to achieve its Mission and long-term Vision. Thus, to past, present and would-be members, get involved, be engaged and help to develop CAPT to its full potential!

Disclaimer

Dr Rawson has been involved with CAPT since its inception and received an Honored Life Membership in 1999 for his role as a founding member. He has been CAPT’s Treasurer and President, and a member of the Board of Directors on two separate occasions, as well as chair of the Scientific Program Committee for six conferences and chair of the Local Organizing Committee. He continues his relationship with CAPT as co-chair of the Partnership Committee.

The views expressed here are those of the author and do not necessarily represent those of CAPT or any other organization.

Nigel S B Rawson
Medical Affairs, GlaxoSmithKline,
Mississauga, Ontario

Corresponding Author:

nigel.s.rawson@gsk.com

REFERENCES

1. Rawson NSB, Downey W, Maxwell CJ, West R. 25 years of pharmacoepidemiologic innovation: the Saskatchewan Health administrative databases. *J Popul Ther Clin Pharmacol* 2011;18:e245-9. <http://www.jptcp.com/pubmed.php?issueId=433> (June 7, 2011).

2. CAPT/ACTP: Canadian Association for Population Therapeutics. Edmonton, AB: Canadian Association for Population Therapeutics, 2011. <http://www.capt-actp.com/home/> (June 7, 2011).
3. Mission / Vision. Edmonton, AB: Canadian Association for Population Therapeutics, 2011. <http://www.capt-actp.com/mission-vision/> (June 7, 2011).
4. News. Edmonton, AB: Canadian Association for Population Therapeutics, 2011. <http://www.capt-actp.com/process-for-generating-capt-position-papers> (June 7, 2011).