



**Association of Medical Microbiologists and Infectious  
Disease (AMMI) Canada**  
Strategic Plan Renewal 2021  
Findings from Stakeholder Interviews

Prepared by:



# Introduction

## Background

TP & Co. was approached early in fall 2021 to submit a proposal for a revised strategic plan. The previous strategic plan was conducted in 2012 and since then, several factors, including the COVID pandemic, have put a strain on both human and financial capital. The current AMMI Canada President, Sarah Forgie, and Executive Director (ED), Riccarda Galieto, hope to approve a new plan that can include better allocation of resources and a stronger financial base.

## Methods: Stakeholder Interviews

The lead point people in the process are the ED and the AMMI Canada 2021 President. Interviews were conducted with key stakeholders, including members of council, other partner associations that AMMI Canada interacts with, and industry partners. A list of those interviewed is found in the stakeholder analysis.

## Summary of Findings

### Part 1: Council Interviews (N=4)

Four council members were interviewed and included: Drs. Todd Hachette (Past-President), Sarah Forgie (President), Deb Yamamura (President-Elect), and Karen Doucette (council member). The following chart is a summary of areas to improve based on common themes identified during the interviews.

Areas to Improve	Highlights from Council Interviews
<b>Governance</b>	<ul style="list-style-type: none"><li>• Create manual of operations (onboarding) for key council positions (President, Secretary)</li><li>• Develop a critical path for key council roles</li><li>• Revise organizational chart and review roles for secretariat</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>• Engage residents at annual conference</li><li>• Create (expand) other opportunities in education outside the annual conference</li></ul>
<b>Guidelines</b>	<ul style="list-style-type: none"><li>• Improve process: Guidelines take long to produce, especially GRADE guidelines</li><li>• Consider alternatives: Practice Points (CPS does these), best practice reports, semi-practice points around COVID-19</li></ul>
<b>Revenue Diversification</b>	<ul style="list-style-type: none"><li>• Further explore the CPD accreditation revenue, Office of Education with different offerings</li><li>• Develop corporate sponsorship</li></ul>

Areas to Improve	Highlights from Council Interviews
<b>Re-position/Re-define AMMI Canada</b>	<ul style="list-style-type: none"> <li>• Position as the “go-to” for Lyme disease and tropical infections</li> <li>• Position as the “go-to” for AMR and AMS</li> <li>• What is AMMI Canada? What does it stand for? Who does it represent?</li> <li>• Identity crisis even among members</li> </ul>

## PART 2: Other Partner Associations (N=5)

Five partner associations were interviewed based on their previous working relationships with AMMI Canada. The following partners were identified by the ED and the President: The Public Health Agency of Canada (PHAC), the Canadian Thoracic Society (CTS), the Canadian Paediatric Society (CPS), the Canadian Rheumatology Association (CRA), and the Canadian Association for HIV Research (CAHR). Common themes emerged as areas of focus, and they are summarized below. As a reference, the individual, full summaries of the interviews are listed in the document, under Part 2: Other Partner Associations, Page 9.

Areas of Focus	Highlights from Other Partner Associations Interviews
<b>Industry Support/Partners and corporate Partnership</b>	<p><b>PHAC</b></p> <ul style="list-style-type: none"> <li>• AMR is moving in a different direction. PHAC is open to partnerships with industry and meets regularly with them</li> <li>• Align with industry on common goals, get the financial support from industry, and then advocate their position to PHAC and MPs</li> </ul> <p><b>CTS/CRA/CPS</b></p> <ul style="list-style-type: none"> <li>• Establish an industry roundtable or advisory committee at least 2-3 times a year with key members of council and the ED</li> <li>• Establish a corporate sponsorship package</li> </ul>
<b>Guidelines</b>	<p><b>CTS</b></p> <ul style="list-style-type: none"> <li>• Potential to share resources: Methodologists, medical writers, Cochrane (McMasters)</li> </ul> <p><b>CRA</b></p> <ul style="list-style-type: none"> <li>• Focus on the timely turnover of guidelines, “live guidelines” to release bits and pieces of a guideline rather than the entire guideline at one time</li> </ul> <p><b>CPS</b></p> <ul style="list-style-type: none"> <li>• CPS sets its Practice Points two years in advance, outside of those related to COVID, so they can share those with AMMI Canada</li> </ul>
<b>Formal Meeting</b>	<p><b>CRA</b></p> <ul style="list-style-type: none"> <li>• Once a year, share their strategic plan and initiatives for the coming year and see where both organizations align</li> </ul> <p><b>CPS</b></p> <ul style="list-style-type: none"> <li>• At the beginning of the year or at least once a year, meet and share their respective plans</li> </ul> <p><b>CAHR</b></p> <ul style="list-style-type: none"> <li>• Better communication and more regular touchpoints</li> </ul>

Areas of Focus	Highlights from Other Partner Associations Interviews
	<ul style="list-style-type: none"> <li>Respond more quickly to requests, perhaps assign someone to interact with partner associations to speed up response</li> <li>A lack of response can indicate an unwillingness to partner</li> </ul>
<b>Advocacy</b>	<p><b>PHAC</b></p> <ul style="list-style-type: none"> <li>Pull from a higher level, need an issue, need support from an agency (IMPACT) with info- and pictograms. Professional look and support required</li> <li>AMR task force: <u>This topic is hot</u>; put money into the budget, leverage politicians, and use advocacy</li> <li>Fact guidance: AMMI Canada does this well. They house the expertise for fact guidance</li> </ul> <p><b>CTS</b></p> <ul style="list-style-type: none"> <li>Potential for advocacy on common issues. CTS produces many position statements and uses an agency to advocate on their behalf (IMPACT)</li> <li>AMMI Canada should consider using parallel models and partner with other associations, like CTS, to jointly advocate for a cause</li> </ul>
<b>Position Papers/Consensus</b>	<p><b>CTS</b></p> <ul style="list-style-type: none"> <li>Collaborate on position papers: Support of two associations with one statement is better than having two statements</li> <li>Improve turnaround time to obtain consensus on joint statement</li> </ul>
<b>Annual Conference</b>	<p><b>CTS</b></p> <ul style="list-style-type: none"> <li>Outsource the logistics of the annual conference so that the ED can focus on other areas of importance</li> </ul>

### PART 3: Industry Partners (N=3)

Pfizer, Hologic and Gilead were identified by the ED as stakeholders to interview. Below is a summary of common themes and suggestions based on the relationship each partner has had with AMMI Canada. As a reference, the individual, full summaries of the interviews are listed in the document, under Part 3: Industry Partners, Page 18.

Theme	Highlights from Industry Association Interviews
<b>Conference</b>	<ul style="list-style-type: none"> <li>Excellent opportunity for networking</li> <li>Good opportunities for accredited symposia</li> <li>Companies scaling back on conference sponsorship, more funds in education (CME)</li> </ul>
<b>Other Educational Opportunities</b>	<ul style="list-style-type: none"> <li>Regional CME, topical CME</li> <li>Option to organize rollouts for accredited programs</li> <li>Webinars: Options for accredited national or regional programs</li> <li>Podcasts: potential to post on gated site for members</li> </ul>
<b>Industry Advisory Committee/Roundtable</b>	<ul style="list-style-type: none"> <li>Regular touchpoints with industry, at least 1-2 a year</li> <li>Formal meetings with ED and key members of council</li> </ul>
<b>Corporate Sponsorship</b>	<ul style="list-style-type: none"> <li>All other associations have this support, and it is different from conference support</li> <li>Annual support tied to goals of the strategic plan (tangible benefits)</li> </ul>

# Interviews

## PART 1: COUNCIL MEMBERS

A summary of the interviews were sent to the respective council members for approval and inclusion in this document.

### **Todd Hatchette, Past-President: October 29, 2021**

What is the greatest strength of AMMI Canada? What does it do well?

The greatest strength is the ability of the association to network. AMMI Canada is known as the “Voice of Infectious Disease and Microbiologists.” Dr. Hatchette was the last President who was able to host a live, face-to-face meeting in 2019. AMMI Canada has a great annual conference where members connect.

What are some key words to describe the association?

Network, connect with members.

What can AMMI Canada do better/improve upon?

There are several experts at AMMI Canada who are tapped into the media but when they speak, they do not represent AMMI Canada, nor do they reference the guidelines.

AMMI Canada can work more closely with PHAC on guidelines for clinical care. They should position themselves as the “go-to” group for Lyme disease and tropical infections. They should leverage more relationships with the government. This can fall under the realm of advocacy.

Fellowships – some are easily awarded but perhaps membership could be leveraged to provide input.

What are some opportunities or future areas of focus?

Mandatory vaccines for healthcare workers or aerosol versus droplets are topics of great interest, but there are various opinions on council, and it is hard to get consensus. AMMI Canada should stand for evidence and science.

There should be more focus on building the journal (JAMMI) and exploring journal ads. AMMI can also do more to enhance the Canadian Research Network (CRN), possibly by offering mini courses to educate GPs on antimicrobial stewardship and duration of therapy.

## **Sarah Forgie, President: November 2, 2021**

### What is the greatest strength of AMMI Canada? What does it do well?

AMMI's strength lies in the networking of its members. The annual conference is the most important event and there is a lot of effort that goes into building it. The association dues are low, and AMMI watches out for its members. Dr. Forgie is proud of recent developments, such as the wellness programs for members, new connections with PHAC (e.g., CUPA tea), and new ways of educating the membership.

### What are some key words to describe the association?

- Educational
- Inclusive
- Collaborative

### What can AMMI Canada do better/improve upon?

There should be a critical path for the President — an onboarding document that serves as a roadmap. A governance review should be conducted and an organizational chart should be revised and improved. AMMI should continue the regular meetings with the 3Ps (Past-President, President, and President-Elect) and increase the frequency of council meetings (versus twice annually); this works well and keeps council engaged.

Regarding guidelines, these currently take a long time to produce, especially GRADE guidelines (which AMMI Canada does not have the capacity to create at this time). Alternatives to guidelines, such as Practice Points (Canadian Pediatric Society does these), best practice reports, or semi-practice points around topics like COVID-19 should be considered.

### What are some opportunities or future areas of focus?

In summary, guideline alternatives and governance are key targets of improvement. Furthermore, it will be important to investigate new ways of educating the membership and leaving AMMI Canada in better financial and administrative shape than when Dr. Forgie's term started.

## **Karen Doucette, Council Member: December 14, 2021**

### What is the greatest strength of AMMI Canada? What does it do well?

The annual conference is a huge strength. It is well-attended but usually by a core group of people from predictable regions.

## What can AMMI Canada do better/improve upon?

There is a lack of understanding, even among colleagues, as to what AMMI Canada is and what IDs do. In the US, the IDs are the lowest remunerated specialty. AMMI Canada needs to have a clear identity — who is AMMI Canada and what does it stand for?

The organization must differentiate itself and find some alternate funding opportunities.

In terms of guidelines, AMMI often refers to the US/European documents and not the Canadian guidelines, adapting the focus to aspects specific to the Canadian healthcare system, e.g., drug access, and forging partnerships with other specialty groups. There is no clear identity for AMMI Canada, creating an identity crisis within the association and among its members. "There seems to be a hesitancy to define ourselves and take a stance on our position; to some degree, this may have been exacerbated by fallout from Lyme disease. Traditionally, AMMI Canada has not been supportive of position statements."

With regards to education, "consider who we are educating: educating each other? Should this really be our priority and is this where we could have the most impact? There is the conference education and then IDs, and we are at risk of being an insular group."

## What are some opportunities or future areas of focus?

In AMR/AMS, there is an opportunity to deliver education to the public. This can be done with advocacy but because of the negative experience with Lyme disease, there is fear regarding the negative impact it could have. There is an opportunity to educate in AMR and stewardship, improve patient outcomes, and get better ideas among the members, as well as the general public.

AMMI needs to define the value of IDs and make it clear what IDs do, what is the identity of the patients IDs see? This can be done through advocacy and by working with PHAC.

Further, what is the Canadian Foundation for Infectious Disease (CFID)? What is it raising money for? How can the profile and impact of the foundation be increased?

Below is an excerpt from the following website: [www.researchid.com](http://www.researchid.com)

## Strategic Plan

CFID formally adopted a revised Strategic Plan for 2011-2013 at its Board of Directors meeting on June 28, 2011. The original version of the Strategic Plan was developed by the Board during a two-day facilitated planning session on March 27 and 28, 2010. The group reviewed and expanded the environmental scan information, engaged in visioning and idea generation exercises, reviewed the mission and vision statements, and developed goals, objectives, and preliminary implementation strategies.

# Goal One: Focus and Position Research Support

## 1.1 Establish a clear research agenda

- Establish research priorities related to new investigators, pilot projects, and trainee projects
- Prepare guidelines and criteria for applications and funding including upper limits on grant amounts
- Allocate funds as they become available
- Issue annual calls for proposals

The webinars are of high value, but the wellness sessions are not really a good use of the members' time.

Regarding ID community/manpower assessment:

- A manpower needs assessment is needed, as the landscape is unknown
- Infection controllers: No due diligence to the trainees
- Emerging trends for ID docs

### **Deb Yamamura, President-Elect: December 14, 2021**

[What is the greatest strength of AMMI Canada? What does it do well?](#)

The annual conference is the main focus of the association. The wellness initiative and CME remain valuable.

AMMI provides continued networking opportunities for physicians, PhDs, and technologists at the conferences.

The organization's other strengths are the committees and the opportunity to provide review/endorse other organizations' guidelines/documents.

[What can AMMI Canada do better/improve upon?](#)

AMMI should continue to work with external stakeholders to identify priority areas and opportunities for collaboration.

There is also a need to continue to analyze provincial differences in composition of members and to help expand membership and identify barriers to engagement. Over five years ago, an assessment of membership categories was performed and the support group was developed. Bylaws were reviewed to ensure core member categories were voting members of AMMI Canada.



Dr. Forgie initiated the strategic review process to provide direction and seek input from the membership. This needs to be continued.

A code of conduct should be developed to address any potential issues.

Finally, the secretariat should review the skillset required for employees and develop a strategy for retention of staff and for the ongoing support of the ED and the organization at large.

### What are some opportunities or future areas of focus?

Workforce data is important. The US tries to set accurate data to ensure adequate resources for medical microbiologists and clinical microbiologists. AMMI should explore how to capture that data in the provinces and how to promote the data and ensure AMMI Canada plays supportiverole.

There need to be increase opportunities for networking for residents at the annual conference, such as a meet-and-greet with faculty after the student posters are presented.

Advocacy should be explored but a clear definition and budget are required.

Guidelines can be improved by hiring additional support, such as medical writers, and tapping into the expertise at McMaster's (Cochrane/GRADE) to assist with the complex writing. GRADE workshops can assist those developing GRADE guidelines.

Finally, it will be important to create revenue by further exploring the CPD accreditation revenue and creating other areas for support. Corporate sponsorship or an Office of Education were discussed as potential areas to explore.

## PART 2: Other Partner Associations

### James Brooks, PHAC: December 3, 2021

Public Health <img alt="share icon" data-bbox="225 675 245 695"/>  
Agency of  
Canada



### Define the current relationship between PHAC and AMMI Canada.

The overall structure of AMMI Canada is not close to that of PHAC. The Canadian Nosocomial Infection Surveillance Program (CNISP) is the strongest partnership with AMMI Canada.

Agency and sub agency looks for hospital-acquired infections with AMR.

AMMI Canada should find the money to support the National Antimicrobial Programs on Stewardships (NAPS) in Canada.

PHAC worked with the Canadian Thoracic Society drafting TB standards, but AMMI did not support this initiative.

### What does AMMI Canada represent to PHAC – its brand/value?

AMMI Canada is a small association, with crossover members from other associations, and it is represented by one person, Riccarda.

They do fact guidance well; they house the expertise for fact guidance.

### What can AMMI Canada do better?

AMMI Canada needs a strategy of engagement. PHAC would not notice if AMMI Canada disappeared. AMMI Canada did not take PHAC on as a partner.

### What, if anything, are they not doing well?

#### **Advocacy**

Advocacy – AMMI Canada needs to pull from a higher level. They need some concrete issues they want to bring to PHAC. They need to put money behind those issues (with support from a professional agency [i.e., IMPACT]) and then get inside the heads of the MPs.

The focus should be on content-specific issues in the public healthcare sector, not a public health issue.

Simply meeting PHAC once or twice a year does not yield anything. Every association is the same and has the same issues, but the trick is to get funding, pick an issue, and advocate using the agency and a high-level council member at AMMI Canada. What is AMMI Canada's position?

#### **Funding**

AMMI Canada needs to be open to partnering with industry. They will need funding to support advocacy. Industry meets with the federal government all the time; there is no need to act so pure.

AMR is moving in a different direction. PHAC is open to partnerships with industry and meets regularly with them. The US and UK governments are looking at new models of funding for these companies, considering purchasing companies that are manufacturing antibiotics.

AMMI Canada needs to align with industry on where they share common goals, get the financial support from industry, and then advocate their position to PHAC, and MPs.

There have been many meetings with AMMI Canada but very few results.

### Suggestions for future?

PHAC is depleted in terms of resources. They consult everyone and things take so long to get done.

AMMI Canada needs to come to the table with a polished piece (IMPACT or other PR company) and one position or issue to advocate for, bring in the heavy hitters on the council, and then get this inside MPs heads.

The ED should meet annually with some of the heavy hitters on council and present the strategic plan.

The ED and council members should also meet yearly with industry and present the strategic plan. It will be important to find common areas of alignment and source funding to support advocacy.

VALUE of education should be increased ("Become education-centric.").

**AMR task force: This topic is hot; AMMI needs to put money into the budget, leverage politicians, and use advocacy. Some action items:**

- Plan a meeting with Joel Denis, Director of PHAC, and President of AMMI Canada.
- Have PHAGE prepare early packages and have the President present them to PHAC for funding. Don't be passive!
- STOP being a quaint organization.
- Suggest making improvements to the website = "sleeker"



### Canadian Thoracic Society (CTS)

**Janet Sutherland, Executive Director: December 3, 2021**

Define the current relationship between CTS and AMMI Canada.

There is crossover on the scientific committee, TB standards (textbook) for HCPs, frontline workers.

The ED of both groups share best practices, ideas, and templates for personnel. They were part of the Canadian Practices for Different Managers of CPD.

CTS collaborates with AMMI Canada on the annual conference and promotes the event to its members.

The groups collaborated for the first time on a joint media release around promotion for getting vaccinated against the flu.

### What can AMMI Canada do better?

They can collaborate more on position papers instead of having their own statements; support of two associations with one statement is better than having two statements.

Regarding obtaining consensus on common issues, CTS convened national roundtable meetings on PPE and aerosol, and then did not obtain consensus from AMMI Canada.

There is potential for advocacy on common issues. CTS produces many position statements and uses a professional PR company to advocate on their behalf.

### What, if anything, are they not doing well?

AMMI Canada can improve turnaround time to obtain consensus on joint statement.

### Suggestions for future?

In 2022, there may be an option to combine locations and share space. CTS has four staff and a recently hired part-time business development person who works on CTS strategy and future opportunities. CTS also has a staff person who coordinates the guidelines and works with McMaster on literature searches. CTS adopted the GRADE system for their guidelines and hires methodologists/medical writers to get the process started before it goes to the committee. Especially for a first-time guideline, the use of a methodologist and/or medical writer are necessary, as this expedites the process. For updates, these are not needed, and this is partly why CTS can expedite guidelines quickly.

**Guideline Library** CTS Journal

CTS guidelines are published in the Canadian Journal of Respiratory, Critical Care, and Sleep Medicine by Taylor & Francis Group. Permission to reproduce published CTS figures and tables in derivative articles, resources and tools must be sought directly from the Canadian Journal of Respiratory, Critical Care and Sleep Medicine via RightsLink (accessible by clicking on the Reprints and Permissions button in each online article). Taylor and Francis will charge a copyright fee for use of our published figures and/or tables and request a signed agreement for their use. Once copyright permission is received, the figure/table will be provided to you from Taylor and Francis. Please note that copyright permission does not permit adaptation of the published material.

**What's New?**

- Dec 2021 – CTS Information and Guidance for Respiratory Health Care Professionals on COVID 19 Vaccination
- Dec 2021 – Updated Recommendations for the use of face masks by the public
- Nov 2021 – CTS-CSRT Position Statement – Resumption of Pulmonary Function Testing
- Oct 2021 – Position Statement – Rehabilitation for COVID-19 and Implications for Pulmonary Rehabilitation
- July 2021 – CTS-CSS-CSRT Position Statement – Philips Respironics Device Recall

 **Canadian Respiratory Guidelines**

<https://cts-sct.ca/guideline-library/>

There is a possibility of sharing a methodologist or medical writer to assist in turning guidelines around quicker.

Another consideration is outsourcing the logistics of the annual conference so that the ED can focus on other areas of importance. CTS has a full-service contract and outsources the logistics of their annual meeting. The ED is then able to focus on policy and politics.

CTS benefited during the pandemic through advocacy; they established a task force for members and advocated on their behalf. CTS uses IMPACT as their agency for advocacy, on retainer for \$3000-\$5000 a month. CTS advocates at both the federal and provincial level and have been doing so for the last 20 months. As a result, CTS is now better known to the government and its officials. CTS worked on, "How to manage asthma during COVID" and lobbied to get those with respiratory disease prioritized for vaccines.

AMMI Canada should consider using parallel models and partner with other associations, like CTS, to jointly advocate for a cause.

CTS also does many of their press releases through social media.

AMMI Canada should consider corporate sponsorship. They should meet with industry via an industry roundtable or advisory committee at least 2-3 times a year. AMMI Canada can share their strategic plan and educational opportunities, and then align with industry on common goals. Corporate sponsorship has been a game-changer for CTS and provides annual income every year to support the goals of the association and not a specific educational program.



## **Canadian Rheumatology Association**

### **Ahmad M. Zbib, CEO: December 6, 2021**

[Define the current relationship between CRA and AMMI Canada.](#)

The relationship is ad hoc. CRA and AMMI Canada worked together on a position paper for Lyme disease BUT CRA did not endorse it.

Position statements go through the therapeutics committee.

[What can AMMI Canada do better?](#)

They can have a formal meeting, once a year, share their strategic plan and initiatives for the coming year, and see where both organizations align.

They can benefit from corporate sponsorship, including being more open with industry, seeing where common goals exist, and capitalizing on that funding. CRA has an excellent, high-level corporate sponsorship package and many sponsors supporting the association's goals. **Refer to Appendix A for a copy of the package.**

## CRA's Corporate Sponsors – see below

The Canadian Rheumatology Association would like to thank all of our corporate sponsors for their support in 2021.

[Read the CRA's Industry Guidelines](#)

### Diamond

AbbVie Corporation

Gilead Sciences Canada Inc.

Janssen Inc

Novartis-Sandoz

Pfizer Canada

---

### Platinum

Amgen

BMS Canada

Eli Lilly Canada Inc.

Fresenius Kabi

---

### Gold

Boehringer Ingelheim

Organon Canada Inc

---

### Silver

GlaxoSmithKline

Medexus Pharmaceuticals

Roche Inc

Sobi Canada, Inc.

Teva Canada

UCB

---

## Bronze

Accord Healthcare Inc

Innomar Strategies

SanofiGenzyme

CRA suggests the creation of an industry code of conduct to clearly define relationships with industry. CRA also meets with industry partners regularly and shares their strategic plan and initiatives for the year.

### What, if anything, are they not doing well?

With little knowledge of AMMI Canada, no specific issues were described. However, the following were suggested for any NFP: 1) examine your business model; 2) reassess and adjust governance structure; and 3) set yearly priorities.

An organization such as AMMI should not try to be everything to everyone and should focus on 1–2 priorities a year. Resources should be allocated to those priorities rather than being too stretched.

### Suggestions for future?

There should be more focus placed on the timely turnover of guidelines. CRA has a therapeutics committee and organizes “live guidelines,” meaning bits and pieces of a guideline are released rather than the entire guideline at one time. They also use AI guidelines and benefit from having a methodologist on the board who assists with guideline development. CRA uses GRADE and contracts yearly with COCHRANE to do the systematic reviews. When CRA sends a guideline to the committee for review, they do NOT expect or want the committee to wordsmith or edit the document, just review and approve the content. They have a VERY active board and guidelines committee and, in general, get responses in three days. Ahmad suggested that if committee members for guidelines are slow to respond, include a disclaimer that if a response is not received in three days, then the silence is considered an acceptance of the guideline.



### **Marie Adèle Davis, Executive Director: December 6, 2021**

#### Define the current relationship between CPS and AMMI Canada.

CPS and AMMI Canada have a close relationship. The organizations do not publish conflicting information. They often ask each other what their positions are. They endorse each other's activities and produce joint documents. Many CPS members are also ID

specialists. There are about 40-50 pediatric IDs that are likely members of both associations. If there is a specific issue, Riccarda (AMMI Canada ED) connects with Jackie Millette from CPS. There is no formal relationship, but the relationship works well.

### What can AMMI Canada do better?

They can meet with CPS at the beginning of the year or at least once a year to share their respective plans. CPS sets its Practice Points two years in advance, outside of COVID guidelines, so they can share those with AMMI Canada.

## Position Statements and Practice Points

Canadian Paediatric Society position statements and practice points have clinical guidance and policy recommendations for paediatricians, family physicians, nurses, government officials and others. They also include links to other relevant documents and resources, including information for parents.

In general, it takes 18 months to develop a position statement from start to finish. CPS develops 20 statements a year. There are two FTEs staff who work exclusively on position statements and practice points. They hire a medical writer who has access to medical libraries and edits the document. They receive external funding to do literature reviews.

### Funding

CPS receives 20% of their revenues from dues, 20% from sponsorship, and they receive many grants from the federal government to do large surveillance programs for the government. They also receive corporate sponsorship and funding for accredited modules.

### What, if anything, are they not doing well?

They can do more with industry, such as corporate funding, to increase their revenues. If AMMI Canada is too "pure," then they won't be able to do more.

### Suggestions for future?

IDs can partner with industry and meet with them to see what is coming down the pipeline. They can plan large surveillance programs on RSV or CNV vaccines. AMMI Canada can meet one-on-one with industry and be more open to sponsorship support.



**Andrew Matejic, Executive Director: December 6, 2021**

Define the current relationship between CAHR and AMMI Canada.

AMMI accredits the CAHR annual conference. All CAHR members are members of AMMI Canada.

What can AMMI Canada do better?

Better communication and more regular touchpoints. They should respond more quickly to requests, perhaps by assigning someone to interact with partner associations. A lack of response can indicate an unwillingness to partner.

What, if anything, are they not doing well?

They are reluctant to partner and/or endorse. AMMI Canada seems stretched in terms of resources since there is no follow up after meetings. There is a perception that CAHR is not an important partner.

### **PART 3: Industry Partners**



**Nathalie Labonte, National CHE Manager, Pfizer: October 29, 2021**

Pfizer has been a partner for many years. The main interaction is through the AMMI Canada annual conference. Nathalie works with Riccarda on developing the co-developed symposium. Riccarda is a great strength and the pillar of the association. Other than the annual meeting, there are no other options for sponsorship.

When a program is developed, the company is not allowed to market and promote the event. They often only see the accredited program at the time it is being presented. There is a strong desire to work more closely with AMMI Canada, to potentially have programs that roll out in the field and work with the Pfizer team. Pfizer is one of the most compliant and strict companies when it comes to following rules of Innovative Medicines. They are in line with the rules that govern accreditation.

Pfizer would be open to meeting at least 2-3 times a year to discuss what other educational initiatives AMMI Canada is pursuing so that they can potentially support those programs. There is also appetite to support a corporate sponsorship package.

## **Laurie Schertzer, Senior Marketing Specialist, HOLOGIC: December 20, 2021**

Laurie works with CACMID on the diagnostic division side. CACMID is extremely important to HOLOGIC. Their support is through the conference sponsorship and they participate by attending the meeting. The relationship between AMMI Canada and HOLOGIC began in 2016 when they met with Riccarda.

There is a desire to do regional CME programs and to meet more regularly with AMMI Canada, perhaps quarterly. It would be beneficial to develop educational pieces or webinars to discuss the technology, speak to the users, meet at the annual conference, and have repetition of access, i.e., regular touchpoints and conversations about where the association and HOLOGIC is heading. SOGC develops quarterly programs for their membership but there has been a decline in participation.

There is potential to have a webinar for microbiologists through AMMI Canada, with support from CACMID. But the main point is that there needs to be additional touchpoints. Sponsorship levels have declined over the years and that can shift to support for educational programs throughout the year. They need more access to AMMI Canada and CACMID.

Metrics are extremely important for educational programs and to justify reach.



## **Domenic Callagiglia, Associate Director in HIV, Gilead: January 4, 2022**

Domenic works in HIV. His counterpart works in HCV and has an excellent relationship with Riccarda. With HCV, there is a lot of crossover work with CAHR. Not one group is doing better than the other. He suggests that associations need to be innovative and think of: on-demand, podcasts, next evolution in HIV, and identify other ways to address knowledge gaps. Partnering with associations using innovation in education is where most companies will invest in. AMMI should consider promoting their profile to sponsors: what is their reach, how many members do they have, what is their target list. Metrics provide increased opportunity for companies to invest and sponsor. There are many restrictions for sponsorship and educational support, many great ideas but hard to execute with so many rules imposed by IMC and internal compliance. Associations that can help execute the programs for sponsors and be compliant with the rules, will be able to attract more support.

Post-COVID, Conference sponsorship has evolved and hybrid will always be an option. The components of the meeting are not perceived as valuable compared to the same amount

of support (sponsorship dollars) for an educational program. Programs need to include reach and metrics in order to be approved and continued support provided. There needs to be tangible benefits, i.e. webinars, what is the reach (live and then on-demand). Can we extend the learning for a possible on-demand for the next year? Programs that are accredited and organized by the association are the ones with the highest value and easiest to get approved.

Corporate Sponsorship tied to strategic goals of the association need to include tangible benefits: discounts, access to various channels, visibility, etc.

# APPENDIX A