

**FINAL  
REPORT**

**Adverse Reaction Reporting –  
Survey with Health Professionals**

*Prepared for:*

Health Canada  
por-rop@hc-sc.gc.ca

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**ENVIRONICS**  
RESEARCH GROUP

336 MacLaren Street  
Ottawa, ON K2P 0M6

pn6080



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## INTRODUCTION

Health Canada is the federal department responsible for licensing and regulating drugs in Canada, and for the post-market surveillance of these drugs. As such, it plays an integral and active role in ensuring that Canadians have access to safe and effective drugs and health products. The Department strives to maintain a balance between the potential health benefits and the risks posed by all drugs and health products. Millions of Canadians trust that the drugs and health products they take have passed Health Canada's rigorous safety standards before they become available to the public. Although health products are carefully tested for safety, efficacy and quality before they are licensed, some issues may not become evident until a health product comes into general use by the public.

One of the ways by which Health Canada monitors the safety, effectiveness and quality of health products after they reach the marketplace is by routinely evaluating adverse drug reaction (ADR) reports. These reports can be submitted by health professionals, manufacturers and consumers. If a safety issue is identified through these reports, appropriate action is taken, which may include distributing new product safety information to the public and the health care community, recommending changes to the product's labelling or requesting the removal of the product from the market.

Currently it is compulsory for drug companies to report ADRs brought to their attention, but health professionals and consumers provide such reports on a voluntary basis. According to previous research done by Health Canada, it is estimated that health professionals report less than 10 percent of ADRs. Given this, Health Canada identified a need to investigate Canadian health professionals' knowledge, attitudes and behaviours regarding adverse reaction reporting. Research on this subject will support the development of an education and information campaign designed to encourage increased reporting.

The 2007 Adverse Reaction Reporting Survey with Health Professionals was based on telephone interviews conducted in March 2007 with 1,108 Canadian health professionals, stratified according to area of practice: Physicians (300), dentists (300), pharmacists (301) and naturopaths (207).

This report begins with an Executive Summary, followed by a detailed presentation of the survey results covering findings for each of the sub-samples of health professionals. Unless otherwise noted, all results are expressed as a percentage. Comparisons have been made to the results of a 2003 survey of health professionals when deemed appropriate. Provided under separate cover (Appendix C) is a set of detailed analytical tables presenting the results of all survey questions by key descriptive variables such as type of practice, practice setting, years in practice and region, for example.



## EXECUTIVE SUMMARY

### Research purpose and objectives

Currently, drug companies are required to report adverse drug reactions (ADRs) brought to their attention, but health professionals and consumers provide such reports on a voluntary basis. Previous research by Health Canada estimated that health professionals report less than 10 percent of ADRs, representing a threat to the effectiveness of this monitoring system.

Given this issue, Health Canada has a need to understand the attitudes and behaviours of Canadian health professionals regarding adverse reaction reporting. Environics Research Group was commissioned to conduct a telephone survey of health professionals about their knowledge of, and opinions about, the drug safety system in Canada, their experience with using sources of new drug safety information and with ADR reporting. The findings of this research will support the development of a social marketing campaign designed to encourage increased reporting.

### Key findings

The following are the key findings from this survey of doctors, dentists, pharmacists, and naturopaths. For the purpose of this report, these four groups are collectively referred to as health professionals.

Health professionals continue to be at least generally confident in the existing drug safety system, to have some measure of confidence in the roles of various stakeholders, and to feel that drug and natural health products are safe. Naturopaths differ considerably from other health professions in that they express more scepticism about the safety of traditional drug products, and less confidence in the roles of the federal government and other health professionals in the drug safety system. A majority of health professionals, regardless of profession type, believe that drug companies should be shouldering full responsibility for drug safety.

While nine in ten health professionals feel it is very important to stay current about new drug safety information, somewhat fewer – about six in ten – say they seek out this type of information frequently. Those who do seek out such information usually do so using medical journals, on-line resources, medical compendia, drug companies and some Health Canada sources, and are generally satisfied with the information sources they use. There has been a notable increase in the proportion of health professionals who, when prompted, indicate that they are familiar with the *Dear Health Care Professional* letters from Health Canada, and this increase is noted across profession types.

Health professionals continue to believe that the ADR under-reporting problem in Canada is serious, and half feel it has become more problematic in the past five years. Only three in ten have ever reported an adverse reaction, most often pharmacists and physicians, and only about one in seven practitioners say they have reported such a reaction in the past 12 months. The survey results suggest that much under-reporting may be due to health professionals believing many ADRs to be well-known and/or trivial.

While half (49%) of health professionals (again, most often physicians and pharmacists) claim they are familiar with how to report an ADR, somewhat fewer (37%) say they know where to obtain the form to do so. Overall, three in ten say they are aware of the on-line reporting option. These results point to a need for additional efforts to educate professionals on ADRs in general, and a need for increased awareness about ADR reporting procedures specifically.

The following are key findings presented by subject.

#### **PERCEPTIONS ABOUT DRUG AND HEALTH PRODUCT SAFETY**

- Over eight in ten health professionals consider prescription and non-prescription drugs to be generally or very safe (83% - 88%), and two-thirds (65%) feel the same way about natural health products. These overall results, however, mask a major distinction between naturopaths and other health professionals. A large majority of naturopaths consider natural health products (89%) to be safe but are less sure about prescription (45%) and non-prescription drugs (67%). However, naturopaths are more likely than in 2003 to feel that these last two types of products are at least generally safe.
- The majority of health professionals express confidence in how the members of their own profession stay informed about the safety of the drugs and products they administer (85%), and also have at least some confidence in the respective roles played by the federal government (83%), drug companies (78%) and other health professionals (80%). While overall confidence levels remain similar to those observed in 2003, there has in fact been a reduction in the proportion of health care professionals who are *very* confident in each of these stakeholders, and this lessening in confidence is most notable among dentists and pharmacists.



- A polarization of opinion between naturopaths and other health professionals is evident in several aspects of the drug safety system. They are less likely than other health professionals to express confidence in:
  - The systems and safeguards in place to ensure the safety of drugs available in Canada today (46% v. 93% - 97% of other professionals);
  - How drug companies research the safety and effectiveness of products (29% v. 86% - 91%);
  - How the federal government regulates and monitors the safety of drugs (45% v. 89% - 94%);
  - How health professionals in general stay informed about the drugs they administer (60% v. 79% - 87%).
- When asked to consider the amount of responsibility that different stakeholders should have for ensuring drug safety, nine in ten or more assign at least “significant” responsibility to each of drug companies, the federal government and health professionals, but fewer than half assign that level of responsibility to consumers and patients. When it comes to assuming full responsibility, two-thirds of health professionals see this as the role of drug companies.

#### **USE AND AWARENESS OF NEW SAFETY INFORMATION ABOUT DRUGS**

- Nearly all health professionals (89%) say it is very important for them to stay current about new drug safety information; however, fewer (56%) indicate that they frequently seek out such information. The sources professionals most often consult include medical journals (28%), pharmaceutical compendia (24%), manufacturers (19%), medical reference websites (15%), and professional associations (13%), among others. The Health Canada/*MedEffect* website was mentioned unprompted by 12 percent.
- There has been a notable increase in the proportion of health professionals who when prompted say they are familiar with the *Dear Health Care Professional* letters from Health Canada. Over two-thirds (69%) are now at least somewhat familiar of this source, compared to 42 percent in 2003, and increases are noted across all professions. In the case of physicians and pharmacists, the increases are predominantly in the proportion saying they are very familiar with these letters. The Health Canada electronic mailing list has also seen a modest increase in overall familiarity (19%, up 8 points).
- Most health professionals want new product safety information fairly frequently: a majority of each group wishes to receive the information as soon as it is available (52%-75%), with others saying at least once a month (23%-45%, weekly or monthly). When it comes to preferred

methods for receiving new product safety information, health professionals are divided between e-mail (38%), regular mail (29%) and fax (18%).

- Health professionals report being *very likely* to read information received from Health Canada (83%) and from professional associations to which they belong (87%). Only half say this about drug companies (49%). Sources of information are considered satisfactory if they are a good source of relevant information, and if that information is timely and up-to-date. Sources lose points for being out of date, lacking clarity and for poor organization.

## ADVERSE REACTIONS / REPORTING

- More than eight in ten professionals consider the adverse reaction problem in Canada to be either somewhat (51%) or very serious (35%). Half feel that these types of reactions have become more of a problem over the past five years (49%), another four in ten see things as unchanged, and only one in twenty note a reduction in this problem. Naturopaths (71%) are far more likely than other health professionals (26%-28%) to consider adverse reactions a *very serious* problem.
- Overall, only half of health professionals claim familiarity with how to report an adverse reaction (ranging from 16% of dentists, through 39% of naturopaths and 51% of physicians, to 87% of pharmacists). One-third (37%) say they know where to obtain the form for reporting adverse drug reactions (including 9% of dentists, 23% of naturopaths, 37% of physicians, and 75% of pharmacists).
- Three in ten, overall, have reported an ADR during their careers (5% of dentists, 7% of naturopaths, 43% of physicians and 63% of pharmacists). In the past 12 months, more than eight in ten practitioners have *not* reported any ADRs. Pharmacists are the most likely to have reported an ADR in the past year (14% one reaction, 11% two, and 9% three or more). Reports are most often made to Health Canada by fax, followed by contacting a drug manufacturer.
- The following are considered to be major reasons for *not* reporting ADRs:
  - A reaction is “well-known or expected” (56% overall, and 68% for physicians and pharmacists) or “minor/trivial” (47%, including 61% of physicians but only 35% of naturopaths);
  - It is not clear that the reaction was caused by a drug (48% overall, including 55% of physicians);

- The definition of what to report is not clear or ambiguous (31% overall, including 38% of physicians);
  - The form is not easy to complete (17% overall, 24% of physicians);
  - The process is time-consuming (23% overall, 30% physicians and 18% naturopaths); and
  - There is no financial compensation for the time spent (7% overall, including 9% of physicians, and 11% of pharmacists).
- Two-thirds of health professionals believe that fewer than 30 percent of all ADRs are reported, including one-third saying that less than 10 percent are reported. Overall, eight in ten health professionals (83%) indicate that under-reporting of ADRs is a somewhat or very serious problem in Canada today; ranging from three-quarters of physicians to 96 percent of naturopaths.
  - When asked what steps could be taken to ensure more complete reporting of ADRs, health professionals mention five main themes:
    - Efforts to educate professionals and/or raise awareness about how to report ADRs (47%);
    - Simplifying the process and/or making it less time-consuming (28%);
    - Making the public more aware of reporting (12%);
    - Providing financial compensation for the time spent (10%); and
    - Making reporting mandatory (8%).

## Recommendations

In broad terms, these results substantiate the need for an ongoing information and education campaign to encourage adverse reaction reporting. Key messages for that campaign include:

- The *importance* of reporting – in order to convince professionals that the effort of reporting is worthwhile;
- The *reasons* to report – in order to counter certain myths in terms of reasons not to report – and raising awareness of the different *methods/media* available for reporting.

In the case of *physicians*, the results suggest that a particular focus on promoting an easy-to-use on-line reporting mechanism may go some way to increasing AR reporting among this audience. A

follow-up or feedback mechanism may also lead to repeat reporting among this audience, by confirming the value of the information they report.

Increased promotion to *pharmacists* of on-line AR reporting options and the availability of HC information resources should help to augment their participation in the AR process.

*Dentists* need to be encouraged to become more of an integral part of the ADR system. Increased promotion of the ADR problem and the resources available to them should encourage participation. Information directed at dentists should also include clear instructions on reporting procedures.

In the case of *naturopaths*, continued education and outreach efforts may help them to feel they are more a part of the process and potentially aid in increasing their reporting of ADRs.

Finally, it may be that outreach efforts to the various professional associations will be of assistance in the distribution of drug safety information, as these are generally considered to be credible among members of the professions, and materials distributed by these associations tend to get read.

## **Methodology**

The 2007 Adverse Reaction Reporting Survey with Health Professionals was based on telephone interviews conducted between March 6<sup>th</sup> and March 27<sup>th</sup>, 2007 with a sample of 1,108 Canadian health professionals. In order to ensure that the views of different types of health professionals are fairly represented, the sample was stratified according to area of practice/specialization. This included representative samples of physicians (300), dentists (300), pharmacists (301) and naturopaths (207). The physician, dentist and pharmacist samples at  $n \approx 300/301$  provide results that are accurate to within plus or minus 6 percentage points in 19 out of 20 samples. The naturopath sample, at  $n \approx 200$ , is accurate to within plus or minus 7 percentage points at the 95% confidence level. A more detailed description of the methodology used in conducting this study is presented as an appendix to the report, along with the questionnaire.

## RÉSUMÉ ANALYTIQUE

### But et objectifs de la recherche

À l'heure actuelle, les sociétés pharmaceutiques doivent obligatoirement déclarer les effets indésirables de médicaments (EIM) qui sont portés à leur attention, alors que les professionnels de la santé et les consommateurs font ces déclarations de façon volontaire. Des recherches antérieures de Santé Canada ont évalué à moins de dix pour cent les EIM déclarés par les professionnels de la santé, ce qui menace l'efficacité de ce système de surveillance.

Compte tenu de ce problème, Santé Canada a identifié le besoin de comprendre les attitudes et les habitudes des professionnels de la santé canadiens au sujet de la déclaration des effets indésirables. Les services d'Environics Research Group ont été retenus afin de réaliser un sondage par téléphone auprès des professionnels de la santé sur leurs connaissances et leurs opinions relatives au système d'assurance de l'innocuité des médicaments au Canada, ainsi que sur leurs expériences se rapportant à l'utilisation des sources de renseignements sur l'innocuité des nouveaux médicaments et à la déclaration des EIM. Les résultats de cette recherche apporteront un soutien à l'élaboration d'une campagne de marketing social conçue afin d'encourager un accroissement du taux de déclaration.

### Résultats clés

Les paragraphes suivants présentent les résultats clés issus de ce sondage mené auprès de médecins, de dentistes, de pharmaciens et de naturopathes. Aux fins de ce rapport, ces quatre groupes sont appelés collectivement les professionnels de la santé.

Les professionnels de la santé continuent de faire habituellement confiance au système d'assurance de l'innocuité des médicaments en place à l'heure actuelle, à accorder une certaine confiance aux rôles des divers intervenants, ainsi qu'à croire à l'innocuité des médicaments et des produits de santé naturels. Les naturopathes sont passablement différent des autres professionnels en ce qu'ils font preuve d'un plus grand scepticisme à l'égard de l'innocuité des médicaments conventionnels et qu'ils ont moins confiance aux rôles du gouvernement fédéral et des autres professionnels de la santé à l'intérieur du système d'assurance de l'innocuité des médicaments. Une majorité des professionnels de la santé, toutes professions confondues, croient que les sociétés pharmaceutiques doivent assumer l'entière responsabilité de l'innocuité des médicaments.

Alors que neuf sur dix professionnels de la santé sont d'avis qu'il est très important de se tenir à jour en matière de renseignements sur l'innocuité des nouveaux médicaments, une proportion quelque

peu plus faible – d'environ six sur dix – affirment qu'ils recherchent fréquemment ce type de renseignements. Ceux qui cherchent à obtenir ces renseignements se tournent habituellement vers les revues médicales, les sources en ligne, des compendiums médicaux, des sociétés pharmaceutiques et certaines sources de Santé Canada; ils sont généralement satisfaits des sources d'information qu'ils consultent. Il y a eu une augmentation notable de la proportion de professionnels de la santé qui affirment que les Lettres pour les professionnels de la santé de Santé Canada leur sont familières et cette augmentation s'observe au sein de tous les types de profession.

Les professionnels de la santé continuent de croire que le problème de sous-déclaration des EIM au Canada est un problème grave et la moitié d'entre eux croient que le problème s'est aggravé au cours des cinq dernières années. Seulement trois sur dix ont déjà signalé un effet indésirable associé aux médicaments, le plus souvent des pharmaciens et des médecins, et seulement un sur dix des professionnels environ affirment avoir signalé un tel effet indésirable au cours des 12 derniers mois. Les résultats du sondage suggèrent qu'une grande partie de la sous-déclaration peut être attribuée au fait que les professionnels de la santé croient qu'un grand nombre des EIM sont bien connus et/ou trop insignifiants.

Alors que la moitié (49 %) des professionnels de la santé (il s'agit, ici encore, le plus souvent de pharmaciens et de médecins) soutiennent que la manière de rapporter un EIM leur est familière, une proportion quelque peu plus faible (37 %) d'entre eux affirment savoir à quel endroit obtenir le formulaire nécessaire pour le faire. Trois sur dix disent connaître l'option de déclaration en ligne. Ces résultats indiquent que des efforts additionnels sont nécessaires afin d'éduquer les professionnels au sujet des EIM en général et qu'il existe, tout particulièrement, un besoin de sensibilisation accrue à l'égard des mécanismes de déclaration des EIM.

Les points suivants présentent les résultats clés par sujet.

## **PERCEPTIONS RELATIVES À L'INNOCUITÉ DES MÉDICAMENTS ET DES PRODUITS DE SANTÉ**

- Plus de huit sur dix professionnels de la santé jugent que les médicaments sur ordonnance et en vente libre sont assez ou très sécuritaires (83 % - 88 %) et les deux tiers (65 %) sont de cet avis à propos des produits de santé naturels. Ces résultats généraux masquent toutefois une nette distinction entre les naturopathes et les autres professionnels de la santé. Une forte majorité des naturopathes considèrent que les produits de santé naturels (89 %) sont sécuritaires, mais ils n'éprouvent pas le même degré de certitude à l'égard des médicaments sur ordonnance (45 %) et en vente libre (67 %). Cependant, les naturopathes ont plus tendance qu'en 2003 à être d'avis que ces deux types de produits sont au moins assez sécuritaires.

- La majorité des professionnels de la santé expriment leur confiance à l'égard de la manière dont les membres de leur profession sont informés à propos de l'innocuité des médicaments ou des autres produits de santé qu'ils donnent (85 %) et ils manifestent au moins une certaine confiance à l'égard des différents rôles joués par le gouvernement fédéral (83 %), les sociétés pharmaceutiques (78 %) et les autres professionnels de la santé (80 %). Alors que les niveaux généraux de confiance sont demeurés semblables à ceux observés en 2003, il y a eu, de fait, une baisse de la proportion de professionnels de la santé qui ont *grandement* confiance à chacun de ces intervenants et cette baisse de confiance est la plus visible chez les dentistes et les pharmaciens.
- Une polarisation de l'opinion entre les naturopathes et les autres professionnels de la santé est apparente pour plusieurs aspects du système d'assurance de l'innocuité des médicaments. Ils ont moins tendance que d'autres professionnels de la santé à manifester leur confiance à l'égard :
  - Des systèmes et des mesures de protection mis en place actuellement pour assurer la sécurité des médicaments qui sont présentement disponibles au Canada (46 % contre 93 % - 97 % des autres professionnels de la santé);
  - La manière dont les sociétés pharmaceutiques assurent la sécurité et l'efficacité des médicaments qu'elles produisent (29 % contre 86 % - 91 %);
  - La manière dont le gouvernement fédéral régleme et contrôle l'innocuité des médicaments (45 % contre 89 % - 94 %);
  - La manière dont les professionnels de la santé en général sont informés à propos de l'innocuité des médicaments qu'ils donnent (60 % contre 79 % - 87 %).
- Invités à dire quelle part de responsabilité doit être assumée par différents groupes pour veiller à l'innocuité des médicaments, neuf sur dix assignent au moins un niveau « significatif » de responsabilité aux sociétés pharmaceutiques, au gouvernement fédéral et aux professionnels de la santé, alors que moins de la moitié d'entre eux assignent ce niveau de responsabilité aux consommateurs et aux patients. Pour ce qui est d'assigner l'entière responsabilité, les deux tiers des professionnels de la santé jugent qu'il s'agit du rôle des sociétés pharmaceutiques.

#### **UTILISATION ET CONNAISSANCE DES NOUVEAUX RENSEIGNEMENTS SUR L'INNOCUITÉ DES MÉDICAMENTS**

- Pratiquement tous les professionnels de la santé (89 %) affirment qu'il leur est très important de se tenir à jour en matière de nouveaux renseignements sur l'innocuité des médicaments; cependant, une proportion moindre d'entre eux (56 %) indiquent rechercher souvent ce type d'information. Les sources consultées le plus souvent par les professionnels comprennent les revues médicales (28 %), un compendium des produits et spécialités pharmaceutiques (24 %), les

fabricants (19 %), des sites Web de références médicales (15 %) et des associations professionnelles (13 %), entre autres. Le Site Web de Santé Canada / *MedEffet* a été mentionné par 12 %.

- Il y a eu une augmentation notable de la proportion de professionnels de la santé qui, avec suggestion, disent que les Lettres aux professionnels de la santé de Santé Canada leur sont familières. Plus des deux tiers (69 %) disent maintenant que cette source leur est au moins assez familière, comparativement à 42 % en 2003; ces augmentations sont notées au sein de toutes les professions. En ce qui a trait aux médecins et aux pharmaciens, les augmentations s'observent surtout dans la proportion de ceux qui disent que ces lettres leur sont très familières. La liste d'envoi électronique de Santé Canada a aussi vu une légère augmentation en termes de familiarité (19 %, en hausse de 8 points).
- La plupart des professionnels de la santé veulent obtenir des nouveaux renseignements à propos de l'innocuité des produits assez fréquemment : une majorité au sein de chacun des groupes souhaite recevoir ces renseignements dès qu'ils sont disponibles (52 %-75 %) alors que d'autres disent à une fréquence d'au moins une fois par mois (23 %-45 %, hebdomadaire ou mensuelle). Quant à la méthode préférée pour recevoir de nouveaux renseignements à propos de l'innocuité des produits, les professionnels de la santé sont divisés entre le courriel (38 %), la poste (29 %) et le télécopieur (18 %).
- Les professionnels de la santé rapportent qu'il est *très probable* qu'ils lisent des renseignements provenant de Santé Canada (83 %) et des associations professionnelles dont ils sont membres (87 %). La moitié seulement d'entre eux disent de même à propos des sociétés pharmaceutiques (49 %). Les sources d'information sont jugées satisfaisantes si elles sont une bonne source d'information pertinente et si l'information est à jour ou actuelle. Les sources sont moins bien cotées si elles ne sont pas à jour, si elles manquent de clarté ou d'organisation.

## **EFFETS INDÉSIRABLES / DÉCLARATION**

- Plus de huit sur dix professionnels sont d'avis que les effets indésirables au Canada représentent un problème assez (51 %) ou très (35 %) grave. La moitié d'entre eux sont d'avis que ces types d'effets sont devenus un plus grand problème au cours des cinq dernières années (49 %), alors qu'une proportion additionnelle de quatre sur dix disent que le problème n'a pas changé et que seulement un sur 20 d'entre eux notent une diminution du problème. Les naturopathes (71 %) ont beaucoup plus tendance que d'autres professionnels de la santé (26 %-28 %) à juger que les effets indésirables représentent un problème *très grave*.



- Dans l'ensemble, seulement la moitié des professionnels de la santé disent que la manière de signaler un effet indésirable leur est familière, une proportion qui varie de 16 % des dentistes à 39 % des naturopathes et 51 % des médecins, à 87 % des pharmaciens. Le tiers (37 %) des professionnels de la santé disent savoir à quel endroit obtenir le formulaire de déclaration des effets indésirables associés aux médicaments, y compris 9 % des dentistes, 23 % des naturopathes, 37 % des médecins et 75 % des pharmaciens.
- Trois sur dix, en tout, ont déjà signalé un EIM au cours de leur carrière : 5 % des dentistes, 7 % des naturopathes, 43 % des médecins et 63 % des pharmaciens. Au cours des 12 derniers mois, plus de huit sur dix praticiens n'ont *pas* rapporté d'EIM. Les pharmaciens sont ceux qui ont le plus tendance à avoir rapporté un EIM au cours de la dernière année (14 % un effet, 11 % deux et 9 % trois ou plus). Ces effets sont le plus souvent signalés à Santé Canada par télécopieur, suivi des communications au fabricant de médicaments.
- Voici une liste des principales raisons pour lesquelles ne pas signaler un EIM :
  - Un effet indésirable « bien connu ou pas inattendu » (56 % en tout et 68 % des médecins et des pharmaciens) ou « pas assez grave/est trop insignifiant » (47 %, y compris 61 % des médecins, mais seulement 35 % des naturopathes);
  - Il n'est pas certain que l'effet ait été causé par un médicament (48 % en tout, y compris 55 % des médecins);
  - La définition d'un effet indésirable n'est pas claire ou est ambiguë (31 % en tout, y compris 38 % des médecins);
  - Le formulaire n'est pas facile à remplir (17 % en tout, 24 % des médecins);
  - La démarche prend trop de temps (23 % en tout, 30 % des médecins et 18 % des naturopathes); et
  - Aucune compensation financière pour le temps consacré (7 % en tout, y compris 9 % des médecins et 11 % des pharmaciens).
- Les deux tiers des professionnels de la santé croient que moins de 30 % de tous les EIM sont signalés, dont un tiers qui affirme que moins de 10 % des EIM sont signalés. En tout, huit sur dix professionnels de la santé (83 %) indiquent que la sous-déclaration des EIM constitue un problème assez ou très grave au Canada aujourd'hui; dans des proportions variant des trois quarts des médecins à 96 % des naturopathes.

- Invités à dire ce qui pourrait être fait pour s'assurer qu'il y ait davantage de déclarations des EIM, les professionnels de la santé mentionnent cinq thèmes principaux :
  - Des efforts pour éduquer les professionnels et/ou relever le niveau de sensibilisation sur la façon de signaler des EIM (47 %);
  - Simplifier le processus/ou faire de sorte que cela prenne moins de temps (28 %);
  - Sensibiliser davantage le public à l'égard de la déclaration (12 %);
  - Offrir une compensation financière pour le temps consacré (10 %); et
  - Rendre la déclaration obligatoire (8 %).

## Recommandations

Dans les grandes lignes, ces résultats confirment le besoin d'une campagne d'information et d'éducation soutenue afin d'encourager la déclaration des effets indésirables. Des messages clés pour cette campagne comprennent :

- L'*importance* de la déclaration – afin de persuader les professionnels que l'effort nécessaire pour signaler les EIM en vaut la peine;
- Les *raisons* pour lesquelles les signaler – afin de contrer certains mythes se rapportant aux raisons pour lesquelles ne pas signaler des EIM – ainsi que pour relever le niveau de sensibilisation aux différentes *méthodes / médias* disponibles pour signaler un EIM.

En ce qui a trait aux *médecins*, les résultats suggèrent que le fait d'accorder une attention particulière à la promotion d'un dispositif de déclaration en ligne facile à utiliser pourrait en faire beaucoup pour accroître la déclaration des EIM au sein de ce groupe. Un mécanisme de suivi ou de rétroaction pourrait aussi déboucher sur un accroissement des déclarations au sein de ce groupe, en venant leur confirmer la valeur de l'information qu'ils rapportent.

Une promotion accrue aux *pharmaciens* à propos des options de déclaration en ligne des EI et de la disponibilité des sources d'information de SC devraient accroître leur participation au processus de déclaration des EI.

Les *dentistes* ont besoin qu'on les encourage à participer de façon intégrante au système des EIM. La promotion accrue du problème lié aux EIM et des ressources qui leur sont disponibles devrait favoriser une plus grande participation. L'information dirigée vers les dentistes doit aussi comprendre des directives claires sur la procédure à suivre en matière de déclaration.

En ce qui a trait aux *naturopathes*, des efforts d'éducation et de sensibilisation soutenus pourraient les aider à se sentir davantage partie prenante du processus et accroître la possibilité qu'ils signalent des EIM.

Enfin, il est possible que des efforts de sensibilisation s'adressant aux diverses associations professionnelles aident à diffuser l'information sur l'innocuité des médicaments, puisqu'elles sont jugées crédibles par les membres des professions et que les documents distribués par ces associations ont tendance à être lus.

### **Méthodologie de sondage**

Le Sondage de 2007 sur la déclaration des effets indésirables associés aux médicaments auprès des professionnels de la santé a été fondé sur des interviews par téléphone réalisées entre le 6 et le 27 mars 2007, auprès d'un échantillon de 1 108 professionnels de la santé canadiens. Pour veiller à ce que les points de vue des différents types de professionnels de la santé soient équitablement représentés, l'échantillon a été stratifié en fonction du champ de pratique/de spécialité. Cela comprenait des échantillons représentatifs de médecins (300), de dentistes (300), de pharmaciens (301) et de naturopathes (207). Les échantillons de médecins, de dentistes et de pharmaciens pour lesquels  $n \approx 300 / 301$  donnent des résultats qui sont exacts à plus ou moins 5,7 % points de pourcentage dans 19 échantillons sur 20. L'échantillon des naturopathes, où  $n \approx 200$ , donne des résultats qui sont exacts à plus ou moins 7 % points de pourcentage à un intervalle de confiance de 95 %. Une description détaillée de la méthodologie de sondage est présentée en annexe, de même qu'un exemplaire du questionnaire de sondage.



## PROFILE OF HEALTH PROFESSIONALS

This section gives a brief profile of the health care professionals surveyed.

### PRACTICE SETTING

The majority of health care professionals included in the 2007 survey indicate they are in a private practice (or, in the case of pharmacists, work in a community pharmacy).

#### Practice setting (Q40/41)

By profession

	Total (1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
Private practice**	73	30	89	99	73
Hospital	14	50	2	*	–
Clinic	9	14	5	–	21
Community health centre/CLSC	3	4	3	–	2
dk/refused/other	2	2	1	1	3

\* Less than one percent

\*\*For pharmacists, this was phrased "community pharmacy"

Three-quarters of the 207 naturopaths surveyed work in private practice and, as such, naturopaths comprise 19 percent of health professionals in private practice. Naturopaths also make up 43 percent of health professions stating that their work setting is a clinic, and 18 percent of those working in a community health centre or CLSC.

### PRESCRIPTIONS PER WEEK

Physicians, dentists and naturopaths licensed to prescribe medication were asked to indicate how many prescriptions they would write in a typical week. Ninety-five percent of those writing 51 or more prescriptions per week are physicians.

**Prescriptions written in a typical week** (Q44)

By profession

	Total (n=614) %	Physicians (n=300) %	Dentists (n=300) %	Naturopaths (n=14) #
Up to 50	77	56	98	(10)
51 to 100	13	24	1	(1)
101 to 200	6	12	*	–
Over 200	2	4	–	–
dk/na	3	4	1	(3)

\* Less than one percent

Pharmacists working in a community pharmacy setting were asked how many prescriptions they fill in a typical week. Three-quarters fill over 500 prescriptions per week.

**Prescriptions filled in a typical week** (Q45)

Pharmacists in a community pharmacy setting

	Total (n=297) %
Up to 100	1
101 to 300	6
301 to 500	15
Over 500	74
dk/na	4

## YEARS IN PRACTICE

All respondents were asked how many years they have been practicing. Four in ten (39%) have been practicing for less than 10 years, while about two in ten have been working between 10 and 19 years (23%), or 20 to 29 years (21%). One in six (17%) have been 30 or more years in practice.

### Years in practice (Q46)

By profession

	Total (1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
Less than 10	39	31	30	33	72
10 to 19	23	21	26	26	16
20 to 29	21	25	25	23	8
30+	17	23	19	18	4
dk/ref	*	–	–	*	1

\* Less than one percent

Seven in ten naturopaths have been in practice for less than 10 years. As such, naturopaths make up one-third of all health professionals who have been in practice for less than 10 years and only eight percent of those in practice for 10 years or more.

## LOCATION

The following table provides shows the regional breakdown of health professionals.

### Location

By profession

	Total (1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
Atlantic	6	6	5	9	4
Quebec	24	25	25	25	22
Ontario	44	43	44	38	52
Prairies	14	14	14	18	7
BC	12	12	12	11	15





## PERCEPTIONS ABOUT DRUG SAFETY

Because reporting of adverse drug reactions by health professionals is voluntary, it is important to assess their opinions about the safety of drugs and other health products, and their perceptions about how the drug safety system works. These factors are indicators of how involved they will choose to become with adverse drug reaction reporting. The survey also covered a number of systemic issues, including confidence in key drug system stakeholders and views on where the primary responsibility for drug safety in Canada should rest.

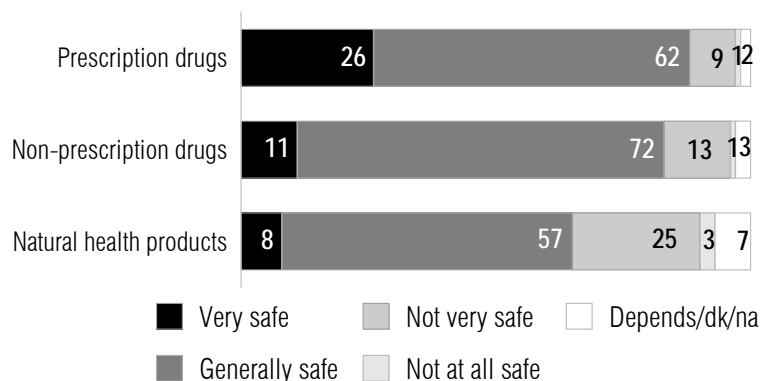
### Perceptions about health product safety

**Doctors, dentists and pharmacists are generally confident in the safety of prescription and non-prescription drugs, but less so about natural health products. Naturopaths hold the opposite view, being more confident in natural remedies than in conventional drugs.**

Determining how health professionals feel about the safety of health products currently on the market is key to understanding their opinions about the drug safety system as a whole. Health professionals were asked to rate the safety of three different types of health products: prescription drugs, non-prescription drugs, and natural health products such as vitamins, minerals and herbal remedies. These types of products were presented in this order.

Overall, a large majority of health professionals consider prescription drugs (88%) and non-prescription drugs (83%) to be at least generally safe, and two-thirds (65%) feel the same way about natural health products. Prescription drugs are more likely to be considered very safe (26%) than are non-prescription drugs (11%) or natural health products (8%).

### Perceived safety of health products (Q1)



Base=1,108 / percentages shown

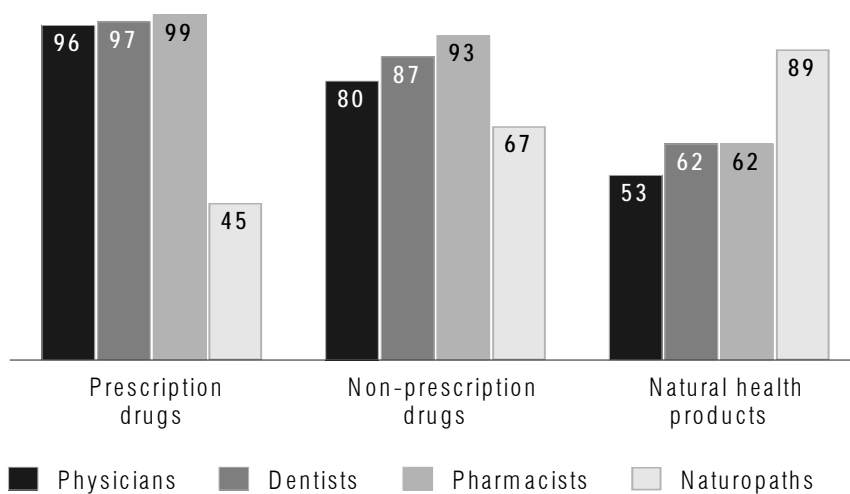
As was the case when this question was asked in a 2003 survey,<sup>1</sup> there are major distinctions between naturopaths and other health professionals in perception of health product safety; however, naturopaths are more likely to express confidence in *all* of these types of products now than they did in 2003. A large majority of naturopaths consider natural health products (89%, up from 76% in 2003) to be safe but are less sure about prescription (45%, up from 28%) and non-prescription drugs (67%, up from 47%).

The proportions of health professionals stating that each of these products is *very* safe remain unchanged since 2003. However, higher proportions now believe in the *general* safety of non-prescription drugs (72%, up 9 points) and natural health products (57%, up 9 points). This is partially the result of increased confidence in these products among naturopaths, but modest increases are also noted among the other professions as well. Physicians are more likely to perceive non-prescription drugs as at least generally safe now (80%) than in 2003 (69%).

### Perceived safety of health products (Q1)

Very or generally safe

By profession



Base=1,108 / percentages shown

There are some other observed differences in perception of health product safety, but these are largely driven by the polarization of opinion between naturopaths and other health professionals. For example, those most likely to think that prescription drugs are very safe have been in practice for at least 10 years (31%, vs. 19% of newer practitioners), but this is mainly due to the fact that the

<sup>1</sup> *Public Opinion Survey on Key Issues Pertaining to Post-market Surveillance of Marketed Health Products in Canada*, conducted for Health Canada by (Decima Research Inc., December 2003). It should be noted that nurses were included in the 2003 survey of health professionals but were not surveyed in 2007.

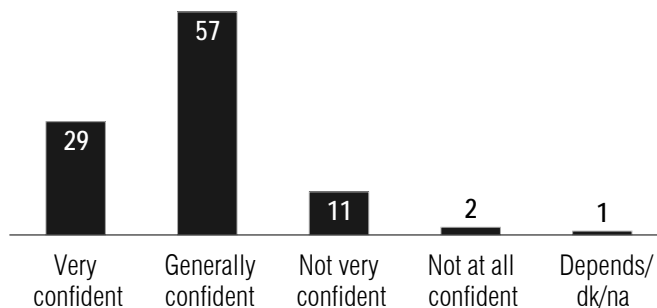
majority of naturopaths (72%) have been in practice for less than 10 years. When profession is accounted for, the difference by years in practice disappears.

### Confidence in drug safety system

Health professionals are reasonably confident in the current drug safety system in Canada, as well as the contributions made by various stakeholders, with naturopaths again differing considerably by being less confident in both.

**Confidence in systems and safeguards.** Health professionals were asked about their level of confidence in the systems and safeguards currently in place to ensure the safety of drugs available in Canada today. Close to nine in ten are either very (29%) or generally (57%) confident in the drug safety system, while fewer than one in seven (13%) express a lack of confidence. This echoes the findings of the 2003 survey.

#### Confidence in drug safety systems and safeguards (Q2)

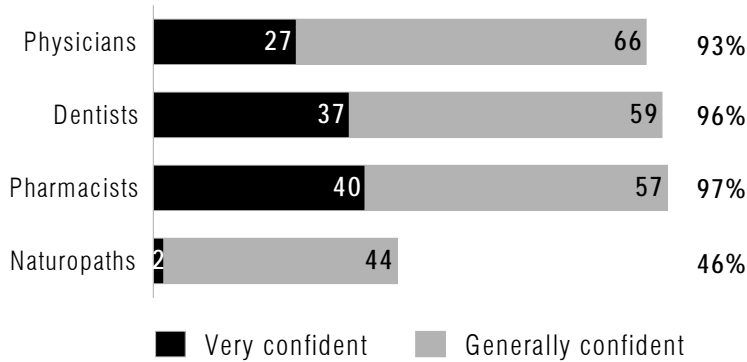


Base=1,108 / percentages shown

As in 2003, there is a marked difference between naturopaths and other types of health professionals. Less than half (46%) of naturopaths are at least generally confident in the current drug safety system (compared to 95% of doctors, pharmacists and dentists), and only two percent of naturopaths are very confident (vs. 35% of those in the other professions).

**Confidence in drug safety systems and safeguards (Q2)**

By profession



Base=1,108 / percentages shown

**Confidence in roles played by stakeholders.** Health professionals were asked about their level of confidence in the roles played by various stakeholders in the drug safety system. Overall, health professionals are reasonably confident in how members of their own profession (85%) and health professionals in general (80%) stay informed about the safety of the drugs they administer. As well, they express confidence in how the federal government regulates and monitors drug safety (83%) and in how drug companies research the safety and effectiveness of the drugs they manufacture (78%). However, three in ten or fewer are very confident in any of these stakeholders.

**Confidence in stakeholders in drug safety (Q3)**



Base=1,108 / percentages shown

All health professionals are confident in how members of their own profession stay informed about the safety of health products they administer, with the highest confidence expressed by pharmacists (92% very or somewhat confident). Naturopaths are, however, considerably less likely than the other professions to be at least somewhat confident in any of the other stakeholders: other health professionals (60%, vs. 84% of others), the federal government (45%, vs. 92%) or drug companies (29% vs. 88%).

While overall confidence levels remain similar to those observed in 2003, in fact there has been a reduction in the proportion of health care professionals who are *very* confident in all of these stakeholders. Dentists and pharmacists are the professions who have lost the most confidence in the intervening years.

### Confidence in stakeholders in drug safety (Q3)

% very confident By profession

	Total (1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
In how members of <i>your profession</i> stay informed					
2003	36	27	46	47	32
2007	29	23	29	35	29
<i>Change</i>	-7	-4	-17	-12	-3
In how the federal government regulates drug safety					
2003	34	41	46	44	2
2007	28	36	29	37	3
<i>Change</i>	-6	-5	-17	-7	+1
In how health professionals in general stay informed					
2003	23	24	31	29	13
2007	18	17	21	23	6
<i>Change</i>	-5	-7	-10	-6	-7
In how drug companies research drug safety					
2003	27	31	26	39	2
2007	18	19	20	25	1
<i>Change</i>	-9	-12	-6	-14	-1

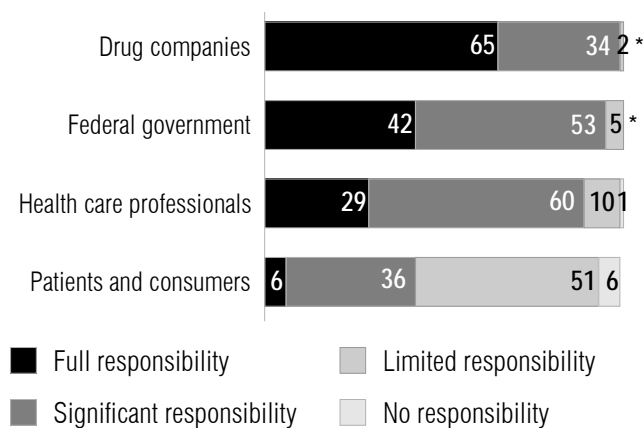
## Responsibility for drug safety in Canada

**While health professionals believe that drug companies, the federal government and practitioners themselves all should bear significant responsibility for drug safety, they are most likely to feel that drug companies should bear full responsibility.**

In 2003, when health professions were asked whom they held most responsible for ensuring the safety of drugs in Canada today, just over half (53%) mentioned the federal government. In the 2007 survey, the issue of responsibility was approached differently. Health professionals were asked how much responsibility they feel each of four stakeholder groups *should* have for drug safety.

Strong majorities feel that three of these stakeholders should have either significant or full responsibility: drug companies (98%),<sup>2</sup> the federal government (95%) and health care professionals (89%). Only four in ten (42%) say that patients and consumers should have a comparable level of responsibility. When it comes to full responsibility, however, health professionals are most likely to say that this should rest with drug companies (65%) rather than the federal government (42%) or with their own colleagues (29%). Given that few health professionals say they are very confident in how drug companies research the safety and effectiveness of the drugs they manufacture, it is clear the word “should” is paramount; in an ideal world, health professionals feel that drug companies should bear full responsibility for drug safety.

### Responsibility of stakeholders for drug safety (Q4)



\* Less than one percent

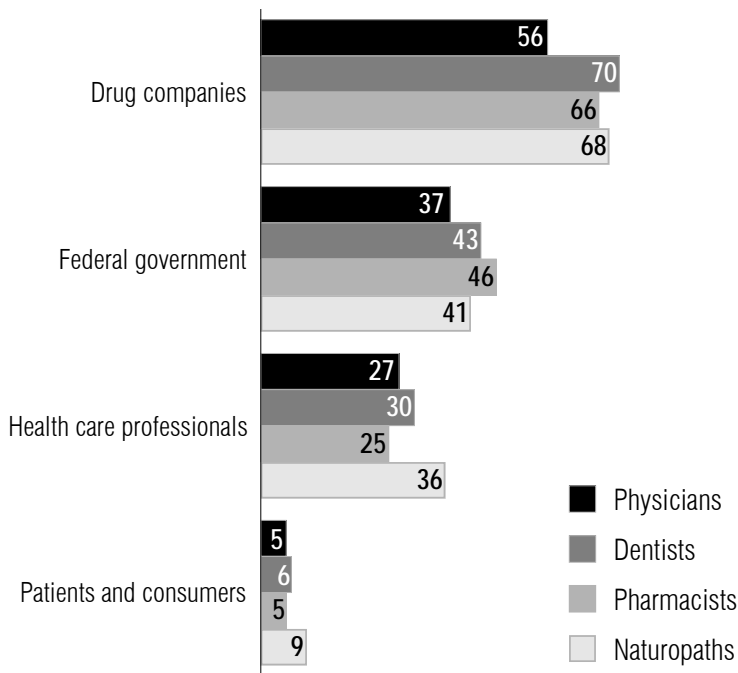
Base=1,108/percentages shown

<sup>2</sup> Total does not match graphic due to net rounding.

There is considerably more uniformity on this issue among the different health professions than in the previous confidence questions: naturopaths basically share the same views as others as to where responsibility for drug safety should lie. However it should be noted that physicians are somewhat less likely (56%) than other health professionals (68%) to be willing to assign full responsibility to drug companies.

**Responsibility of stakeholders for drug safety (Q4)**

Full responsibility By profession



Base=1,108/percentages shown





## USE AND AWARENESS OF NEW SAFETY INFORMATION ABOUT DRUGS

Much information about adverse drug reactions becomes available only after a health product has been on the market for some time, and such information is available through a variety of sources. This section of the report examines the sources that health care professionals use for new or updated information about drug safety (that is, information not yet published in monographs), how satisfied they are with these sources, and how often they choose to seek out this type of information.

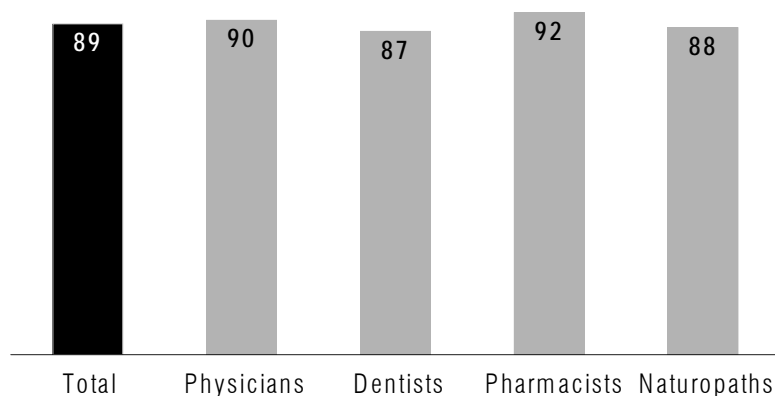
### Importance of staying current with new information

**Almost all health professionals feel it important to stay current with new information. Seeking out new information frequently is linked to perceived importance of keeping up-to-date, but also to reduced confidence in the safety system or to personal experience with ADR reporting.**

Almost all health professionals say it is either very (89%) or somewhat (10%) important for them as a practitioner to stay current regarding new drug safety information. This high level of stated importance spans all professions and other subgroups.

#### Importance of staying current with new drug safety information (Q5)

Very important By profession

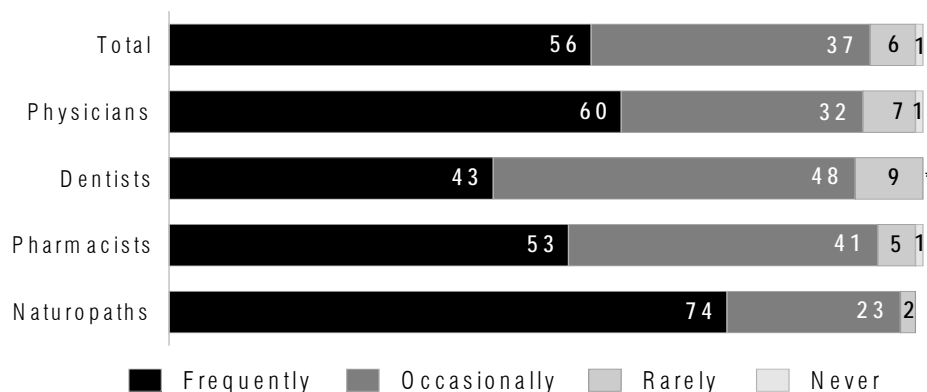


Base=1,108/percentages shown

Although nine in ten health professionals feel that it is very important for them personally to keep current with new drug information, considerably fewer (56%) say they frequently seek out such information. Just under four in ten (37%) say they do so occasionally, while less than one in ten (7%) admit to rarely or never seeking out this type of information. Those most likely to say they frequently seek out new information about the safety of drugs or other health problems are naturopaths (74%), while dentists are the least likely to frequently do this (43%).

**Frequency of seeking out new information on drug / health product safety (Q6)**

By profession



\* Less than one percent      Base=1,108/percentages shown

Across the country, the professionals most likely to frequently seek out new drug and health product information are located in Quebec (64%), while those least likely are in the Prairies (48%).

As might be expected, those who say new safety information is very important to them personally are also those most likely to frequently look for it (60%), compared to those who say that this type of information is of lesser importance (26%). As well, those most likely to frequently seek out new safety information have the least confidence in the current drug safety system (72%, vs. 55% of those who are somewhat confident and 50% of the very confident); however, as previously noted, confidence in the drug system is linked to profession. Frequently seeking out new drug information decreases proportionately along with concern about the seriousness of the ADR problem, and is also linked to ADR reporting experience (topics to be addressed later in this report): two-thirds (67%) of those with any ADR reporting say they frequently seek new drug information, compared to half (52%) of those with no ADR reporting history.

**Sources of new drug safety information**

**Health professionals most often turn to medical journals, the CPS and Health Canada for their new drug safety information.**

Those who seek out new safety information were asked where they most often look for it (unprompted, with multiple mentions permitted). Health professionals refer to a variety of sources for this type of information, including on-line resources (net 30%), medical journals (28%), the *Compendium of Pharmaceuticals and Specialties – CPS* (24%), drug companies or manufacturers (net 21%),

including the industry's *Dear Health Care Professional* letters) and various Health Canada offerings (net 20%).

### Sources for new drug safety information (Q7/8)

	Source referred to most often (n=1,095) %	Other sources familiar with (n=1,089) %
<b>Net: on-line sources</b>	<b>30</b>	<b>15</b>
Medical reference websites	15	4
Internet/on-line/general search (unspecified)	9	3
Other on-line sources/websites/Internet	4	7
University/university website	1	1
Government website (unspecified)	1	-
Medical journals/publications	28	15
<b>Net: CPS</b>	<b>25</b>	<b>11</b>
Compendium of Pharmaceuticals and Specialities (CPS)	24	10
Product monographs	1	1
<b>Net: Drug companies</b>	<b>21</b>	<b>18</b>
Drug company/manufacturer	19	15
<i>Dear Health Care Professional</i> Letters – Drug Companies	2	3
<b>Net: Health Canada</b>	<b>20</b>	<b>14</b>
Health Canada website/MedEffect	12	5
<i>Dear Health Care Professional</i> Letters – Health Canada	3	4
Health Canada electronic mailing/e-mail alerts	3	2
<i>Canadian Adverse Reaction Newsletter</i> (HC newsletter)	1	1
Public advisories/warnings	1	2
Professional association(s)	13	9
Pharmacists/pharmacy	11	7
Conferences/lectures/workshops	4	4
Faxes/letters/newsletters(unspecified)	4	3
Colleagues	3	3
Textbooks/monographs	3	2
Drug information centre	3	1
Media	3	6
Other	7	11
dk/na	1	18

Subsample: Those who seek out new drug information

The most frequently mentioned Health Canada source mentioned is the *MedEffect* site (12%). Other Health Canada-related sources mentioned include the *Dear Health Care Professionals* letters (3%), electronic mailings/alerts (3%), the *Canadian Adverse Drug Reaction Newsletter* (1%) and public advisories (1%). Other non-Health Canada sources cited include professional associations (13%), pharmacists (11%), conferences (4%) and colleagues (3%).

As expected, sources used vary by profession. Those most likely to mention medical journals are physicians (40%) and dentists (32%). Dentists are the most likely to use the *CPS* (37%), while drug companies are most mentioned by pharmacists (31%) and physicians (20%). The *MedEffect* website is more likely to be used by pharmacists (23%) and naturopaths (19%) than by physicians (8%) or dentists (2%).

Health professionals were also asked about other new safety information sources with which they are familiar. In addition to the most frequently used sources, they are familiar with on-line resources (net 15%), medical journals or publications (15%), the *CPS* (10%) and drug company information (net 18%).

Compared to when this question was asked in 2003, health professionals are more likely to mention the *CPS*, and somewhat less likely to mention drug companies or medical journals as their most frequently referenced source of new drug safety information.

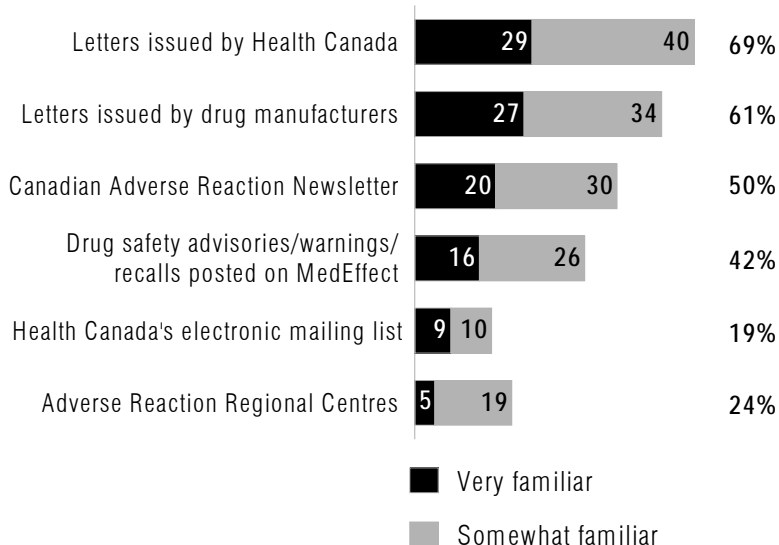
## **Familiarity with new drug safety information sources**

**Health professionals are more likely now than in 2003 to be familiar with the *Dear Health Care Professional* letters from Health Canada, and familiarity with most other information sources has also increased modestly.**

Health professionals were read a list of six sources of new drug safety information and asked to indicate their level of familiarity with each. Since this question was asked in 2003, there has been a substantial increase in the proportion of health professionals who are either very (29%, up 14 points) or somewhat (40%, up 13 points) familiar with the *Dear Health Care Professional (DHPL)* letters issued by Health Canada. This source has now surpassed in familiarity the DHPL letters provided by drug manufacturers, which have also seen an increase since 2003 (61%, up 7 points).

The Health Canada electronic mailing list has seen a modest increase in overall familiarity in the past four years (19%, up 8 points), as have the drug safety advisories on the Health Canada website (42%, up 4) and the regional AR centres (24%, up 5). However, the *Canadian Adverse Drug Reaction Newsletter* has had a small decline in familiarity (50%, down 3).

### Familiarity with new drug safety information sources (Q9)



Base=1,108/percentages shown

As previously observed, there are some differences in familiarity with these sources among the health professions. The professionals most familiar with the DHPLs from Health Canada and from drug manufacturers are pharmacists and physicians, while pharmacists are the most familiar with all other sources. There have been sizeable increases in the proportion of all profession types who are familiar with the DHPLs from Health Canada and, in the case of physicians and pharmacists, most of the increase has been in saying one is very aware of this source.

Half of naturopaths (52%) are at least somewhat familiar with the drug safety advisories, warnings and recalls posted on the *MedEffect* website, and four in ten (41%) have that level of familiarity with the *Canadian Adverse Drug Reaction Newsletter*. Dentists are the least likely to be familiar with the *Canadian Adverse Reaction Newsletter* (15%), the AR centres (16%) and Health Canada's electronic mailing list (10%).

Higher levels of familiarity with each of the six sources is linked to placing high importance on new drug safety information, and also on increased frequency of looking for such information. Familiarity with each of these sources is also higher among those who have had experience with reporting ADRs than among those who have never done this.

**Familiarity with new drug safety information sources (Q9)**

At least somewhat familiar By profession 2003 - 2007

	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
<i>Dear Health Care Professional</i> letters issued by Health Canada				
2003	65	24	58	16
2007	85	57	84	43
<i>Change</i>	<i>+20</i>	<i>+33</i>	<i>+26</i>	<i>+27</i>
<i>Dear Health Care Professional</i> letters issued by drug manufacturers				
2003	81	42	67	20
2007	82	50	82	16
<i>Change</i>	<i>+1</i>	<i>+8</i>	<i>+15</i>	<i>-4</i>
<i>The Canadian Adverse Reaction Newsletter</i>				
2003	65	13	88	25
2007	55	15	85	41
<i>Change</i>	<i>-10</i>	<i>+2</i>	<i>-3</i>	<i>+16</i>
Drug Safety Advisories, warnings and recalls posted on HC MedEffect				
2003	25	15	41	56
2007	30	33	55	52
<i>Change</i>	<i>+5</i>	<i>+18</i>	<i>+14</i>	<i>-4</i>
The Adverse Reaction Regional Centres				
2003	18	11	34	14
2007	22	16	36	21
<i>Change</i>	<i>+4</i>	<i>+5</i>	<i>+2</i>	<i>+7</i>
Health Canada's electronic mailing list* (MedEffect e-Notice)				
2003	12	4	10	16
2007	17	10	29	22
<i>Change</i>	<i>+5</i>	<i>+6</i>	<i>+19</i>	<i>+6</i>

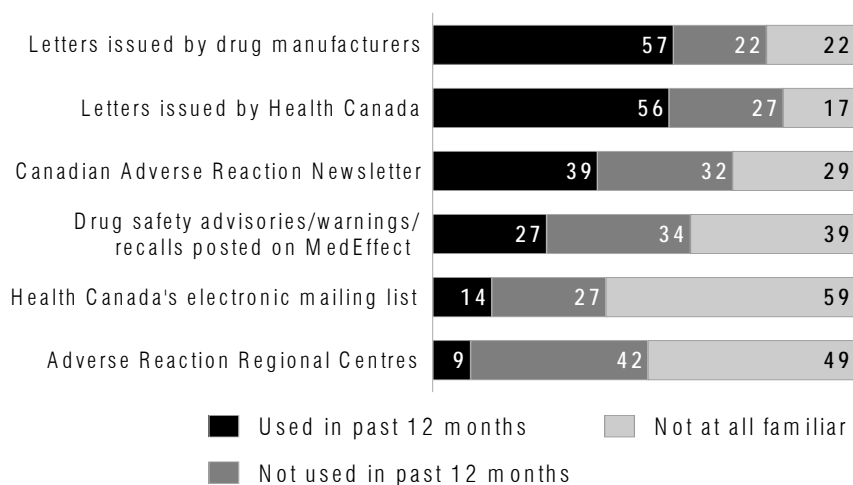
\*in 2003 this was called Health\_Prod\_Info

## Use of new drug safety information in past year

The sources of new drug safety information most likely to have been used in the past year are *Dear Health Care Professional* letters, either from drug companies or Health Canada.

Health professionals who indicated some level of familiarity with a new drug safety information source were asked if they had used that source in the past 12 months. The graph below shows how all health professionals fall into three identified groups: those who have used the source in the past 12 months, those who have not used it in that time frame but are familiar with it, and those who are not familiar with the source.

### Use of new drug safety information in past year (Q9/10)



Base=1,108/percentage shown

Increased familiarity has translated into increased use of the DHPL letters from Health Canada: 56 percent of all health professionals now say they have used these in the past year (up from 40% in 2003). This source is now on par with the proportion that have used the DHPL letters from drug manufacturers (57%, up from 48%). Other sources are used by four in ten or fewer, but a number of these sources have also had slight increase in use since 2003.

Looking at just those who say they are familiar with these sources, about seven in ten who are familiar with DHPLs from Health Canada (68%) or from drug manufacturers (72%) have used these in the past year, while half (55%) of those familiar with the CAR Newsletter report use of it. Not surprisingly, as the *MedEffect* e-notice may be the source least familiar to professionals, one-third

(34%) of those familiar with it say they have used it in the past year. Smaller proportions who are aware of them have used drug safety advisories (45%) or AR centres (18%).

The following table shows the proportion of all Health Professionals (including those not familiar with a given source) who report using each in the past year, and the change from 2003.

As expected, there is variation in use of new drug safety information sources by profession. The Canadian Adverse Drug Reaction Newsletter is most likely to be used by pharmacists (70%), but there has been a considerable increase in the proportion of naturopaths reporting recent use of this source (33%, up from 7% in 2003). However, physicians are somewhat less likely than in 2003 to report use of this source in the past year (44%, down from 55%).

Naturopaths are the least likely to report use of DHPL letters from either drug companies or Health Canada, although they are more likely now (27%) than in 2003 (15%) to say they have used the latter in the past year. Pharmacists are considerably more likely to report having used both types of DHPL letters than in 2003, and are also more likely to have used both the drug safety advisories on the Health Canada website (39%, up from 24%) and the AR regional centres (15%, up from 6%).

All professions report at least a modest increase in the use of the Health Canada electronic mailing list in the intervening four years, with the greatest increase being among pharmacists (23%, up from 6%). It should be noted that the name of this source changed in the intervening time, from “Health\_Prod\_Info” to the more memorable “MedEffect e-notice,” which may partially account for the increase in mentions.



**Past year use of new drug safety information sources (Q10)**

By profession 2003 - 2007

	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
<i>Dear Health Care Professional</i> letters issued by drug manufacturers				
2003	72	35	63	14
2007	80	43	77	12
<i>Change</i>	<i>+8</i>	<i>+8</i>	<i>+14</i>	<i>-2</i>
<i>Dear Health Care Professional</i> letters issued by Health Canada				
2003	66	16	53	15
2007	73	43	73	27
<i>Change</i>	<i>+7</i>	<i>+27</i>	<i>+20</i>	<i>+12</i>
<i>Canadian Adverse Reaction Newsletter</i>				
2003	55	–	73	7
2007	44	7	70	33
<i>Change</i>	<i>-11</i>	<i>+7</i>	<i>-3</i>	<i>+26</i>
Drug Safety Advisories, warnings and recalls posted on HC MedEffect				
2003	12	5	24	43
2007	17	14	39	43
<i>Change</i>	<i>+5</i>	<i>+9</i>	<i>+15</i>	<i>–</i>
The Adverse Reaction Regional Centres				
2003	11	4	6	1
2007	8	5	15	8
<i>Change</i>	<i>-3</i>	<i>+1</i>	<i>+9</i>	<i>+7</i>
Health Canada's electronic mailing list* (MedEffect e-Notice)				
2003	7	–	6	6
2007	11	4	23	18
<i>Change</i>	<i>+4</i>	<i>+4</i>	<i>+17</i>	<i>+12</i>

\*in 2003 this was called Health\_Prod\_Info

## Frequency of use of new drug safety information in past year

All new drug information sources are more likely to be used occasionally rather than frequently.

For the sources of new safety information used in the past year, health professionals were asked how often they used that source during that time, how satisfied they have been with it, and also to rate the source on several aspects: relevance, level of detail, clarity, currency and usability over time.<sup>3</sup>

Users of all sources are more likely to report occasional than frequent use over the past year. Two in ten or fewer used each source frequently. Results are quite similar to those observed in 2003, with only marginally more mentions of frequent use of the *Canadian Adverse Reaction Newsletter* and drug safety advisories.

### Frequency of use of new drug safety information sources (Q11)

By information sources

	The Canadian Adverse Reaction Newsletter (n=213) %	DHPLs from drug manufacturers (n=310) %	DHPLs from Health Canada (n=170) %	Drug Safety Advisories (n=112) %	MedEffect e-Notice (n=41) <sup>a</sup> %	Adverse Reaction Centres (n=35) <sup>a</sup> %
Frequently	16	17	15	14	20	17
Occasionally	51	52	45	45	46	43
Rarely	31	30	39	38	27	37
Have not used	1	*	–	3	7	3
dk/na	1	1	2	1	–	–

\* Less than one percent

Subsample: random selection of those using sources in past 12 months

<sup>a</sup> Small base (<50) – caution is advised in interpreting results

The bases of users by profession are small for some sources and caution is advised in interpreting results. However, it should be noted that very few dentists are frequent users of *DHPL* letters, either from drug manufacturers or from Health Canada; dentists are more likely than other professionals to report that they rarely use these sources or the drug safety advisories on the Health Canada website.

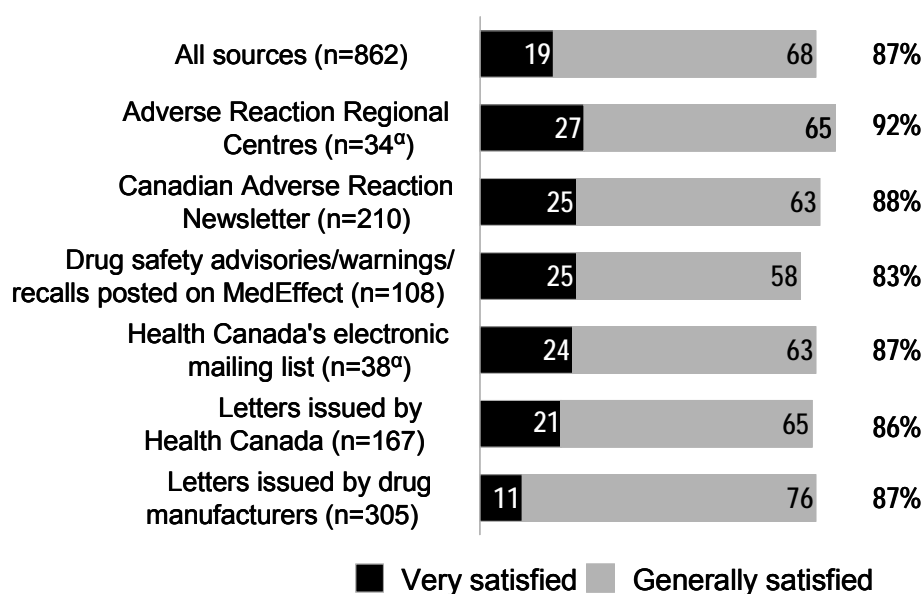
<sup>3</sup> To minimize response burden, each health professional was asked about only one source, which was randomly selected for those using more than one.

## Satisfaction with new drug safety information

Health professionals are generally satisfied with the new drug safety information they receive, because they consider it relevant and current. Dissatisfaction stems from not being able to locate information, bias, or lack of currency or conciseness.

**Rating of satisfaction with information sources.** On the whole, health practitioners are positive about the new drug safety information sources they have used in the past year; however, only one-quarter or fewer say they are very satisfied with any of the sources. Users are somewhat more likely now (25%) than in 2003 (14%) to be very satisfied with the drug safety advisories on Health Canada's website, but are less likely to be very satisfied with the Canadian Adverse Drug Reaction Newsletter (25%, down from 32%) or DHPLs from drug manufacturers (11%, down from 17%). Satisfaction with DHPLs from Health Canada has remained stable.

### Satisfaction with new drug safety information sources (Q12)



Subsample: past year users of sources

<sup>a</sup> Small base (<50) – caution is advised in interpreting results

Satisfaction with any source of new drug safety information used in the past year is highest among pharmacists (94% at least generally satisfied) and lowest among naturopaths (73%), compared to physicians (84%) and dentists (90%). This echoes the findings of 2003. Satisfaction by health profession for each source individually is not reported here due to small sample sizes.

**Reasons for satisfaction with information sources.** Users were asked to indicate their reasons for being satisfied or dissatisfied with specific new drug safety information sources. These sources are mainly felt to be satisfactory because the information they provide is good and relevant (52%), and current or timely (28%). Health professionals also report satisfaction with the sources because they are able to provide the information or answer required (26%). Users also appreciate conciseness (18%) and ease of use (10%). These reasons for satisfaction are quite consistent when compared across individual sources.

### Reasons for satisfaction with new drug safety information sources (Q13)

By information sources

	All sources (n=750) %	Canadian Adverse Reaction Newsletter (n=186) %	DHPLs from drug manu- facturers (n=266) %	DHPLs from Health Canada (n=144) %	Drug Safety Advisories (n=90) %	MedEffect e-Notice (n=33 <sup>a</sup> ) %	Adverse Reaction Centres (n=31 <sup>a</sup> ) %
Good source of info/ relevant	52	55	50	52	59	46	42
Current info/timely/up-to-date	28	29	25	33	22	46	32
Able to get info/ answers wanted	26	26	28	21	31	18	26
Concise	18	17	18	22	12	24	7
Easy to use	10	11	6	8	13	27	23
Provides information critical to patient safety	7	8	7	4	4	6	10
Confident in/trust Health Canada	4	6	2	6	1	12	–
Satisfied (general/unspec.)	1	–	*	–	2	3	3
Other	4	1	7	2	1	–	3
dk/na	2	2	3	1	2	3	3

\* Less than one percent

Subsample: Satisfied past year users of sources

<sup>a</sup> Small base (<50) – caution is advised in interpreting results

Reasons for satisfaction with new drug safety information sources are reasonably consistent across health professions. Naturopaths are somewhat less likely than other health professionals to indicate that their satisfaction with any source is due to its conciseness, and more likely than others to mention ease of use. Reasons for satisfaction by health profession for each source individually are not reported here due to small sample sizes.

Health professionals who are dissatisfied with any new safety information sources give several reasons for feeling this way, with no one reason being predominant. Top mentions include not being able to find the information or answers to questions (17%), or that the information presented is biased (17%).<sup>4</sup> Other reasons include not being a good source of information (15%), or a lack of currency (12%) or conciseness (12%). Complaints are also made about lack of comprehensiveness, inaccessibility or an unstructured presentation of information. Reasons for dissatisfaction by health profession for each source individually are not reported here due to small sample sizes.

**Reasons for dissatisfaction with new drug safety information sources (Q13)**

	All sources (n=92) %
Information is biased	17
Could not find info/answers	17
Not a good source of information	15
Not current	12
Not concise	12
Infrequent/not always accessible	9
Not comprehensive enough	9
Not prominent/unstructured/presentation	9
Drugs/side effects selectively given	8
Hard to find what I want	8
Do not receive information	7
Site not easy to use	5
Do not trust medical information on the Internet	1
It is too product-oriented	1
Other	5
dk/na	2

Subsample: Past year users who express dissatisfaction with any source

<sup>4</sup> It should be noted that mentions of bias only arise for the *DHPL* letters, from either drug companies or from Health Canada.

## **Satisfaction with specific aspects of new drug safety information**

**Currency and clarity are the aspects about which those satisfied with new drug information sources are most likely to be very satisfied.**

Health professionals were asked to rate their satisfaction with several specific aspects of each source of new drug safety information: relevance, level of detail, how clearly the information is presented, how current or up-to-date it is, and how useable the information is over time. The vast majority of users of each source are generally satisfied with all of these aspects. To provide more specific insight, the analysis focuses on the proportion indicating they are very satisfied with each aspect.

As in 2003, information being up-to-date (42%) and clear (38%) are the primary drivers of satisfaction for any of the information sources, and these have only increased in importance since that time. Of the aspects presented, health professionals are least likely to rate relevance as very satisfactory (24%).

As might be expected, there are some differences by profession. Pharmacists are the most likely and naturopaths the least likely to say that they are very satisfied with any of these aspects of new drug safety information sources.

DHPLs from Health Canada are considerably more likely now than in 2003 to be rated as very satisfactory for clarity of information presentation (46%, up from 30%). As well, the drug safety advisories on the Health Canada website are rated as very satisfactory by a higher proportion of health professionals for currency (34%, up from 19%) and also for clarity (30%, up from 23%) compared to 2003.

**Satisfaction with specific aspects of new drug safety information sources (Q14)**

% Very satisfied - By information sources

	All sources (n=862) %	Canadian Adverse Reaction Newsletter (n=210) %	DHPLs from drug manufact. (n=305) %	DHPLs from Health Canada (n=167) %	Drug Safety Advisories (n=108) %	MedEffect e-Notice (n=38 <sup>a</sup> ) %	Adverse Reaction Centres (n=34 <sup>a</sup> ) %
How current or up-to-date the information is	42	45	36	46	34	66	56
How clearly the information is presented	38	43	30	46	30	55	50
The level of detail provided to address your needs	30	38	21	35	19	45	56
How useable the information is over time	28	29	20	32	19	61	53
How relevant the information is for your needs	24	27	18	28	19	29	59

Subsample: past year users of sources

<sup>a</sup> Small base (<50) – caution is advised in interpreting results**Preferred methods of receiving drug safety information**

**E-mail and regular mail are the methods desired most for receiving new drug safety information, although many pharmacists still prefer faxes. Internet is preferred for ease of access, e-mail out of habit, and regular mail provides a hard copy for off-site review or filing.**

New drug safety information is available from a variety of sources and formats. Health professionals were asked by which method they preferred to receive this type of information. The methods preferred are e-mail (38%) and regular mail (29%), and two in ten prefer faxes (18%). Fewer prefer software updates via computer or hand-held devices (8%) or the Internet (6%) as a method for receiving new drug safety information.

Preferences for method vary by profession. Those most likely to prefer e-mail are naturopaths (59%), while pharmacists are the most likely to want faxes (37%). Physicians and dentists are quite evenly divided between preferring e-mail or regular mail.

**Preferred method for receiving new drug safety information (Q15)**

By profession

	Total (n=1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
By e-mail	38	35	37	26	59
By regular mail	29	37	40	17	18
By fax	18	14	12	37	5
Through software updates on your computer or hand-held	8	7	5	14	7
On the Internet	6	5	7	5	11
All/combination	1	1	–	1	1
Other	1	1	*	*	1
dk/na	*	1	–	–	–

\* Less than one percent

Those who have been in practice the longest (30 years or more) are most likely to opt to regular mail or faxes, while younger practitioners tend to prefer e-mail or software updates. E-mail is also the preferred method of those who have little or no confidence in the drug safety system, and by those who feel the ADR problem is very serious, although readers are reminded that these factors are linked to profession.

Practitioners were asked for the reasons they prefer the method they selected. The most mentioned reason, across all methods, is ease of access/quick delivery/portable (40%), followed by familiarity (what the professional is used to – 24%), personal delivery (15%) and wanting a hard copy, either to review elsewhere (11%), or to file (11%).

As can be expected, these reasons vary by method. Ease of access is cited most by those preferring Internet or software updates. E-mail users are the most likely to report that this is a habit or what they are used to. Those preferring regular mail are the most likely to mention wanting a hard copy to review at home or when away from the office, or liking to have something to file.



**Reasons for preferring method for receiving new drug safety information (Q16)**

By preferred method

	By regular mail (n=317) %	By fax (n=200) %	By e-mail (n=415) %	On the Internet (n=71) %	Software updates on computer or handheld (n=90) %
Ease of access/quick delivery/portable	15	45	46	69	70
It's what I'm used to/habit	18	13	36	17	17
Personal delivery	19	19	11	7	14
Like hard copy so can review at home/ away from office	26	11	3	3	1
Like hard copy to file	25	15	1	0	2
Use frequently/preferred source	7	10	11	4	6
Receive too much paper	–	*	12	14	4
Don't have Internet access	7	6	*	–	1
Get too many e-mails/ delete as spam	6	1	–	4	2
More practical/save paper/money	1	1	2	3	1
Don't give out my e-mail address	1	1	–	–	–

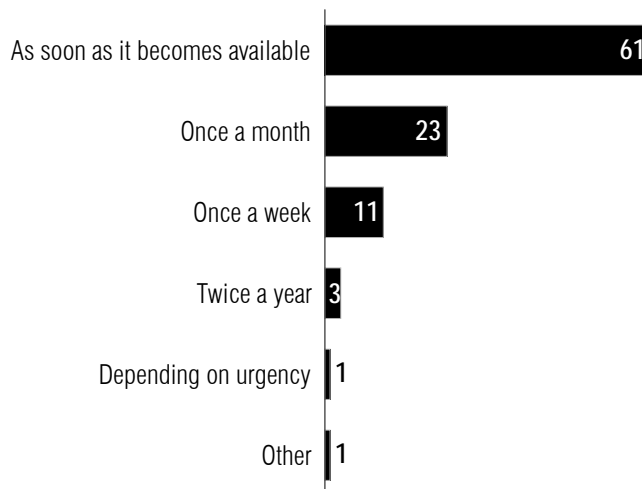
\* Less than one percent

## Preferred frequency of receiving new drug safety information

**Six in ten health professionals say they prefer to receive new drug safety information as soon as it is available.**

Health professionals were asked how often they like to receive information about the safety of drugs and other health products. Six in ten say they prefer to receive this as soon as it becomes available (61%). This is similar to the proportion indicating that they seek out such information frequently, but somewhat under the proportion claiming that staying current with new information is very important to them. Smaller proportions feel that it is sufficient to receive such information once a month (23%) or once a week (11%). Far fewer give a longer time span.

### Preferred frequency of receiving new drug safety information (Q17)



Base=1,108/percentages shown

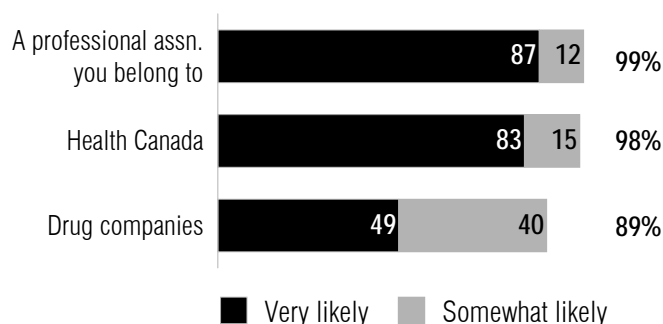
Pharmacists (75%) are most likely to want this type of information as soon as it is available, compared to 55 percent of other professionals. This higher frequency is also preferred by those who have been in practice for 10 years or more.

## Likelihood of reading new drug safety information

**Just over eight in ten health professionals are very likely to read new drug safety information provided by Health Canada or professional associations, but only half are very likely to read such information if provided by a drug company.**

Health professionals were asked to rate the likelihood of their reading information provided to them by each of three sources: Health Canada, a professional association to which they belonged, or drug companies. Almost all say that they would be at least somewhat likely to read information they received from Health Canada or a professional association, and nine in ten (88%) would read drug company information. However, fewer practitioners would be very likely to read information from drug companies (49%) than they would information from professional associations (87%) or Health Canada (83%). This is in keeping with the lower level of confidence expressed in how drug companies research the safety and effectiveness of the drugs they manufacture, but also noteworthy given that drug companies are presently the only stakeholders required to report adverse drug reactions, and that many practitioners feel drug companies should have primary responsibility for drug safety.

### Likelihood of reading new drug safety information from sources (Q18)

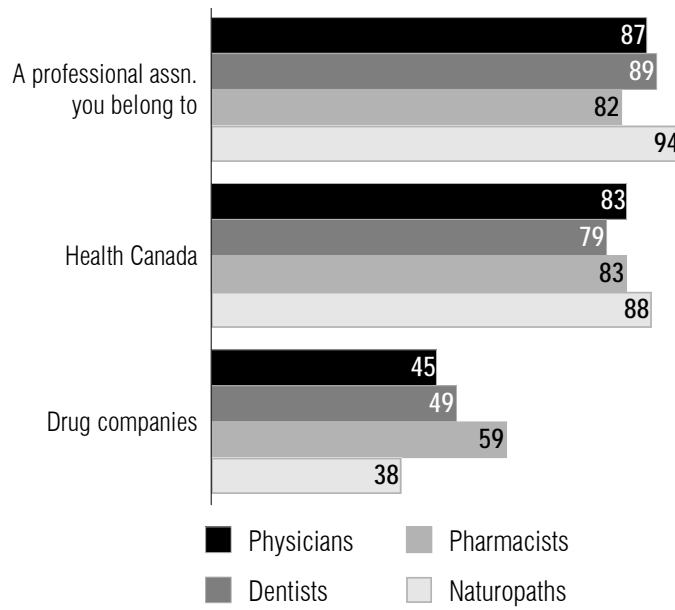


Base=1,108/percentages shown

Responses vary somewhat across profession. Naturopaths are the most apt to say they would be very likely to read information from their professional association (94%, vs. 86% of other professions), while pharmacists are the most apt to say they would very likely read drug company information (59%, vs. 45% of others). Naturopaths stand out as being the least likely to say they would read drug company information.

**Likelihood of reading new drug safety information from sources (Q18)**

Very likely By profession



Base=1,108/percentages shown

## ADVERSE DRUG REACTION PERCEPTION AND REPORTING

Health Canada is interested in the perceptions of health professionals of the seriousness of the adverse drug reaction problem in Canada today, and whether they feel there has been a change in seriousness in the past five years. The questions on this subject in the 2007 survey are identical to those asked in the 2003, allowing for tracking changes in opinion on these issues.

### Seriousness of ADR problem

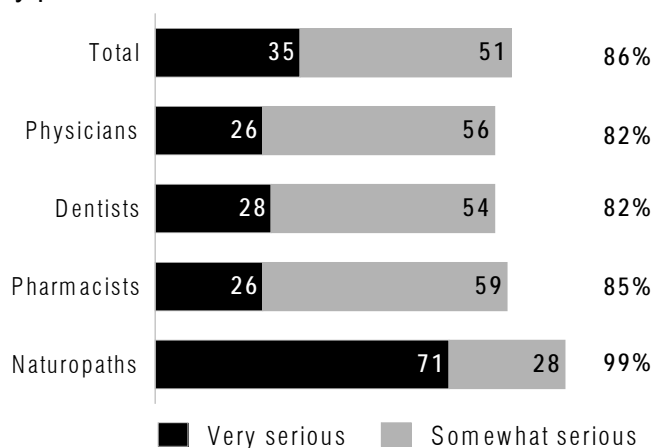
**More than eight in ten health professionals say that ADRs are a moderate to serious problem in Canada today, a proportion unchanged since 2003. Half believe that the ADR problem has increased in the past five years,**

Despite their continued confidence in the safety of drugs and health products and a generally positive view about the drug safety system in Canada, the majority of health professionals remain convinced that ADRs are a moderate to serious problem, and half feel that the problem has increased in the past five years.

**Perceived seriousness of ADR problem in Canada today.** After being read a definition of ADRs, health practitioners were asked to indicate how serious a problem they feel ADRs represent.<sup>5</sup> One-third (35%) say that ADRs are very serious, and a slim majority (51%) consider them to be a somewhat serious problem. One in seven (13%) believe that the ADR problem is not very or at all serious.

### Perceived seriousness of ADR problem (Q19)

#### By profession



Base=1,108/percentages shown

<sup>5</sup> The ADR definition provided was as follows: “For purposes of this survey, adverse drug reactions are defined as a noxious and unintended response to a drug that is considered serious by the health professional or consumer.”

Naturopaths continue to stand out as having a more pessimistic view than other health professionals. Seven in ten naturopaths (71%) think that the ADR problem in Canada is very serious, compared to between one-quarter and three in ten of other professionals. This echoes the findings of 2003.

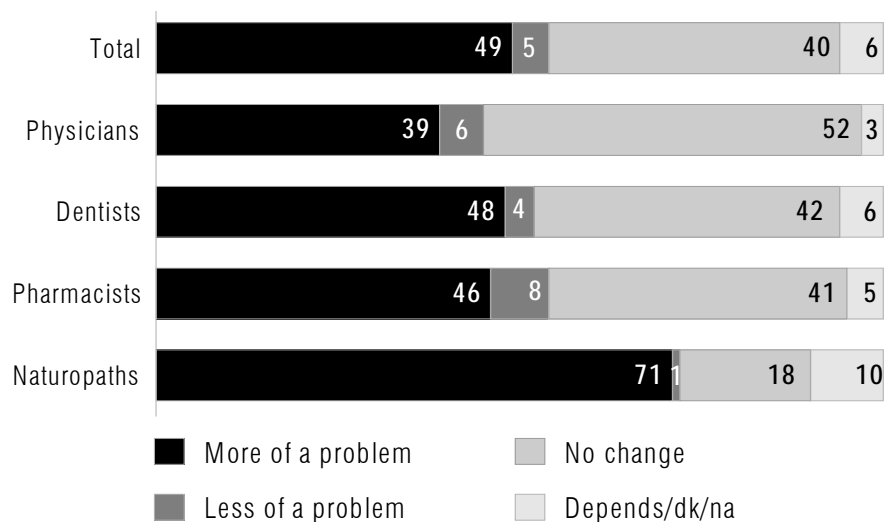
Believing that the ADR problem is very serious is linked to a lack of confidence in the drug safety system, which as previously noted is linked to profession, but this correlation also exists when profession is controlled. As well, most likely to see the ADR problem as very serious are those health professionals who place a high importance on staying current with new drug safety information, and those who frequently seek out this type of information.

**Change in seriousness of ADR problem.** Health professionals were asked if in the past five years they feel that ADRs have become more or less of a problem, or if this has not changed. Half (49%) feel they have become more of a problem, representing a small decrease from what was observed in 2003 (54%). Four in ten (40%, up from 35%) feel the extent of the ADR problem has not changed, and only five percent feel it has improved (unchanged from 2003).

Across the health professions, naturopaths are the most likely to feel the ADR problem has grown (71%, up 2 points from 2003). Physicians are the most likely to feel the level of problem has not changed (52%, up 7).

**If ADRs have become more or less of a problem in past five years (Q20)**

By profession



Base=1,108/percentages shown

As expected, believing that the ADR problem has increased is linked to increased perceptions of the severity of the ADR problem, and also to having less confidence in the drug safety system, and both of these remain the case when type of profession is controlled.

## Familiarity with how to report an ADR

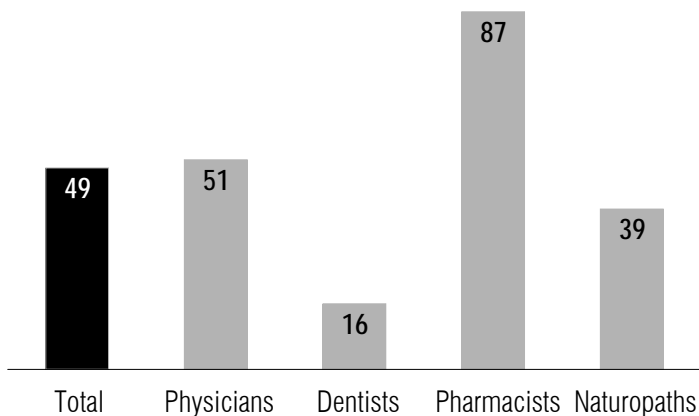
**Pharmacists and physicians claim to be most knowledgeable about ADR reporting procedures, although physicians are less likely to say they know how to do this now than was the case in 2003. Pharmacists are the most likely to know how to get an ADR form.**

Health professionals were asked if they are familiar with how to report an adverse drug reaction to Health Canada. Half (49%) say they are familiar with the mechanisms for reporting ADRs, a marginal decrease from 2003 (55%).

Those most likely to be familiar with how to report ADRs are pharmacists (87%, down 5 points) and physicians (51%, down 12). Less likely to be familiar with ADR reporting procedures are naturopaths (39%, up 20) and dentists (16%, up 3).

### Familiar with how to report an ADR (Q21)

Yes By profession

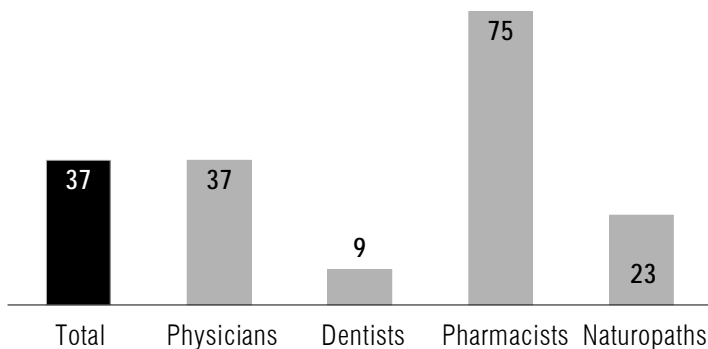


Base=1,108/percentages shown

All health professionals were asked if they know where to get the form for reporting ADRs. Interestingly, although half claimed to be familiar with how to report ADRs, just over a third (37%) say they know where to obtain ADR reporting forms. Those most likely to know where to get the form are pharmacists (75%), by a considerable margin over physicians (37%), naturopaths (23%) and dentists (9%).

### Know where to get ADR reporting form (Q24)

Yes By profession



Base=1,108/percentages shown

Awareness of how to get an ADR form appears to be higher among those who are very confident in the drug safety system, among those who feel it is very important to stay up-to-date with drug safety information, and those who claim to frequently look for such information. However, on closer examination, this appears to be primarily due to the effect of profession on these other factors.



## Mechanisms for reporting ADRs

Faxing and mail are the most commonly mentioned mechanisms for reporting an ADR and are most cited by pharmacists and physicians, the professions most likely to be familiar with reporting. Three in ten are aware of the on-line option.

**Mechanism of choice for reporting ADRs.** Those claiming to be familiar with how to report an adverse drug reaction were asked what mechanism they would use to do this (unprompted, with multiple responses permitted). Health professionals are most likely to fax (39%) or mail (21%) a form to Health Canada to report an ADR. One in six (16%) mention submitting the form on-line on the Health Canada or *MedEffect* website, and a smaller proportion (13%) say they would call or fax Health Canada toll-free. One in ten or fewer mention other reporting methods, including contacting the drug company (9%) or going through a professional association (7%).

## Mechanisms of choice to report ADRs (Q22)

By profession

	Total (n=543) %	Physicians (n=152) %	Dentists (n=48 <sup>a</sup> ) %	Pharmacists (n=262) %	Naturopaths (n=81) %
Complete and fax form to Health Canada	39	30	6	58	14
Complete and mail form to Health Canada	21	24	17	24	9
Complete on-line form on Health Canada website/MedEffect	16	15	21	10	33
Call Health Canada toll-free number (telephone or fax)	13	15	42	6	17
Contact drug company by phone	9	10	2	12	3
Obtain form and procedure from professional association	7	11	13	3	9
Report directly to Adverse Drug Reaction Reg. Centre	2	2	–	2	4
Notify MD	2	1	–	2	5
Contact pharmacist	2	7	2	*	–
Via e-mail (unspecified recipient)	1	1	–	1	3
Follow instructions	1	1	–	1	–
Other	4	4	8	2	6
Would not report	1	–	4	1	4
dk/na	3	2	4	1	9

\* Less than one percent

Subsample: Those familiar with how to report an ADR

<sup>a</sup> Small base (<50) – caution is advised in interpreting results

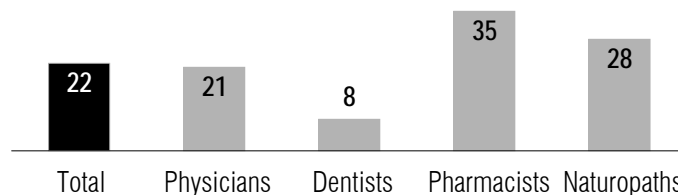
Pharmacists and physicians, the professions most likely to say they are familiar with how to report ADRs, are the most likely to fax or mail a completed form to Health Canada. Dentists would be most likely to call or fax a toll-free Health Canada number, while naturopaths are the most likely to mention the on-line reporting option.

A similar question was asked in 2003 but the wording was somewhat different and the results are therefore not directly comparable.<sup>6</sup>

**Awareness of on-line ADR reporting.** Those who did not mention an on-line method in an unprompted way were asked if they were aware that ADRs can be reported on-line through Health Canada's MedEffect website. Two in ten (22%) say they are aware of this option which, when combined with those who mentioned the option previously, represents three in ten (28%) of all health care professionals.

Prompted awareness of the on-line reporting method is highest among pharmacists (35%, or 40% net awareness) and naturopaths (28%, 37% net aware), and lower among physicians (21%, 27% net aware) and dentists (8%, 11% net aware).

**Aware of on-line ADR reporting via MedEffect (Q23)**  
By profession



Subsample: Those not mentioning this option unprompted (total n=1,022)/percentages shown

<sup>6</sup> In 2003, health professionals were asked what mechanism they *normally* use to report; in 2007, they were asked what mechanism they *would* use.

**Methods actually used to report ADRs in the past 12 months.** Health professionals who indicated they have reported at least one ADR in the past 12 months were asked if they have used any of five methods. The most commonly reported method is completing and mailing or faxing the one-page form to Health Canada (64%), followed by contacting a drug manufacturer directly (56%). Far less likely to have been used are direct contact with a regional AR centre (13%), the toll-free number (10%) or the on-line form (6%).

The base of those who have reported at least one ADR in the past year is too small to examine method use by subgroups.

**Methods actually used to report ADRs in past 12 months (Q27)**



Subsample: Those reporting ADR in past year (n=175)/ percentages shown

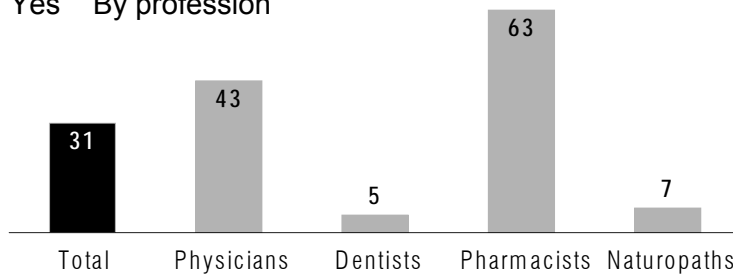
## ADR reporting

Three in ten health professionals have ever reported an ADR; those most likely to have done so are pharmacists. Over eight in ten have not reported an ADR in the past year. Pharmacists and physicians are less likely to report an ADR if it is either well-documented or trivial.

**If have ever reported an ADR.** Health professionals were asked if they have ever reported an adverse drug reaction. Three in ten (31%) say they have done so. As could be expected, those most likely to have done so are pharmacists (63%), followed by physicians (43%). Very few naturopaths and dentists have ever reported an ADR. Also as might be expected, incidence of ever having reported an ADR increases proportionately with years in practice.

### Have ever reported an ADR (Q25)

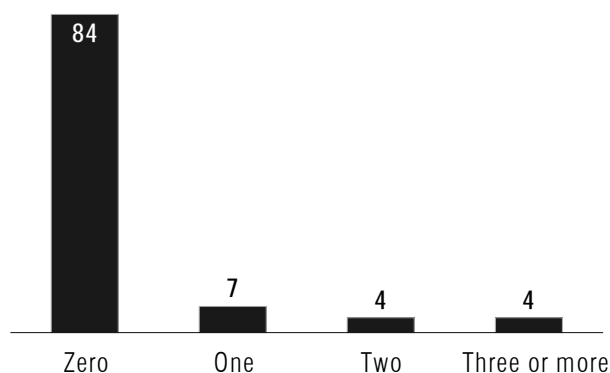
Yes By profession



Base=1,108/percentages shown

**Number of ADRs reported in past year.** The vast majority of health professionals (84%) have not reported an ADR in the past 12 months. Among those who did report in the past year, half (47%, representing 7% of the total population) reported one ADR, three in ten (or 4% of the population) reported two, and one-quarter (4% of the population) reported three or more. Pharmacists are the most likely to have reported any ADRs in the past year.

### Number of ADRs reported in past 12 months (Q26)

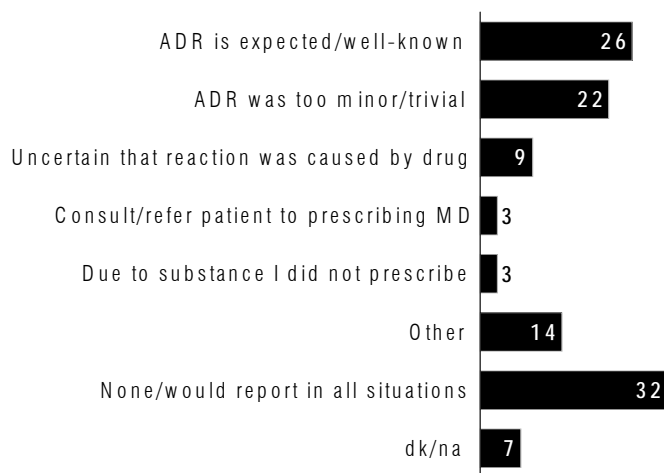


Base=1,108/percentages shown

**Why an ADR would not be reported.** Health professionals were asked in what types of situations, if any, they would not report an adverse drug reaction experienced by one of their patients.

Responses to this question are very similar to those recorded in 2003. Three in ten (32%) say they would report all ADRs regardless of the situation. One-quarter (26%) say they would not report an adverse reaction if it is expected or well-known, and two in ten (22%) would not report it if it was considered too minor or trivial. Smaller proportions also say that they would not report an ADR if they were uncertain that it was caused by a drug (9%), if they could consult or refer the patient to the prescribing MD instead (3%), or if it was due to a substance they did not prescribe (3%).

### Situations in which would not report ADR (Q28)



Base=1,108/percentages shown

Those most likely to indicate that they would report all ADRs regardless of the situation are dentists (41%) and naturopaths (40%), compared to physicians (28%) and pharmacists (22%). Physicians and pharmacists are more likely than others to say they would not report a reaction if it was well-known or if they were uncertain it was caused by a drug. Naturopaths are the most likely to state they would not report a reaction if it was due to a substance they did not prescribe (11%).

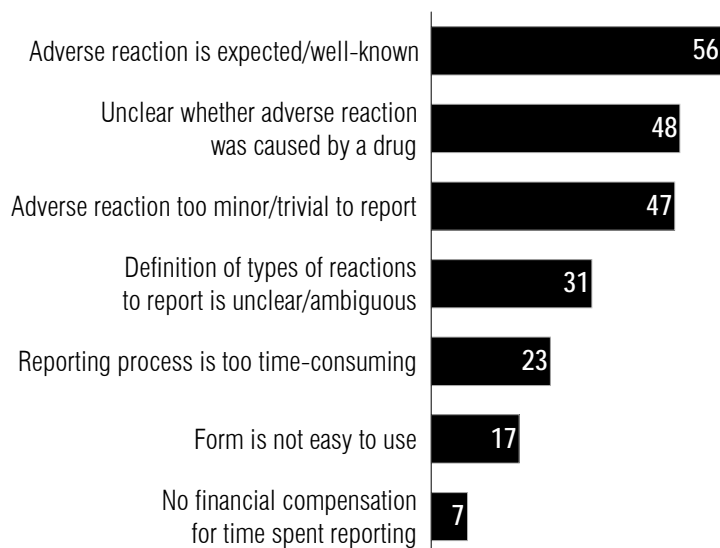
**Importance of specific reasons for not reporting an ADR.** Health professionals were read a list of seven potential reasons for not reporting an ADR and asked if each would be a major, minor or not a reason why they might decide against reporting an ADR.

Most apt to be considered a major reason for non-reporting is that the adverse reaction is expected or well-known (56%). Also considered major reasons, by about half of health professionals, is if it is unclear whether the reaction was caused by a drug (48%), or the reaction being too trivial or minor to report (47%). Three in ten (31%) believe it would be a major reason to not report an ADR if the definition of the types of reactions were unclear or ambiguous.

Least likely to be considered even a minor reason are the absence of financial compensation (67% say this would not be a reason for not reporting), the time-consuming nature of the process (41%), or the form not being easy to use (41%).

### Importance of reasons for not reporting ADRs (Q29)

#### Major Reason



Base=1,108/percentages shown

Among professions, physicians are the most likely to indicate that any of the cited reasons would be a major cause for not reporting an adverse reaction, the only exceptions being financial compensation or the reaction is well-known, where their opinion is similar to pharmacists.

### Importance of reasons for not reporting ADRs (Q29)

% saying major reason - By profession

	Total (1,108) %	Physicians (n=300) %	Dentists (n=300) %	Pharmacists (n=301) %	Naturopaths (n=207) %
Adverse reaction expected or well-known	56	68	44	68	36
It is unclear whether the adverse reaction was caused by a drug	48	55	44	48	42
Adverse reaction too minor or trivial to report	47	61	40	47	35
The definition of the types of reactions to report is unclear/ambiguous	31	38	28	29	30
The reporting process is too time-consuming	23	30	17	24	18
The form is not easy to use	17	24	15	12	17
There is no financial compensation for the time spent reporting	7	9	4	11	4





## EVALUATION OF AR REPORTING MECHANISMS

Although health professionals are less likely to point to procedural issues (such as difficulties with the form or the time requirement) as a deterrent to reporting ADRs, it is nonetheless important to assess their opinions of the mechanisms involved. Understanding their views on the ADR reporting system will point to potential improvements in the system and, ideally, serve to lessen any under-reporting that may be caused or exacerbated by perceived or actual difficulties with the process.

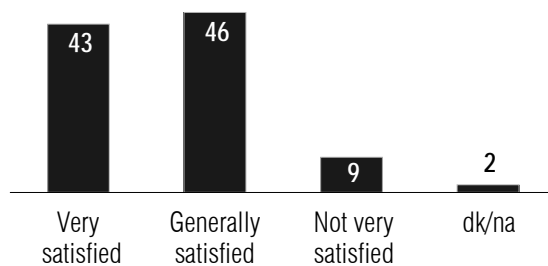
### Satisfaction with ADR reporting mechanisms

The vast majority of those using the fax-in or mail-in reporting option are satisfied with it. The small amount of dissatisfaction stems from lack of feedback or follow-up, requiring too much information, and problems with clarity of the questions or instructions.

Health professionals who used the on-line, toll-free or hard-copy form methods for reporting an ADR in the past year were asked how satisfied they were with using that method, and if any level of dissatisfaction was expressed, users were also asked why they were not more satisfied.

The vast majority of users of the mail-in or fax-in form say they are very (43%) or generally (46%) satisfied with it, a result comparable to that seen in 2003. Only one in ten express any dissatisfaction (9%).

#### Satisfaction with mail-in/fax-in form for reporting ADRs to Health Canada (Q30)



Base=112 (random selection of those who used mail-in or fax form)/percentages shown

All users of this method were either a pharmacist or physician. The base of physicians is small (n=36), but they make up the majority (n=8) of those expressing dissatisfaction (n=10). Reasons given for dissatisfaction with this method include a lack of feedback or follow-up, being time-consuming, not having enough space to include all relevant information, unclear instructions, ambiguous questions, and requiring too much information.

Of the 11 individuals using the on-line methods, six are very satisfied and four are generally satisfied; one could not classify their response. Of the 18 who used the toll-free phone line, six were very satisfied, nine were generally satisfied, and two were dissatisfied, stating that too much information was required or that no feedback or follow-up was provided.

### **Suggested improvements for ADR reporting methods**

**There is no clear consensus on ways to improve ADR reporting; the most mentioned possibilities are providing an electronic option, increasing awareness and improving the form.**

All health professionals, regardless of their ADR reporting history, were asked if they could think of any ways that the method for reporting ADRs could be improved, in terms of making it easier, faster or more accurate. There is no clear consensus, which is not surprising given that most users are generally satisfied with the current system. Two in ten health professionals (19%) say that the system is fine as it is, and one-quarter (27%) are unable to provide a suggestion for improvement. The main suggestions include an electronic system or e-mail (16%), increasing awareness of the system, perhaps using periodic reminders (12%), making the form simpler or shorter (11%), and giving clearer instructions (10%). Other suggestions are cited by fewer than one in ten.

**Suggested measures for improving methods of reporting ADRs (Q36)**

	Total (n=1,108) %
Electronic system/via e-mail	16
Increase awareness of system/notify/reminders	12
Simpler/shorter form	11
Provide clearer instructions	10
Improve availability/provide centralized website/software	6
Provide a toll-free hotline	3
Require less information	2
Provide financial incentive/compensation for rep. on time	2
Change the form (unspecified)	2
Have hard copies available	1
Let prescribing MD report it	1
Allow fax submissions	1
Other	3
None/OK as is	19
dk/na	27

Pharmacists, who are the most familiar with the system, are the most likely to say the system is fine as it is, and less likely than those in other professions to mention reminders or increased awareness. Instead, those pharmacists who have suggestions are more likely to mention an electronic system or simplifying the form. Physicians are the most likely to mention improved availability via a centralized website or software, or an electronic system/e-mail. Naturopaths are the least likely to provide any comments.

Professionals in Quebec are more likely than those elsewhere to request clearer instructions, which may point to potential language or interpretation issues with the current form.



## UNDER-REPORTING OF ADRS

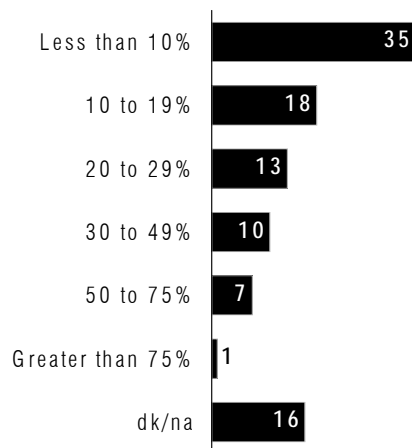
Under-reporting of ADRs has been recognized as a serious problem in Canada, in that this is a voluntary process for health professionals and one that this study confirms is not frequently being utilized. The survey probed the extent to which health professionals believe that ADRs are being under-reported and what they feel might improve this situation.

### Estimated percentage of ADRs reported

**A majority of health professions feel that less than half of ADRs that occur are being reported.**

The majority of health professionals feel that the ADRs being reported are just the tip of the iceberg: one-third (35%) think that less than 10 percent of ADRs are actually reported (up five points since 2003), and two in ten (18%) feel the figure is likely between 10 and 19 percent. Only about one in ten (8%) feel that half or more of ADRs are being reported; one in six (16%) are unsure of the proportion of occurrences reported.

### Estimated percentage of ADRs actually reported (Q37)



Base=1,108/percentages shown

Pharmacists are somewhat more pessimistic than other professionals, with just over four in ten (43%) believing that less than 10 percent of ADRs are reported (compared to 29% of naturopaths, 33% of dentists and 35% of physicians).

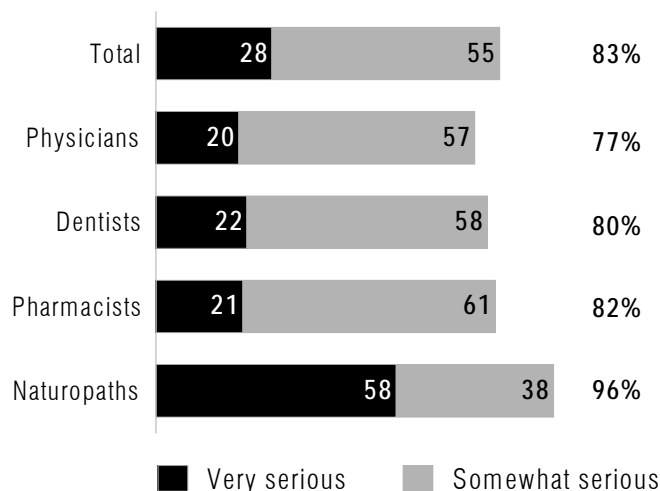
## Seriousness of ADR under-reporting

Just over eight in ten health professionals say the problem of under-reporting of ADRs in Canada is at least somewhat serious; naturopaths are the most likely to think that the under-reporting is very serious.

Health professionals recognize that under-reporting of ADRs is taking place, but do they also consider this to be a serious problem? More than nine in ten naturopaths (96%) and about eight in ten pharmacists (82%), dentists (80%) and physicians (77%) say that under-reporting is at least a somewhat serious problem in Canada today. The problem is considered to be very serious by higher proportions of naturopaths (58%) than other health professionals. This is consistent with the 2003 survey results.

### Seriousness of under-reporting of ADRs (Q38)

By profession



Base=1,108/percentages shown

As can be expected, considering the problem of under-reporting to be serious is linked to the belief that the ADR problem in Canada in general is serious. Health professionals are also more likely to say that under-reporting of ADRs is a serious problem if they express lower levels of confidence in the drug safety system, and this is the case even when profession is taken into account.

## Suggestions for ensuring more complete ADR reporting

Health professionals are most likely to believe that increased education/awareness of how to report and a simplified procedure would contribute to more complete ADR reporting.

Health professionals were asked what can or should be done to ensure more complete reporting of adverse drug reactions. The main two reasons given involve improved education and awareness of how to report ADRs among health professionals (47%) and making the process easier, simpler and less time-consuming (28%). About one in ten also believe that making the public more aware of ADR reporting (12%), providing a financial incentive or compensation for the time required (10%), or making reporting mandatory (8%) would ensure more complete reporting of ADRs.

### Suggested measures for ensuring more complete reporting of ADRs (Q39)

	Total (n=1,108) %
Net: Awareness of Need to/How to Report	53
Education/increase awareness of how to report	47
Make public more aware of reporting	12
Net: Improve Form Access/Submission	42
Make it easy/simple/less time-consuming	28
Improve availability/access to forms	6
Change/improve/streamline report form	5
Provide electronic options for submitting reports	4
Provide feedback/acknowledge receipt of reports	4
Provide 1-800 number	2
Provide financial incentive/compensation for time	10
Make reporting mandatory	8
Make drug manufacturers participate	1
Include pharmacists in process	1
Test/make safer drugs	1
Improve collaboration between professionals	1
No change/system unnecessary	1
Other	2
dk/na	12

Those most likely to give a suggestion regarding awareness of the need to/how to report are dentists (net 59%) and naturopaths (net 57%), compared to physicians (net 49%) or pharmacists (net 47%). Physicians are more likely (36%) than other professionals to comment on the need to make the process easier and less time-consuming. Pharmacists (17%) and physicians (13%), who file the majority of ADR reports, are also more likely than naturopaths (7%) or dentists (2%) to suggest financial incentives.



## CONCLUSIONS AND RECOMMENDATIONS

New drug safety information appears to be meeting the expectations of users, and Health Canada's offerings in this area have seen increases in familiarity and use over time. However, continued promotion of these resources should help to further increase their use and also to encourage health professional involvement in the ADR reporting process. The following is a summary of conclusions and recommendations by profession.

**Physicians.** Physicians play a vital role in ADR reporting, as they make up 95 percent of those writing 51 or more prescriptions in an average week. Still, only half say they are familiar with how to report an ADR and only about four in ten have ever done so. They are, next to naturopaths, the least likely to be very confident in the drug safety system; they are also the most likely to say that there has been no change in the ADR problem in Canada in the past five years. Physicians are also the least likely of the health professionals surveyed to think that natural health products are at least generally safe (53%) and the least likely to feel that drug companies should have full responsibility for drug safety.

It is therefore important to continue outreach efforts to physicians as their on-the-ground experience with patients suffering ADRs is crucial to the reporting and safety system. Physicians are particularly likely to indicate that they are deterred from ADR reporting due to time constraints and process issues, so promotion to this group of an easy on-line option may address some of this reluctance. For this profession in particular, having a follow-up mechanism may help to encourage those who do report ADRs of the importance of their contribution and encourage further reporting.

**Pharmacists.** Three-quarters of pharmacists fill 500 or more prescriptions per week, and most have direct contact with Canadians who might suffer ADRs. They are the health professionals most experienced and involved with the current drug safety system: the most familiar with how to report ADRs and where to get the form to do so, the most likely to be aware of on-line reporting, and the most likely to have ever reported an ADR (63% have done so). Although pharmacists express a high level of confidence in the drug safety system and in the safety of prescription and non-prescription drugs, since 2003 they have become somewhat less confident in the ability of those in their profession to stay informed. They are also the profession that is most pessimistic about ADR under-reporting: just over four in ten feel that less than 10 percent of ADRs are reported.

Pharmacists are already a key part of health professional ADR reporting. Increased promotion of on-line reporting options and the availability of HC information resources should help to augment their participation in the ADR process.

**Dentists.** Dentists have the authority to prescribe medication, although most (98%) write less than 50 prescriptions per week. Still, there is a need for them to be involved in the ADR reporting chain. Currently, they are less engaged with the drug safety system and process than other health professionals: They are the least familiar with how to report ADRs, the least likely to know where to obtain the reporting form, the least aware on the on-line reporting option, and the least likely to have ever reported an ADR. In addition, they are the least likely of the professionals surveyed to say that they seek out new drug information frequently, and are the least familiar with several key new drug information sources, although it is noted that there has been an increase in the familiarity with and use of the *Dear Health Care Professional* letters from Health Canada among dentists since 2003.

Dentists need to be encouraged to become more of an integral part of the ADR system. Increased promotion of the ADR problem and the resources available to them should encourage participation. Information directed at dentists should also include clear instructions on reporting procedures.

**Naturopaths.** Few naturopaths prescribe medications but all may influence their clients regarding the use of non-prescription health products that could result in ADRs. Because naturopaths differ from other health professionals in their attitudes about drug safety, special outreach efforts are needed for this population. Naturopaths have the least confidence in the drug system and in other health professionals, the federal government or drug companies, and only seven percent have ever reported an ADR, despite being the professionals most likely to say that the ADR problem in Canada is serious and that it is growing. Naturopaths are also the health professionals most likely to say that they seek out new drug information frequently, even though this may be due to their continuing scepticism of both the products and the process.

However, there is evidence of some key changes taking place in this population. In point of fact, there has been an increase since 2003 in the proportions of naturopaths who feel that prescription and non-prescription drugs are generally safe. This may be related to their increased familiarity with and use of Health Canada information sources, such as the *Dear Health Care Professional* letters and the adverse reaction advisories on the *MedEffect* site. Continuing to undertake education and outreach efforts with this population may help them to feel they are more a part of the process and potentially aid in increasing their reporting of ADRs.

## SURVEY METHODOLOGY



## SURVEY METHODOLOGY

### SAMPLE DESIGN

The sample for this study was designed to complete 1,100 interviews with representative samples of health professionals, as follows: physicians (300), dentists (300), pharmacists (300) and naturopaths (200). The sample frame for the study was compiled using the services of D&B Canada (the definitive provider of business and organization lists in Canada). D&B Canada's lists are updated quarterly, and cover approximately 95 percent of all health care institutions, medical practices and alternative therapy practitioners (e.g. chiropractors). The sample frames provided through D&B were sufficient in number for all health professions except naturopaths. For this latter category of health professionals, Environics supplemented the sample frame acquired through D&B Canada with the membership list posted on the Canadian Association of Naturopathic Doctors website.

To ensure that the final sample was representative of the current population of health professionals in Canada, only those respondents who described themselves as “currently practicing” were asked to complete the survey.

### Final sample distribution by health profession

Health Profession	Total unweighted sample	Margin of error*
Physicians	300	+/- 5.7%
Dentists	300	+/- 5.7%
Pharmacists	301	+/- 5.6%
Naturopaths	207	+/- 6.8%
<b>TOTAL</b>	<b>1,108</b>	<b>+/-3.0%</b>

\*Approximate margin of sampling error at the 95% confidence level

Weighting was not applied to the total sample. It was deemed inappropriate to weight the health professionals according to their true proportion due to the small number of naturopaths within the broader health professional population. A table showing the actual regional/provincial distribution of the respondents interviewed in this study is presented on page A-4.

## **QUESTIONNAIRE DESIGN**

The questionnaire used for this survey was developed in consultation with Health Canada. It was designed to address the general research objectives and specific areas of interest as outlined by officials at Health Canada. As requested, the questionnaire covers key descriptive variables such as urban versus rural practice, years in practice and the type(s) of practice. Because each sub-category of health professional was interviewed with the same survey, the validity of comparisons between responses given by different categories of health professionals is assured.

Once the questionnaire was finalized and approved by officials at Health Canada, it was translated into French using the Environics' professional translators. Both the English and French versions of the final study questionnaire are included in Appendix B.

## **PRE-TEST**

Prior to finalizing the survey for field, Environics conducted a full pre-test using a small sample of respondents selected from the different health professions. As with the methodology used in the study, the pre-test consisted of telephone interviews.

The interviews were taped and reviewed by senior Environics consultants. Following the completion of the pre-test, Environics provided Health Canada with a briefing/report of the pre-test results, and recommended changes to the questionnaire.

## **INTERVIEWING**

The interviewing was conducted using the Computer Assisted Telephone Interviewing (CATI) system at Environics' central facilities in Toronto and Montreal. Interviewing began on March 6 and was completed on March 27, 2007. Field supervisors were present throughout the interviewing process to ensure accurate interviewing and recording of responses. All sampling guidelines and callback procedures were adhered to throughout interviewing to ensure that each of the sample groups of health professionals was representative.

In accordance with the standards set out by the Canadian Association of Marketing Research Organizations (CAMRO), 10 percent of each interviewer's work was unobtrusively monitored for quality control. The average length of time required to complete an interview was 21.5 minutes. All research work was conducted in accordance with the professional standards established by the Marketing Research and Intelligence Association (MRIA), as well as applicable federal legislation (PIPEDA).

All surveys were conducted in a respondent's official language of choice. At the outset, respondents were advised of their rights under the Privacy and Access to Information Act (e.g., identifying the purpose of research, identifying sponsoring agency and research supplier, the voluntary nature of the survey, and the protection of their responses). As is customary in conducting this sort of research, dentists and physicians were offered an honorarium of \$75 for completing the survey.

## COMPLETION RESULTS

From the available telephone numbers for this study, 15,127 were dialled by Environics' interviewers. 4,406 of the numbers dialled were unresolved (busy/no answer/answering machine). Of the 10,721 calls that were resolved, 398 were out of scope (not-in-service/fax or modem line), 9,097 were non-responding (refusal/language barrier/missed callback or broken off), and 1,213 were responding. After excluding respondents who were not currently practicing, and respondents whose health profession's quota had been filled, a total of 1,108 interviews were completed (300 physicians, 300 dentists, 301 pharmacists, and 207 naturopaths). These completion results give the survey an effective response rate of 8 percent. The final disposition is presented in the following table, consistent with the reporting standards of the Marketing Research and Intelligence Association (MRIA).

### Completion results

	N
Total sample dialled	15,127
<b>UNRESOLVED NUMBERS (U)</b>	<b>4,406</b>
Busy	414
No answer	1,533
Answering machine	2,459
<b>RESOLVED NUMBERS (Total minus Unresolved)</b>	<b>10,721</b>
<b>OUT OF SCOPE (Invalid/non-eligible)</b>	<b>398</b>
Non-residential	8
Not-in-service	327
Fax/modem	63
<b>IN SCOPE NON-RESPONDING (IS)</b>	<b>9,097</b>
Refusals – household	468
Refusals – respondent	1,685
Language barrier	14
Callback missed/respondent not available	6,923
Break-offs (interview not completed)	7
<b>IN SCOPE RESPONDING (R)</b>	<b>1,213</b>
Disqualified	48
Quota filled	57
Completed	1,108
<b>RESPONSE RATE [R / (U + IS + R)]</b>	<b>8%</b>

**SAMPLE PROFILE**

The table below provides a breakdown of the health professionals included in the sample, according to region/province, and demographic characteristics.

**Sample distribution**

	Total %	Physicians %	Dentists %	Pharmacists %	Naturopaths %
<b>Region</b>					
Atlantic provinces	6.3	6	5	9	4
Quebec	24.4	25	25	25	22
Ontario	43.5	43	44	38	52
Prairies	13.6	14	14	18	7
British Columbia	12.2	12	12	11	15
<b>Gender</b>					
Male	58.7	71	73	51	31
Female	41.3	29	27	49	69
<b>Language of interview</b>					
English	76.6	76	77	75	79
French	23.4	24	23	25	21
<b>Years in practice</b>					
Less than 10 years	38.8	31	30	33	72
10 to 19 years	22.7	21	26	26	16
20 to 29 years	21.2	25	25	23	8
30 or more years	17.0	23	19	18	4
Refused	0.3	–	–	*	1
<b>Practice setting</b>					
Hospital/clinic	25.7	68	10	*	23
Private practice/retail	72.7	30	89	99	73
Other	1.2	2	1	1	2
Refused	0.4	–	–	–	1

\* Less than one percent



QUESTIONNAIRES: ENGLISH AND FRENCH



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**Health Canada**  
**Adverse Reaction Reporting – Survey with Health Professionals**  
**FINAL Questionnaire**

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**Introduction**

Good morning/afternoon/evening. May I please speak to [NAME]?

Hello, my name is \_\_\_\_\_ and I am calling from the Environics Research Group, a public opinion research company. Today we are conducting a survey with health professionals on behalf of Health Canada.

The purpose of this survey is to evaluate current methods for communicating post-market safety information about drugs. Topics covered will include different sources of drug safety information and reporting of adverse drug reactions. Health Canada wants get feedback from [professional type] across the country, to guide improvements in the way this type of information is provided to health professionals and the public. **PHYSICIANS/DENTISTS ONLY:** We are offering an honorarium of \$75 for completion of this survey.

**TO RESPONDENT:** Your participation in this survey is voluntary, and you are free to skip any question you prefer not to answer. Please be assured that your responses are confidential and will not be reported individually nor attributed to you personally. This survey is registered with the national survey registration system. May I interview you now?

01 – Yes

02 – Not now

03 – No, not interested

RECORD CALL BACK INFORMATION

THANK AND TERMINATE

**IF ASKED:** You were one of 300 [professional type] selected at random from a published list to be included in this survey.

**IF ASKED:** The survey will take about 20 minutes to complete

**IF ASKED:** The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.

**IF ASKED FOR CONTACT:** You may contact Jared Cohen at Health Canada. His phone number is 613-957-0276.

**CONFIRM WHETHER RESPONDENT WOULD PREFER TO BE INTERVIEWED IN ENGLISH OR FRENCH**

---

A. Before we begin, are you currently active in a clinical practice?  
[FOR PHARMACISTS, INCLUDE COMMUNITY PHARMACY/RETAIL AS WELL AS HOSPITAL SETTING]

01 - Yes

CONTINUE

02 - No

THANK AND TERMINATE; "This survey is directed to health professionals who are in an active practice. Thank you for your time."

## A. Perceptions about Drug Safety

I would like to start out by asking you some general questions about drug safety. . .

1. Thinking about specific types of health products available in Canada today, would you consider [PRODUCT TYPE] to be very safe, generally safe, not very safe, or not at all safe? [03/01]  
READ IN ORDER SHOWN

- a. Prescription drugs
- b. Non-prescription drugs
- c. Natural health products, such as vitamins, minerals and herbal remedies

01 - Very safe  
02 - Generally safe  
03 - Not very safe  
04 - Not at all safe  
VOLUNTEERED  
98 - Depends  
99 - Don't know/No answer

2. How much confidence do you have in the systems and safeguards currently in place to ensure the safety of drugs available in Canada today? Are you: [03/02]  
READ. IF ASKED: QUESTION IS FOR ALL PRODUCT CATEGORIES GENERALLY

01 - Very confident  
02 - Somewhat confident  
03 - Not very confident  
04 - Not at all confident  
VOLUNTEERED  
98 - Depends  
99 - Don't know/No answer

3. And how much confidence do you have in: [03/03]  
READ IN SEQUENCE

- a. How drug companies research the safety and effectiveness of the drugs they manufacture
- b. How the federal government regulates and monitors drug safety
- c. How members of your profession stay informed about the safety of drugs or other health products they administer
- d. How health professionals in general stay informed about the safety of the drugs they administer

01 - Very confident  
02 - Somewhat confident  
03 - Not very confident  
04 - Not at all confident  
VOLUNTEERED  
98 - Depends  
99 - Don't know/No answer

4. How much responsibility should each of the following groups have for drug safety? For each of the following, please tell me if they should have ... [\[06/23 – revised scale\]](#)

READ AND ROTATE

- a. Patients and consumers
- b. Health care professionals
- c. The federal government
- d. Drug companies

01 - Full responsibility  
02 - Significant responsibility  
03 - Limited responsibility  
04 - No responsibility  
VOLUNTEERED  
99 - Don't know/No answer

## B. Use and Awareness of New Safety Information about Drugs

*I would now like to ask you about new or updated information on drug safety - this would be information that is not yet published in monographs. For the sake of brevity, I'll refer to this as "new" safety information about drugs.*

5. How important is it for you as a practitioner to stay current regarding new drug safety information? Is it:

[\[NEW\]](#)

READ

01 - Very important  
02 - Somewhat important  
03 - Not very important  
04 - Not at all important  
VOLUNTEERED  
98 - Depends  
99 - Don't know/No answer

6. How often do you seek out or look for new information about the safety of drugs and other health products?

Do you do so: [\[03/8\]](#)

READ

01 - Frequently  
02 - Occasionally  
03 - Rarely, or  
04 - Never                                  SKIP TO Q.9  
VOLUNTEERED  
99 - Don't know/No answer                  SKIP TO Q.9

7. Where do you most often look for this kind of new safety information? [03/9]

DO NOT READ - CODE ALL THAT APPLY

- 01 - *Canadian Adverse Reaction Newsletter* (Health Canada Newsletter)
- 02 - *Dear Health Care Professional Letters* -from Health Canada
- 03 - *Dear Health Care Professional Letters* -from Drug companies
- 04 - *Dear Health Care Professional Letters* -non-specific (PROBE FOR SOURCE)
- 05 - Health Canada (PROBE FOR SPECIFICS)
- 06 - Mailings from Health Canada (PROBE IF NEWSLETTERS OR LETTERS)
- 07 - Health Canada electronic mailing/e-mail alerts (MedEffect e-Notice)
- 08 - Health Canada website / MedEffect
- 09 - Public Advisories/Warnings
- 10 - Adverse Drug Reaction Regional Centres
- 11 - Drug company/manufacturer
- 12 - Conferences/lectures/workshops
- 13 - Colleagues
- 14 - Professional association(s)
- 15 - Medical journals/publications
- 16 - *Compendium of Pharmaceuticals and Specialties (CPS)*
- 17 - Media
- 18 - On-line sources/websites/Internet (PROBE FOR SPECIFICS)
- 19 - Pharmacists/pharmacy
- 20 - U.S. FDA Medwatch alerts
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer                      SKIP TO Q.9

8. What other sources of new safety information about drugs are you familiar with? [03/10]

DO NOT READ - CODE ALL THAT APPLY PROBE: Anywhere else?

- 01 - *Canadian Adverse Reaction Newsletter* (Health Canada Newsletter)
- 02 - *Dear Health Care Professional Letters* -from Health Canada
- 03 - *Dear Health Care Professional Letters* -from Drug companies
- 04 - *Dear Health Care Professional Letters* -non-specific (PROBE FOR SOURCE)
- 05 - Health Canada (PROBE FOR SPECIFICS)
- 06 - Mailings from Health Canada (PROBE IF NEWSLETTERS OR LETTERS)
- 07 - Health Canada electronic mailing/e-mail alerts (MedEffect e-Notice)
- 08 - Health Canada website / MedEffect
- 09 - Public Advisories/Warnings
- 10 - Adverse Drug Reaction Regional Centres
- 11 - Drug company/manufacturer
- 12 - Conferences/lectures/workshops
- 13 - Colleagues
- 14 - Professional association(s)
- 15 - Medical journals/publications
- 16 - *Compendium of Pharmaceuticals and Specialties (CPS)*
- 17 - Media
- 18 - On-line sources/websites/Internet (PROBE FOR SPECIFICS)
- 19 - Pharmacists/pharmacy
- 20 - U.S. FDA Medwatch alerts
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

9. Please tell me how familiar you are with each of the following sources of new safety information about drugs? Are you very familiar, somewhat familiar, not very familiar or not at all familiar with: [\[03/11\]](#)  
READ IN SEQUENCE

- a. *The Canadian Adverse Reaction Newsletter*
- b. *Dear Health Care Professional* letters issued by drug manufacturers
- c. *Dear Health Care Professional* letters issued by Health Canada
- d. Health Canada's electronic mailing list (called MedEffect e-Notice)
- e. Drug Safety Advisories, Warnings and Recalls posted on Health Canada's MedEffect website
- f. The Adverse Reaction Regional Centres

01 - Very familiar

02 - Somewhat familiar

03 - Not very familiar

04 - Not at all familiar

VOLUNTEERED

99 - Don't know/No answer

IF NOT AT ALL FAMILIAR OR DK TO ALL SIX SOURCES, SKIP TO Q.15

10. Which of these sources of new safety information on drugs have you used in the past 12 months? [\[03/13\]](#)  
READ IN SEQUENCE – DO NOT ASK IF “NOT AT ALL FAMILIAR” IN Q.9

- a. *The Canadian Adverse Reaction Newsletter*
- b. *Dear Health Care Professional* letters issued by drug manufacturers
- c. *Dear Health Care Professional* letters issued by Health Canada
- d. Health Canada's electronic mailing list (called MedEffect e-Notice)
- e. Drug Safety Advisories, Warnings and Recalls posted on Health Canada's MedEffect website
- f. The Adverse Reaction Regional Centres

01 -Yes

02 - No

99 - Don't know/No answer

ASK Q11-14 FOR ONE SOURCE USED IN Q.10 – RANDOMIZE SELECTION

11. I would like to ask you a few questions about your use of [SOURCE]. Over the past year have you used this source for new information on drug safety: [03/14]

- 01 - Frequently
- 02 - Occasionally, or
- 03 - Rarely
- VOLUNTEERED
- 98 - Have not used                      SKIP TO Q.15
- 99 - Don't know/No answer              SKIP TO Q.15

12. How satisfied are you overall with the [SOURCE] as a source of information about drug safety? Are you: [03/17]

- 01 - Very satisfied
- 02 - Generally satisfied
- 03 - Not very satisfied
- 04 - Not at all satisfied
- VOLUNTEERED
- 98 - Depends                              SKIP TO Q.14
- 99 - Don't know/No answer              SKIP TO Q.14

13. In what way are you [satisfied/dissatisfied]? [03/18]  
DO NOT READ - CODE ALL THAT APPLY

Why Satisfied

- 01 - Good source of information/Relevant
- 02 - Able to get the information/answers I wanted
- 03 - Current information/Timely/Up-to-date
- 04 - Easy to use
- 05 - Concise
- 06 - Confidence in /Trust Health Canada
- 07 - Provides information critical to patient safety
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

Why Dissatisfied

- 01 - Not a good source of information (PROBE FOR SPECIFICS)
- 02 - Could not find information/answers to questions
- 03 - Information not current
- 04 - It is not comprehensive enough
- 05 - It is too product oriented
- 06 - The drugs/side effects are selectively given
- 07 - Site not easy to use
- 08 - Hard to find what I want
- 09 - Do not trust medical information on the Internet
- 10 - Do not have confidence/Lack trust in Health Canada
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer



14. How would you rate your satisfaction with each of the following aspects of [SOURCE], as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with this source in terms of: [\[03/19\]](#)  
 READ IN SEQUENCE

- a. How relevant the information is for your needs
- b. The level of detail provided to address your needs
- c. How clearly the information is presented
- d. How current or up-to-date the information is
- e. How usable the information is over time

- 01 - Very satisfied
- 02 - Generally satisfied
- 03 - Not very satisfied
- 04 - Not at all satisfied
- VOLUNTEERED
- 98 - Depends
- 99 - Don't know/No answer

15. In general, how would you prefer to get new information on drug safety? Would it be: [\[03/30\]](#)  
 READ ALL CATEGORIES AT ONCE - IN SEQUENCE

- 01 - By regular mail
- 02 - By fax
- 03 - By e-mail
- 04 - On the Internet
- 05 - Through software updates on your computer or hand-held device
- VOLUNTEERED
- 96 - Other (SPECIFY \_\_\_\_\_)
- 97 - No preference SKIP TO Q.17
- 98 - Depends SKIP TO Q.17
- 99 - Don't know/No answer SKIP TO Q.17

16. Why do you prefer this format? [\[NEW\]](#)  
 DO NOT READ – CODE ALL THAT APPLY

- 01 - Like hard copy so can review at home/away from office
- 02 - Like hard copy to file
- 03 - Receive too much paper
- 04 - Don't have Internet access/e-mail
- 05 - It's what I'm used to/habit
- 06 - Don't give out my e-mail address
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

17. How often would you like to receive new information about the safety of drugs and other health products?

READ [\[NEW\]](#)

01 – As soon as it becomes available

02 – Once a week

03 – Once a month

04 – Twice a year

05 – Once a year

06 – Less often

VOLUNTEERED

98 - Other (SPECIFY \_\_\_\_\_)

99 - Don't know/No answer

18. If you received new information about drug safety from each of the following sources, how likely would you be to read it? [\[NEW\]](#) READ AND ROTATE

a. Health Canada

b. A professional association that you belong to

c. Drug companies

01 – Very likely

02 – Somewhat likely

03 – Not very likely

04 – Not at all likely

VOLUNTEERED

98 - Other (SPECIFY \_\_\_\_\_)

99 - Don't know/No answer

#### **D. Adverse Reactions**

I'd now like to ask you more specifically about "adverse drug reactions." For purposes of this survey adverse drug reactions are defined as "a noxious and unintended response to a drug that is considered serious by the health professional or consumer".

19. How serious a problem do you believe adverse drug reactions are in Canada today? Is this a problem that is:

[\[03/32\]](#) READ

01 - Very serious

02 - Somewhat serious

03 - Not very serious, or

04 - Not at all serious

VOLUNTEERED

99 - Don't know/No answer

20. Do you think that over the past five years, adverse drug reactions in Canada have become more of a problem, become less of a problem, or have not changed? [\[03/33\]](#)

01 - Become more of a problem

02 - Become less of a problem

03 - Have not changed

VOLUNTEERED

98 -Depends

99 - Don' t know/No answer

## E. AR Reporting

As you may know, there is a system in place for reporting adverse drug reactions to Health Canada. The purpose of this system is to collect information so that Health Canada can identify new problems or risks associated with certain drugs and other types of health products, that might require regulatory action.

21. Are you familiar with how to report an adverse drug reaction? [\[03/34\]](#)

- 01 - Yes
  - 02 - No
  - 99 - Don't know/No answer
- SKIP TO Q.23
- SKIP TO Q.23

22. What mechanism would you use to report an ADR? [\[03/35 – revised wording\]](#)

DO NOT READ - CODE ALL THAT APPLY

- 01 - Complete and fax form to Health Canada
  - 02 - Complete and mail form to Health Canada
  - 03 - Complete on-line form on Health Canada website/MedEffect
  - 04 - Call Health Canada toll-free number (telephone or fax)
  - 05 - Contact drug company by phone
  - 06 - Report directly to Adverse Drug Reaction Regional Centre in province
  - 07 - Obtain form and procedure from professional association (e.g. Can. Pharm. Assoc.)
  - 97 - Other (SPECIFY \_\_\_\_\_)
  - 98 - Would not report
  - 99 - Don't know/No answer
- SKIP TO Q.24

23. Were you aware that you can report an adverse drug reaction on-line through Health Canada's MedEffect website? [\[NEW\]](#)

- 01 - Yes
- 02 - No
- 99 - Don't know/No answer

24. Do you know where to get the form for reporting ADRs? [\[03/36\]](#)

- 01 - Yes
- 02 - No
- 99 - Don't know/No answer

25. Have you ever reported an adverse drug reaction? [\[NEW\]](#)

- 01 - Yes
  - 02 - No
  - 99 - Don't know/No answer
- SKIP TO Q.28
- SKIP TO Q.28

26. How many adverse drug reactions, if any, have you yourself reported in the past 12 months? [\[03/37\]](#)

DO NOT ACCEPT RANGE – ACCEPT ESTIMATE

- \_\_\_\_\_ Number of ADRs reported
- 99 - Don't know/No answer

27. (IF Q.26> 0) Which of the following methods have you used to report an adverse drug reaction? [03/38]  
READ IN SEQUENCE

- a. Completing and mailing or faxing the one page form to Health Canada
- b. Completing and submitting the on-line form to Health Canada [new]
- c. Contacting Health Canada through the toll-free number
- d. Contacting a drug manufacturer
- e. Contacting an Adverse Reaction Regional Centre in your province or region

01 -Yes

02 - No

99 - Don't know/No answer

28. In what type of situations, if any, would you not report an adverse drug reaction experienced by one of your patients? [03/39]

DO NOT READ - CODE ALL THAT APPLY

01 - Uncertain that the reaction was caused by a drug

02 - ADR was too minor/trivial to report

03 - ADR is expected/well-known

04 - Lack of time to do reporting/time-consuming

05 - No financial compensation for time spent reporting

06 - Concern about legal implications

07 - Did not know how to report ADRs

08 - Unsure of need/See no value in reporting ADR

09 - Patient refusal/privacy issue

10 - Due to a substance I did not prescribe

11 - Unsure about what to report/Definition of ADR is unclear/ambiguous

97 - Other (SPECIFY \_\_\_\_\_)

98 - None/Would report in all situations

99 - Don't know/No answer

29. There are many reasons why a health professional might choose not to report an adverse drug reaction. For each item I read, please tell me whether this would be a major reason, a minor reason or not a reason why you might decide against reporting an ADR. [NEW]  
READ AND ROTATE

- a. The reporting process is too time-consuming.
- b. The definition of the types of reactions to report is unclear or ambiguous.
- c. The form is not easy to use.
- d. There is no financial compensation for the time spent reporting.
- e. The adverse reaction is expected or well-known.
- f. The adverse reaction is too minor or trivial to report.
- g. It is unclear whether the adverse reaction was caused by a drug.

- 01 – Major reason
- 02 – Minor reason
- 02 – Not a reason
- VOLUNTEERED
- 99 - Don't know/No answer

## F. Evaluation of AR Reporting Mechanisms

ASK IF USED MAIL/FAX FORM, ON-LINE FORM OR TOLL-FREE REPORTING IN Q.27 - OTHERS SKIP TO Q.36. ASK FOR UP TO TWO MECHANISMS; ALWAYS ASK FOR ON-LINE IF USED AT Q.27.

I would now like to ask you about your experiences with methods for reporting ADRs . . .

30. [IF USED MAIL/FAX-IN FORM] How satisfied were you with using the mail-in or fax-in form to report adverse drug reactions to Health Canada? Were you: [03/40]

- 01 - Very satisfied                           SKIP TO Q.32
- 02 - Generally satisfied                   SKIP TO Q.32
- 03 - Not very satisfied
- 04 - Not at all satisfied
- VOLUNTEERED
- 98 -Depends
- 99 - Don't know/No answer               SKIP TO Q.32

31. In what way were you not more satisfied with this method for reporting ADRs? [03/41]  
DO NOT READ - CODE ALL THAT APPLY

- 01 - Too much information to include
- 02 - Form is not easy to use
- 03 - Not enough space to include all relevant information
- 04 - Instructions are not clear
- 05 - Should have an electronic form option
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

32. [IF USED ON-LINE FORM] How satisfied were you with using the on-line form to report adverse drug reactions to Health Canada? Were you: [NEW]

- 01 - Very satisfied                                      SKIP TO Q.34
- 02 - Generally satisfied                                SKIP TO Q.34
- 03 - Not very satisfied
- 04 - Not at all satisfied
- VOLUNTEERED
- 98 -Depends
- 99 - Don't know/No answer                         SKIP TO Q.34

33. In what way were you not more satisfied with this method for reporting ADRs? [NEW]  
DO NOT READ - CODE ALL THAT APPLY

- 01 - Too much information to include
- 02 - Form is not easy to use
- 03 - Not enough space to include all relevant information
- 04 - Instructions are not clear
- 05 - Should have an electronic form option
- 06 - Hard to get through/put on hold
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

34. [IF USED TOLL-FREE LINE] How satisfied were you with using the toll-free phone line to report adverse drug reactions to Health Canada? Were you: [03/42]

- 01 - Very satisfied                                      SKIP TO Q.36
- 02 - Generally satisfied                                SKIP TO Q.36
- 03 - Not very satisfied
- 04 - Not at all satisfied
- VOLUNTEERED
- 98 -Depends
- 99 - Don't know/No answer                         SKIP TO Q.36

35. In what way were you not more satisfied with this method for reporting ADRs? [03/43]  
DO NOT READ - CODE ALL THAT APPLY

- 01 - Too much information to include
- 02 - Form is not easy to use
- 03 - Not enough space to include all relevant information
- 04 - Instructions are not clear
- 05 - Should have an electronic form option
- 06 - Hard to get through/put on hold
- 98 - Other (SPECIFY \_\_\_\_\_)
- 99 - Don't know/No answer

ALL RESPONDENTS

36. In what way, if any, do you think the method for reporting ADRs could be improved, in terms of making it easier or faster or more accurate? [03/44]  
DO NOT READ - CODE ALL THAT APPLY

- 01 - Provide financial incentive/compensation for reporting time
- 02 - Change the form (PROBE FOR SPECIFICS)
- 03 - Require less information
- 04 - Provide clearer instructions
- 97 - Other (SPECIFY \_\_\_\_\_)
- 98 - None/OK as is
- 99 - Don't know/No answer

**G. Underreporting of ADRs**

37. Reporting of adverse drug reactions by health professions is a voluntary process, and not all events are reported. From what you know or have heard, approximately what percentage of ADRs in Canada would you estimate are actually reported? [03/45]  
PROVIDE RANGES IF NECESSARY

- 01 - Less than 10%
- 02 - 10 to 19%
- 03 - 20 to 29%
- 04 - 30 to 49%
- 05 - 50 to 75%
- 06 - Greater than 75%
- VOLUNTEERED
- 99 - Don't know/No answer

38. Do you think under-reporting of ADRs is a problem that is very serious, somewhat serious, not very serious or not at all serious in Canada today? [03/46]

- 01 - Very serious
- 02 - Somewhat serious
- 03 - Not very serious, or
- 04 - Not at all serious
- VOLUNTEERED
- 99 - Don't know/No answer

39. What do you believe can or should be done to ensure more complete reporting of adverse drug reactions?  
DO NOT READ - CODE ALL THAT APPLY [03/47]
- 01 - Make it easy/simple/less time-consuming
  - 02 - Provide financial incentive/compensation for time
  - 03 - Education/Increase awareness of how to report
  - 04 - Provide electronic options for submitting reports
  - 05 - Provide 1-800 number
  - 06 - Make reporting mandatory
  - 07 - Make public more aware of reporting
  - 08 - Change/improve/streamline report form
  - 09 - Improve availability/access to forms
  - 10 - Provide feedback/acknowledge receipt of reports
  - 11 - Protect reporting health professional from liability
  - 98 - Other (SPECIFY \_\_\_\_\_)
  - 99 - Don't know/No answer

## I. Respondent Characteristics

*To finish up, I'd like to ask you a few questions about you and your practice for statistical purposes only. Please be assured that your answers will remain completely confidential.*

40. [PHYSICIANS/DENTISTS/NATUROPATHS] Which of the following describes the setting in which you primarily practice? [03/54]  
READ - IF MORE THAN ONE VOLUNTEERED, ASK FOR PRIMARY
- 01 - Hospital
  - 02 - Clinic
  - 03 - Private practice
  - 04 - Community Health Centre (CLSC in Quebec)
- VOLUNTEERED
- 98 - Other (SPECIFY \_\_\_\_\_)
  - 99 - Don't know/Refused
41. [PHARMACISTS ONLY] Do you currently practice in a community pharmacy or in a hospital setting? [03/56]  
READ - IF MORE THAN ONE VOLUNTEERED, ASK FOR PRIMARY
- 01 - Community pharmacy
  - 02 - Hospital
- VOLUNTEERED
- 98 - Other (SPECIFY \_\_\_\_\_)
  - 99 - Don't know/Refused
42. [PHYSICIANS/DENTISTS ONLY] May I confirm your area of specialization? [03/57]
- \_\_\_\_\_
- 99 - No Answer/Refuse



43. [NATUROPATHS ONLY] Are you licensed to prescribe medications? [03/60]

- 01 -Yes
- 02 - No
- 99 - Don't know/No answer

44. [ALL PHYSICIANS AND DENTISTS, PLUS NATUROPATHS WHO SAY YES TO Q.43] And approximately how many prescriptions would you prescribe in a typical week? [03/61]  
READ IF NECESSARY

- 01 - Up to 50
- 02 - 51 to 100
- 03 - 101 to 200
- 04 - Over 200
- VOLUNTEERED
- 99 - Don't Know/No answer

45. [PHARMACISTS IN COMMUNITY PHARMACY SETTINGS ONLY - Q.41] And approximately how many prescriptions would you fill in a typical week? [03/62]  
READ IF NECESSARY

- 01 - Up to 100
- 02 - 101 to 300
- 03 - 301 to 500
- 04 -Over 500
- VOLUNTEERED
- 99 - Don't Know/No answer

46. [ALL PROFESSIONS] How many years have you been in practice? [03/63]

- \_\_\_\_ Years
- 99 - Don't know/REFUSE

47. Do you have high-speed Internet access...? [NEW]  
READ - RANDOM

- a. At the office
- b. At home

- 01 -Yes
- 02 - No
- 99 - Don't know/No answer

48. Do you have an e-mail address at work? [NEW]

- 01 -Yes
- 02 - No
- 99 - Don't know/No answer

This completes the survey. On behalf of Health Canada, thank you very much for your participation.

RECORD:

49. Gender [03/64]

- 01 - Male
- 02 - Female

50. Language of interview [03/65]

- 01 - English
- 02 - French

51. Province [new]

- 01 - British Columbia
- 02 - Alberta
- 03 - Saskatchewan
- 04 - Manitoba
- 05 - Ontario
- 06 - Quebec
- 07 - Newfoundland and Labrador
- 08 - Nova Scotia
- 09 - New Brunswick
- 10 - Prince Edward Island

52. Community size [new]

- 01 - 1 million plus
- 02 - 100,000 to 1 million
- 03 - 25,000 to 100,000
- 04 - 10,000 to 25,000
- 05 - 5,000 to 10,000
- 06 - Less than 5,000

53. Health profession

- 01 - Physician
- 02 - Pharmacist
- 03 - Dentist
- 04 - Naturopath

**-- END --**

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**Santé Canada**  
**Déclaration des effets indésirables – Sondage des professionnels de la santé**  
**Questionnaire définitif**

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**Introduction**

Bonjour/Bonsoir. Puis-je parler à [NOM] ?

Bonjour/Bonsoir, mon nom est \_\_\_\_\_ et je vous appelle d'Environics Research Group, une société de recherche sur l'opinion publique. Aujourd'hui, nous effectuons un sondage auprès des professionnels de la santé pour le compte de Santé Canada.

L'objectif de cette étude est d'évaluer les méthodes qui sont utilisées à l'heure actuelle pour communiquer des renseignements sur l'innocuité des médicaments après leur mise en marché. Parmi les sujets abordés, il y aura les différentes sources d'information sur l'innocuité des médicaments, ainsi que la communication des effets indésirables dus aux médicaments. Santé Canada désire recueillir l'opinion de/d' [type de professionnel] situés d'un bout à l'autre du pays afin d'améliorer les façons dont ce type de renseignements sont fournis aux professionnels de la santé et au public. MÉDECINS//DENTISTES SEULEMENT : Nous offrons une compensation financière de 75 \$ pour compléter ce sondage.

AU/À LA RÉPONDANT(E) : Votre participation à ce sondage n'est pas obligatoire, et vous pouvez passer par-dessus n'importe quelle question si vous préférez ne pas y répondre. Veuillez être assuré(e) que vos réponses demeureront strictement confidentielles. De plus, les résultats ne seront jamais présentés individuellement et, en aucun cas, ils ne permettront de vous identifier personnellement. Ce sondage est inscrit dans le système national d'enregistrement des sondages. Puis-je vous interviewer maintenant ?

01 – Oui

02 – Pas maintenant

03 – Non, pas intéressé(e)

INSCRIRE LES RENSEIGNEMENTS POUR LE RAPPEL  
REMERCIER ET TERMINER

SI ON LE DEMANDE : Vous êtes l'un(e) des 300 [type de professionnel] qui a été choisi(e) au hasard à partir d'une liste publiée à inclure dans ce sondage.

SI ON LE DEMANDE : Il faudra environ 20 minutes pour compléter le sondage.

SI ON LE DEMANDE : Le système d'enregistrement a été mis sur pied par l'industrie canadienne de la recherche par sondage, afin de permettre au public de vérifier la légitimité d'un sondage, d'obtenir de l'information au sujet de l'industrie de la recherche par sondage ou pour déposer une plainte. Le numéro de téléphone sans frais du système d'enregistrement est le 1-800-554-9996.

SI ON DEMANDE LE NOM D'UNE PERSONNE-RESSOURCE : Vous pouvez communiquer avec Jared Cohen à Santé Canada. Son numéro de téléphone est le 613-957-0276.

CONFIRMER SI LE/LA RÉPONDANT(E) PRÉFÈRE ÊTRE INTERVIEWÉ(E) EN FRANÇAIS OU EN ANGLAIS.

---

- A. Avant que nous commençons, j'aimerais savoir si vous êtes présentement actif(ve) dans une pratique clinique ?  
[POUR LES PHARMACIENS, INCLUEZ LA PHARMACIE COMMUNAUTAIRE, LE COMMERCE DE DÉTAIL ET LES HÔPITAUX]

01 - Oui                   CONTINUER  
02 - Non                   REMERCIER ET TERMINER; « Ce sondage s'adresse directement aux professionnels de la santé qui sont présentement actifs dans une pratique clinique. Nous vous remercions du temps que vous nous avez accordé. »

## A. Perceptions relatives à l'innocuité des médicaments

J'aimerais vous poser quelques questions générales à propos de l'innocuité des médicaments...

1. Veuillez penser à des types spécifiques de produits thérapeutiques qui sont présentement disponibles au Canada. Considéreriez-vous que [TYPE DE PRODUIT] sont très sécuritaires, assez sécuritaires, pas très sécuritaires ou pas du tout sécuritaires ? [03/01]  
LIRE DANS L'ORDRE PRÉSENTÉ

- a. Les médicaments sur ordonnance
- b. Les médicaments en vente libre
- c. Les produits de santé naturels, comme les vitamines, les minéraux et les remèdes à base de plantes médicinales

01 – Très sécuritaires  
02 – Assez sécuritaires  
03 – Pas très sécuritaires  
04 – Pas du tout sécuritaires  
NON SUGGÉRÉ  
98 - Tout dépend  
99 - Ne sait pas/pas de réponse

2. Quel est votre niveau de confiance envers les systèmes et mesures de protection mis en place actuellement pour assurer la sécurité des médicaments qui sont présentement disponibles au Canada ? Avez-vous : [03/02]  
LIRE. SI ON LE DEMANDE : LA QUESTION PORTE SUR TOUTES LES CATÉGORIES DE PRODUITS EN GÉNÉRAL

01 - Grandement confiance  
02 - Assez confiance  
03 - Pas très confiance  
04 - Pas du tout confiance  
NON SUGGÉRÉ  
98 - Tout dépend  
99 - Ne sait pas/pas de réponse

3. Et, quel est votre niveau de confiance envers : [\[03/03\]](#)

LIRE DANS L'ORDRE

- a. La manière dont les sociétés pharmaceutiques assurent la sécurité et l'efficacité des médicaments qu'elles produisent
- b. La manière dont le gouvernement fédéral réglemente et contrôle l'innocuité des médicaments
- c. La manière dont les membres de votre profession sont informés à propos de l'innocuité des médicaments ou des autres produits de santé qu'ils donnent
- d. La manière dont les professionnels de la santé en général sont informés à propos de l'innocuité des médicaments qu'ils donnent

01 - Grandement confiance

02 - Assez confiance

03 - Pas très confiance

04 - Pas du tout confiance

NON SUGGÉRÉ

98 - Tout dépend

99 - Ne sait pas/pas de réponse

4. Quelle part de responsabilité est-ce que chacun des groupes suivants devrait avoir en matière d'innocuité des médicaments ? Pour chacun des groupes suivants, veuillez me dire s'il devrait avoir ... [\[06/23 – échelle révisée\]](#)

LECTURE EN ROTATION

- a. Les patients et consommateurs
- b. Les professionnels de la santé
- c. Le gouvernement fédéral
- d. Les sociétés pharmaceutiques

01 – L'entière responsabilité

02 – Une grande responsabilité

03 – Une responsabilité réduite

04 – Aucune responsabilité

NON SUGGÉRÉ

99 - Ne sait pas/pas de réponse

## B. Utilisation et connaissance des nouveaux renseignements sur l'innocuité des médicaments

*J'aimerais maintenant vous poser quelques questions à propos des nouveaux renseignements ou de la mise à jour des renseignements sur l'innocuité des médicaments – c'est-à-dire les renseignements qui ne sont pas encore publiés dans les monographies de produits. Pour être bref, j'y référerai en parlant des « nouveaux » renseignements sur l'innocuité des médicaments.*

5. Dans quelle mesure est-ce qu'il est important, en tant que praticien(ne), de vous tenir à jour en matière de nouveaux renseignements sur l'innocuité des médicaments ? Est-ce : [NOUVELLE]  
LIRE

01 – Très important  
02 – Assez important  
03 – Pas très important  
04 – Pas du tout important  
NON SUGGÉRÉ  
98 - Tout dépend  
99 - Ne sait pas/pas de réponse

6. À quelle fréquence cherchez-vous à obtenir ou recherchez-vous des nouveaux renseignements sur l'innocuité des médicaments et autres produits de la santé ? Le faites-vous : [03/8]  
READ

01 - Fréquemment  
02 – À l'occasion  
03 – Rarement ou  
04 – Jamais    PASSER À LA Q.9  
NON SUGGÉRÉ  
99 - Ne sait pas/pas de réponse      PASSER À LA Q.9

7. Et, à quels endroits êtes-vous le plus susceptible d'aller chercher ces nouveaux renseignements à propos de l'innocuité des médicaments ? [03/9]  
NE PAS LIRE – ENTRER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 - Bulletin canadien des effets indésirables (Bulletin de Santé Canada)  
02 - Avis destinés aux professionnels de la santé – de Santé Canada  
03 - Avis destinés aux professionnels de la santé – des sociétés pharmaceutiques  
04 - Avis destinés aux professionnels de la santé – non précisé (SONDER POUR OBTENIR LA SOURCE)  
05 – Santé Canada (SONDER POUR OBTENIR DES PRÉCISIONS)  
06 - Envois de Santé Canada (SONDER POUR SAVOIR S'IL S'AGIT DE BULLETINS OU DE LETTRES)  
07 - Liste d'envoi électronique/avertissements par courriel de Santé Canada (avis électronique MedEffet)  
08 - Site Web de Santé Canada / MedEffet  
09 – Avis publics/Mises en garde  
10 - Centres régionaux pour les effets indésirables dus aux médicaments  
11 – Sociétés pharmaceutiques/fabricants  
12 - Conférences/séminaires/ateliers  
13 - Collègues  
14 - Association(s) professionnelle(e)  
15 - Publications/revues médicales  
16 - Compendium des produits et spécialités pharmaceutiques (CPS)  
17 - Médias  
18 – Sources en direct/sites Web/Internet (SONDER POUR OBTENIR DES PRÉCISIONS)  
19 - Pharmaciens/pharmacie  
20 - Avertissements Medwatch de l'Administration des aliments et drogues (Etats-Unis)  
98 - Autre (PRÉCISER \_\_\_\_\_)  
99 - Ne sait pas/pas de réponse      PASSER À LA Q.9

8. Quelles autres sources de nouveaux renseignements sur l'innocuité des médicaments vous sont familières ?  
[03/10] NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT  
SONDER : Autre chose ?

- 01 - Bulletin canadien des effets indésirables (Bulletin de Santé Canada)
- 02 - Avis destinés aux professionnels de la santé – de Santé Canada
- 03 - Avis destinés aux professionnels de la santé – des sociétés pharmaceutiques
- 04 - Avis destinés aux professionnels de la santé – non précisé (SONDER POUR OBTENIR LA SOURCE)
- 05 – Santé Canada (SONDER POUR OBTENIR DES PRÉCISIONS)
- 06 - Envois de Santé Canada (SONDER POUR SAVOIR S'IL S'AGIT DE BULLETINS OU DE LETTRES)
- 07 - Liste d'envoi électronique/avertissements par courriel de Santé Canada (avis électronique MedEffet)
- 08 - Site Web de Santé Canada / MedEffet
- 09 – Avis publics/Mises en garde
- 10 - Centres régionaux pour les effets indésirables dus aux médicaments
- 11 – Sociétés pharmaceutiques/fabricants
- 12 - Conférences/séminaires/ateliers
- 13 - Collègues
- 14 - Association(s) professionnelle(e)
- 15 - Publications/revues médicales
- 16 - Compendium des produits et spécialités pharmaceutiques (CPS)
- 17 - Médias
- 18 – Sources en direct/sites Web/Internet (SONDER POUR OBTENIR DES PRÉCISIONS)
- 19 - Pharmaciens/pharmacie
- 20 - Avertissements Medwatch de l'Administration des aliments et drogues (Etats-Unis)
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

9. Veuillez me dire dans quelle mesure chacune des sources suivantes qui portent sur les nouveaux renseignements sur l'innocuité des médicaments vous sont familières ou non ? Diriez-vous que les sources suivantes vous sont très familières, assez familières, pas très familières ou pas du tout familières : [03/11] LIRE DANS L'ORDRE

- a. Bulletin canadien des effets indésirables
- b. Avis destinés aux professionnels de la santé des sociétés pharmaceutiques
- c. Avis destinés aux professionnels de la santé de Santé Canada
- d. Liste d'envoi électronique de Santé Canada (avis électronique MedEffet)
- e. Avis, mises en garde et retraits concernant l'innocuité des médicaments qui sont affichés sur le site Web MedEffet de Santé Canada
- f. Centres régionaux pour les effets indésirables dus aux médicaments

- 01 – Très familières
- 02 – Assez familières
- 03 – Pas très familières
- 04 – Pas du tout familières
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse

SI LES SIX SOURCES NE LUI SONT PAS DU TOUT FAMILIÈRES OU NSP, PASSER À LA Q.15

10. Parmi les sources suivantes de nouveaux renseignements sur l'innocuité des médicaments, lesquelles avez-vous utilisées au cours des 12 derniers mois ? [03/13]

LIRE DANS L'ORDRE – NE PAS POSER SI « PAS DU TOUT FAMILIÈRE » À LA Q.9

- a. [Du] Bulletin canadien des effets indésirables
- b. [Des] Avis destinés aux professionnels de la santé des sociétés pharmaceutiques
- c. [Des] Avis destinés aux professionnels de la santé de Santé Canada
- d. [De la] Liste d'envoi électronique de Santé Canada (avis électronique MedEffet)
- e. [Des] Avis, mises en garde et retraits concernant l'innocuité des médicaments qui sont affichés sur le site Web MedEffet de Santé Canada
- f. [Des] Centres régionaux pour les effets indésirables dus aux médicaments (des)

01 –Oui

02 - Non

99 - Ne sait pas/pas de réponse

POSER Q11-14 POUR UNE SOURCE UTILISÉE À LA Q.10 – CHOIX ALÉATOIRE

11. J'aimerais vous poser quelques questions à propos de votre utilisation du/de la/des [SOURCE]. Au cours de la dernière année, à quelle fréquence avez-vous utilisé cette source de nouveaux renseignements sur l'innocuité des médicaments ? Est-ce : [03/14]

01 – Fréquemment

02 – À l'occasion ou

03 – Rarement

NON SUGGÉRÉ

98 – N'a pas utilisé                      PASSER À LA Q.15

99 - Ne sait pas/pas de réponse      PASSER À LA Q.15

12. Dans l'ensemble, dans quelle mesure êtes-vous satisfait(e) des/du/de la [SOURCE] en tant que source de renseignements sur l'innocuité des médicaments ? Êtes-vous : [03/17]

01 – Très satisfait(e)

02 – Assez satisfait(e)

03 – Pas très satisfait(e)

04 – Pas du tout satisfait(e)

NON SUGGÉRÉ

98 - Tout dépend                      PASSER À LA Q.14

99 - Ne sait pas/pas de réponse      PASSER À LA Q.14



13. Et, pour quelles raisons êtes-vous [satisfait(e)/insatisfait(e)] ? [03/18]  
NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

Pourquoi le/la répondant(e) est satisfait(e)

- 01 – Bonne source d'information/pertinent
- 02 – Capable de trouver l'information/les réponses voulues
- 03 – Renseignements actuels/à jour/opportuns
- 04 – Facile à utiliser
- 05 – Information concise
- 06 – Confiance en /fait confiance à Santé Canada
- 07 – Fournit de l'information importante pour la sécurité du patient
- 98 – Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

Pourquoi le/la répondant(e) est insatisfait(e)

- 01 - Pas une bonne source d'information (SONDER POUR OBTENIR DES PRÉCISIONS)
- 02 - Incapable de trouver l'information/les réponses voulues
- 03 – Information n'est pas à jour
- 04 – N'est pas assez complet
- 05 – Trop axé sur le produit
- 06 – Les médicaments/les effets secondaires sont donnés de façon sélective
- 07 - Site difficile à utiliser
- 08 - Difficile de trouver ce que je veux
- 09 - Ne fait pas confiance à l'information médicale qui se trouve sur Internet
- 10 - N'a pas confiance /manque de confiance envers Santé Canada
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

14. Comment qualifieriez-vous votre niveau de satisfaction à l'égard de chacun des aspects suivants des/du/de la [SOURCE], en tant que source sur les nouveaux renseignements à propos de l'innocuité des médicaments ? Êtes-vous très satisfait(e), assez satisfait(e), pas très satisfait(e) ou pas du tout satisfait(e) de la source en ce qui a trait aux aspects suivants : [03/19]  
LIRE DANS L'ORDRE

- a. La pertinence de l'information pour vos besoins
- b. Le niveau de détails fourni pour répondre à vos besoins
- c. La clarté de l'information présentée
- d. Le fait que l'information soit à jour ou actuelle
- e. La possibilité d'utiliser l'information au fil du temps

- 01 – Très satisfait(e)
- 02 – Assez satisfait(e)
- 03 – Pas très satisfait(e)
- 04 – Pas du tout satisfait(e)
- NON SUGGÉRÉ
- 98 - Tout dépend
- 99 - Ne sait pas/pas de réponse

15. De manière générale, comment préféreriez-vous obtenir de nouveaux renseignements à propos de l'innocuité des médicaments ? Serait-ce : [03/30]  
LIRE TOUTES LES CATÉGORIES D'UN SEUL TRAIT – EN ORDRE

01 - Par la poste  
02 - Par télécopieur  
03 - Par courriel  
04 - Sur Internet  
05 – Par une mise à niveau du logiciel sur votre ordinateur ou votre appareil portatif  
NON SUGGÉRÉ  
96 - Autre (PRÉCISER \_\_\_\_\_)  
97 - Aucune préférence PASSER À LA Q.17  
98 - Tout dépend PASSER À LA Q.17  
99 - Ne sait pas/pas de réponse PASSER À LA Q.17

16. Pourquoi préférez-vous ce format ? [NOUVELLE]  
NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Préfère un document format papier pour être en mesure de l'examiner à la maison/à l'extérieur du bureau  
02 - Préfère un document format papier pour pouvoir le classer  
03 – Reçoit trop de paperasse  
04 – N'a pas accès à l'Internet/au courriel  
05 – C'est ce à quoi je suis habitué(e)/habitude  
06 – Je ne donne pas mon adresse de courriel  
98 - Autre (PRÉCISER \_\_\_\_\_)  
99 - Ne sait pas/pas de réponse

17. À quelle fréquence aimeriez-vous recevoir de nouveaux renseignements à propos de l'innocuité des médicaments et des autres produits de santé ? LIRE [NOUVELLE]

01 – Dès qu'ils sont disponibles  
02 – Une fois par semaine  
03 – Une fois par mois  
04 – Deux fois par année  
05 – Une fois l'an  
06 – Moins souvent  
NON SUGGÉRÉ  
98 - Autre (PRÉCISER \_\_\_\_\_)  
99 - Ne sait pas/pas de réponse

18. Si vous receviez de nouveaux renseignements à propos de l'innocuité des médicaments provenant d'une des sources suivantes, dans quelle mesure serait-il probable que vous les lisiez ? [NOUVELLE]  
LECTURE EN ROTATION

a. Santé Canada  
b. Une association professionnelle dont vous êtes membre  
c. Des sociétés pharmaceutiques

- 01 – Très probable
- 02 – Assez probable
- 03 – Pas très probable
- 04 – Pas du tout probable
- NON SUGGÉRÉ
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

#### D. Effets indésirables

Je vais maintenant vous poser des questions qui portent plus précisément sur les « effets indésirables dus aux médicaments. » Dans le cadre de ce sondage, les effets indésirables dus aux médicaments sont définis comme : « une réaction nocive et inattendue à un médicament qui peut être considérée comme grave par un professionnel de la santé ou un consommateur. »

19. Selon vous, dans quelle mesure les effets indésirables dus aux médicaments représentent-ils un problème grave au Canada en ce moment ? Est-ce un problème qui est : [\[03/32\]](#)  
LIRE

- 01 – Très grave
- 02 – Assez grave
- 03 – Pas très grave ou
- 04 – Pas grave du tout
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse

20. Au cours des cinq dernières années, croyez-vous qu'au Canada, les effets indésirables dus aux médicaments sont devenus un plus grand problème, un moins grand problème, ou que cela n'a pas changé ? [\[03/33\]](#)

- 01 - Plus grand problème
- 02 - Moins grand problème
- 03 - N'a pas changé
- NON SUGGÉRÉ
- 98 - Tout dépend
- 99 - Ne sait pas/pas de réponse

#### E. Notification des effets indésirables

Comme vous le savez peut-être, il y a un système en place qui permet de communiquer les effets indésirables dus aux médicaments à Santé Canada. L'objectif de ce système est de recueillir de l'information pour que Santé Canada puisse identifier les nouveaux problèmes ou les nouveaux risques associés à certains médicaments et autres types de produits thérapeutiques qui pourraient déboucher sur des mesures de réglementation.

21. La manière de signaler un effet indésirable dû à un médicament vous est-elle familière ? [\[03/34\]](#)

- 01 - Oui
  - 02 - Non
  - 99 - Ne sait pas/pas de réponse
- PASSER À LA Q.23  
PASSER À LA Q.23

22. Quel moyen utiliseriez-vous pour rapporter des effets indésirables dus aux médicaments ? [\[03/35 – formulation révisée\]](#)

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Vous rempliriez un formulaire et l'enverriez à Santé Canada par télécopieur
- 02 - Vous rempliriez un formulaire et l'enverriez à Santé Canada par la poste
- 03 - Vous rempliriez un formulaire en direct sur le site Web de Santé Canada /MedEffet PASSER À LA Q.24
- 04 - Vous communiqueriez avec Santé Canada par le biais du numéro sans frais (téléphone ou télécopieur)
- 05 - Vous appelleriez la société pharmaceutique
- 06 - Vous communiqueriez directement avec un Centre régional pour les effets indésirables dus aux médicaments de la province
- 07 - Vous obtiendriez le formulaire et la procédure auprès d'une association professionnelle (p. ex. : Association des pharmaciens du Canada.)
- 97 - Autre (PRÉCISER \_\_\_\_\_)
- 98 - Vous ne les signaleriez pas
- 99 - Ne sait pas/pas de réponse

23. Saviez-vous que nous pouvez rapporter des effets indésirables dus aux médicaments en direct sur le site Web MedEffet de Santé Canada ? [\[NOUVELLE\]](#)

- 01 - Oui
- 02 - Non
- 99 - Ne sait pas/pas de réponse

24. Savez-vous à quel endroit vous pouvez obtenir le formulaire pour déclarer les effets indésirables dus aux médicaments ? [\[03/36\]](#)

- 01 - Oui
- 02 - Non
- 99 - Ne sait pas/pas de réponse

25. Avez-vous déjà signalé un effet indésirable? [\[NOUVELLE\]](#)

- 01 - Oui
- 02 - Non PASSER À LA Q.28
- 99 - Ne sait pas/pas de réponse PASSER À LA Q.28

26. Au cours des 12 derniers mois, combien de fois avez-vous signalé des effets indésirables dus aux médicaments ? [\[03/37\]](#)

NE PAS ACCEPTER DE FOURCHETTE – UNE APPROXIMATION EST ACCEPTABLE

- \_\_\_\_ Nombre d'effets indésirables dus aux médicaments qui ont été signalés
- 99 - Ne sait pas/pas de réponse

27. (SI Q.26> 0) Lesquelles des méthodes suivantes avez-vous utilisées pour déclarer des effets indésirables dus à des médicaments ? [03/38]

LIRE DANS L'ORDRE

- a. Compléter un formulaire d'une page et l'envoyer par la poste ou par télécopieur à Santé Canada
- b. Compléter et acheminer le formulaire en direct de Santé Canada [NOUVELLE]
- c. Contacter Santé Canada par le biais du numéro sans frais
- d. Contacter un fabricant de médicaments
- e. Contacter un Centre régional pour les effets indésirables dus aux médicaments qui est situé dans votre province ou votre région

01 - Oui

02 - Non

99 - Ne sait pas/pas de réponse

28. S'il y a lieu, dans quels types de situations ne signaleriez-vous pas des effets indésirables dus aux médicaments qu'aurait éprouvés l'un de vos patients ? [03/39]

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Pas certain(e) que la réaction est due au médicament

02 – L'effet indésirable n'est pas assez grave/est trop insignifiant pour être signalé

03 - L'effet indésirable était déjà bien connu/n'était pas inattendu

04 - Manque de temps pour déclarer l'effet indésirable/prend trop de temps

05 - Aucune compensation financière pour le temps pris pour déclarer l'effet indésirable

06 - Préoccupation à l'égard des implications juridiques

07 - Ne savait pas comment déclarer les effets indésirables dus aux médicaments

08 – Ne sait pas si cela est nécessaire/ Ne voit aucun avantage à déclarer les effets indésirables dus aux médicaments

09 – Refus du patient/question de confidentialité

10 – Parce qu'il s'agit d'une substance que je n'ai pas prescrite

11 – Pas certain(e) de savoir quoi signaler/La définition d'un effet indésirable n'est pas claire/est ambiguë

97 - Autre (PRÉCISER \_\_\_\_\_)

98 - Aucune/ferait une notification dans toutes les situations

99 - Ne sait pas/pas de réponse

29. Il y a plusieurs raisons pour lesquelles un professionnel de la santé pourrait choisir de ne pas signaler un effet indésirable. Pour chacune des raisons que je vais vous lire, veuillez s'il vous plaît me dire si cela constituerait une raison importante, une raison pas trop importante ou pas du tout une raison pour laquelle vous pourriez décider ne pas signaler un effet indésirable. [NOUVELLE]  
LECTURE EN ROTATION

- a. Le processus de déclaration prend trop de temps.
- b. La définition des types d'effets à déclarer n'est pas claire ou est équivoque.
- c. Le formulaire n'est pas facile à utiliser.
- d. Il n'y a pas de compensation financière pour le temps pris pour déclarer l'effet indésirable.
- e. L'effet indésirable est déjà bien connu/n'est pas inattendu.
- f. L'effet indésirable n'est pas assez grave/est trop insignifiant pour être signalé.
- g. Il n'est pas certain(e) que l'effet indésirable soit provoqué par un médicament.

01 – Raison importante  
02 – Raison pas trop importante  
02 – Pas une raison  
NON SUGGÉRÉ  
99 - Ne sait pas/pas de réponse

#### F. Évaluation des mécanismes de notification des effets indésirables dus aux médicaments

POSER SI A FAIT LA DÉCLARATION EN UTILISANT UN FORMULAIRE PAR LA POSTE/PAR TÉLÉCOPIEUR, UN FORMULAIRE EN DIRECT OU A APPELÉ LE NUMÉRO SANS FRAIS À LA Q.27 – LES AUTRES, PASSER À LA Q.36. POSER LES QUESTIONS POUR AU PLUS DEUX MÉCANISMES; POSER TOUJOURS POUR LE FORMULAIRE EN DIRECT S'IL A ÉTÉ UTILISÉ À LA Q.27.

J'aimerais maintenant vous poser quelques questions à propos de l'expérience que vous avez eue avec les méthodes de notification des effets indésirables dus aux médicaments...

30. [SI LE/LA RÉPONDANT(E) A ENVOYÉ LE FORMULAIRE PAR LA POSTE/PAR TÉLÉCOPIEUR] Dans quelle mesure avez-vous été vous satisfait(e) du processus d'envoi du formulaire par la poste ou par télécopieur pour déclarer des effets indésirables dus aux médicaments à Santé Canada ? Avez-vous été :  
[03/40]

01 – Très satisfait(e)	PASSER À LA Q.32
02 – Assez satisfait(e)	PASSER À LA Q.32
03 – Pas très satisfait(e)	
04 – Pas du tout satisfait(e)	
NON SUGGÉRÉ	
98 -Tout dépend	
99 - Ne sait pas/pas de réponse	PASSER À LA Q.32

31. Pour quelles raisons n'avez-vous pas été davantage satisfait(e) de cette méthode pour déclarer les effets indésirables dus aux médicaments ? [03/41]

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Trop de renseignements à inclure
- 02 - Le formulaire n'est pas facile à utiliser
- 03 - Pas assez d'espace pour inclure tous les renseignements pertinents
- 04 - Les directives ne sont pas claires
- 05 - Le format électronique du formulaire devrait être disponible
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

32. [SI A UTILISÉ LE FORMULAIRE EN DIRECT] Dans quelle mesure avez-vous été satisfait(e) d'utiliser le formulaire en direct pour signaler des effets indésirables dus aux médicaments à Santé Canada ? Avez-vous été : [NOUVELLE]

- 01 - Très satisfait(e)                      PASSER À LA Q.34
- 02 - Assez satisfait(e)                    PASSER À LA Q.34
- 03 - Pas très satisfait(e)
- 04 - Pas du tout satisfait(e)
- NON SUGGÉRÉ
- 98 - Tout dépend
- 99 - Ne sait pas/pas de réponse      PASSER À LA Q.34

33. Pour quelles raisons n'avez-vous pas été davantage satisfait(e) de cette méthode pour déclarer les effets indésirables dus aux médicaments ? [NOUVELLE]

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Trop de renseignements à inclure
- 02 - Le formulaire n'est pas facile à utiliser
- 03 - Pas assez d'espace pour inclure tous les renseignements pertinents
- 04 - Les directives ne sont pas claires
- 05 - Le format électronique du formulaire devrait être disponible
- 06 - Difficile à compléter/à mettre en attente
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

34. [SI A UTILISÉ LE NUMÉRO SANS FRAIS] Dans quelle mesure avez-vous été satisfait(e) d'utiliser le numéro sans frais pour signaler des effets indésirables dus aux médicaments à Santé Canada ? Avez-vous été :

[03/42]

- 01 - Très satisfait(e)                      PASSER À LA Q.36
- 02 - Assez satisfait(e)                    PASSER À LA Q.36
- 03 - Pas très satisfait(e)
- 04 - Pas du tout satisfait(e)
- NON SUGGÉRÉ
- 98 - Tout dépend
- 99 - Ne sait pas/pas de réponse      PASSER À LA Q.36

Pour quelles raisons n'avez-vous pas été davantage satisfait(e) de cette méthode pour déclarer les effets indésirables dus aux médicaments ? [03/43]

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Trop de renseignements à inclure
- 02 - Le formulaire n'est pas facile à utiliser
- 03 - Pas assez d'espace pour inclure tous les renseignements pertinents
- 04 - Les directives ne sont pas claires
- 05 - Le format électronique du formulaire devrait être disponible
- 06 - Difficile à compléter/à mettre en attente
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

TOUS LES RÉPONDANTS

35. S'il y a lieu, de quelles façons la méthode de notification des effets indésirables dus aux médicaments pourrait-elle être améliorée de manière à la rendre plus facile à utiliser, plus rapide ou plus précise ? [03/44]  
NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Offrir des primes financières/des compensations pour le temps consacré à la notification
- 02 - Changer le formulaire (SONDER POUR OBTENIR DES PRÉCISIONS)
- 03 - Exiger moins de renseignements
- 04 - Fournir des directives qui sont plus claires
- 97 - Autre (PRÉCISER \_\_\_\_\_)
- 98 - Aucune/OK comme c'est en ce moment
- 99 - Ne sait pas/pas de réponse

## G. Sous-déclaration des effets indésirables

36. Les professionnels de la santé ne sont pas obligés de déclarer les effets indésirables dus aux médicaments, et ce ne sont pas tous les événements qui sont déclarés. D'après ce que vous savez ou ce que vous avez entendu, environ quel pourcentage des effets indésirables dus aux médicaments sont réellement déclarés au Canada ? [03/45]  
FOURNIR DES FOURCHETTES AU BESOIN

- 01 - Moins de 10 %
- 02 - 10 à 19 %
- 03 - 20 à 29 %
- 04 - 30 à 49 %
- 05 - 50 à 75 %
- 06 - Plus de 75 %
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse

37. Au Canada, croyez-vous que la sous-déclaration des effets indésirables dus aux médicaments est un problème très grave, assez grave, pas très grave ou pas du tout grave en ce moment ? [03/46]

- 01 - Très grave
- 02 - Assez grave
- 03 - Pas très grave ou
- 04 - Pas du tout grave
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse



38. Selon vous, qu'est-ce qui pourrait ou devrait être fait pour s'assurer qu'il y ait davantage de notifications des effets indésirables dus aux médicaments ?

NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT [03/47]

- 01 – Faciliter/simplifier la présentation de notifications /prendre moins de temps
- 02 – Offrir une compensation financière pour le temps consacré
- 03 – Éduquer/sensibiliser les gens à l'égard du système de notifications
- 04 – Offrir des options électroniques pour soumettre les notifications
- 05 – Fournir un numéro 1-800/sans frais
- 06 – Rendre la notification obligatoire
- 07 - Sensibiliser davantage le public à l'égard de la notification
- 08 - Changer/améliorer/ simplifier le formulaire de notification
- 09 – Améliorer la disponibilité du/l'accès au formulaire
- 10 – Donner un suivi/accuser réception des notifications
- 11 – Protéger le professionnel de la santé contre des poursuites éventuelles
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/pas de réponse

## I. Caractéristiques du/de la répondant(e)

*Pour terminer, j'aimerais vous poser quelques questions sur vous et votre pratique à des fins de statistiques uniquement. Veuillez être assuré(e) que toutes vos réponses demeureront entièrement confidentielles.*

39. [MÉDECINS/DENTISTES/NATUROPATHES] Laquelle des catégories suivantes décrit le mieux l'endroit où vous exercez principalement vos fonctions ? [03/54]

LIRE – SI MENTIONNE SPONTANÉMENT PLUS D'UNE, DEMANDER QUELLE EST LA PRINCIPALE

- 01 – Hôpital
- 02 – Clinique
- 03 – Cabinet privé
- 04 – Centre de santé communautaire (CLSC au Québec)
- NON SUGGÉRÉ
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/refus

40. [PHARMACIENS UNIQUEMENT] En ce moment, exercez-vous vos fonctions dans une pharmacie communautaire ou dans un hôpital ? [03/56]

LIRE – SI MENTIONNE SPONTANÉMENT PLUS D'UNE, DEMANDER QUELLE EST LA PRINCIPALE

- 01 - Pharmacie communautaire
- 02 - Hôpital
- NON SUGGÉRÉ
- 98 - Autre (PRÉCISER \_\_\_\_\_)
- 99 - Ne sait pas/refus

41. [MÉDECINS/DENTISTES UNIQUEMENT] Puis-je confirmer votre champ de spécialisation ? [03/57]

\_\_\_\_\_  
99 – Pas de réponse/Refus

42. [NATUROPATHES UNIQUEMENT] Êtes-vous autorisé(e) à prescrire des médicaments ? [03/60]

- 01 - Oui
- 02 - Non
- 99 - Ne sait pas/pas de réponse

43. [TOUS LES MÉDECINS ET DENTISTES, PLUS LES NATUROPATHES QUI ONT RÉPONDU OUI À LA Q.43] Et, environ combien prescriptions rédigez-vous au cours d'une semaine habituelle ? [03/61]  
LIRE AU BESOIN

- 01 – Jusqu'à 50
- 02 - 51 à 100
- 03 - 101 à 200
- 04 – Plus de 200
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse

44. [PHARMACIENS TRAVAILLANT DANS UNE PHARMACIE COMMUNAUTAIRE UNIQUEMENT - Q.41] Et, environ combien de prescriptions recevez-vous au cours d'une semaine normale ? [03/62]  
LIRE AU BESOIN

- 01 - Jusqu'à 100
- 02 - 101 à 300
- 03 - 301 à 500
- 04 - Plus de 500
- NON SUGGÉRÉ
- 99 - Ne sait pas/pas de réponse

45. [TOUTES LES PROFESSIONS] Depuis combien d'années pratiquez-vous ? [03/63]

- \_\_\_\_\_ années
- 99 – Ne sait pas/REFUS

46. Avez-vous accès à l'Internet à haute vitesse... ? [NOUVELLE]  
LIRE – ORDRE ALÉATOIRE

- a. Au bureau
- b. À la maison

- 01 - Oui
- 02 - Non
- 99 - Ne sait pas/pas de réponse

47. Avez-vous une adresse de courriel au travail ? [NOUVELLE]

- 01 - Oui
- 02 - Non
- 99 - Ne sait pas/pas de réponse

Ceci met fin au sondage. De la part de Santé Canada, nous vous remercions de votre participation.

INSCRIRE :

48. Sexe [03/64]

- 01 - Masculin
- 02 - Féminin

49. Langue de l'entrevue [03/65]

- 01 - Anglais
- 02 - Français

50. Province [NOUVELLE]

- 01 – Colombie-Britannique
- 02 – Alberta
- 03 – Saskatchewan
- 04 – Manitoba
- 05 – Ontario
- 06 – Québec
- 07 – Terre-Neuve et Labrador
- 08 – Nouvelle-Écosse
- 09 – Nouveau-Brunswick
- 10 – Île-du-Prince-Édouard

51. Taille de la collectivité [NOUVELLE]

- 01 - 1 million ou plus
- 02 – 100 000 à 1 million
- 03 - 25 000 à 100 000
- 04 - 10 000 à 25 000
- 05 - 5 000 à 10 000
- 06 – Moins de 5 000

52. Professions dans le domaine de la santé

- 01 - Médecin
- 02 – Pharmacien(ne)
- 03 - Dentiste
- 04 - Naturopathe

-- FIN --