

# PMCPA 2021 Annual Report

# Director's Introduction



*This report covers the 2021 calendar year and the outcome of all cases received in 2021, the majority of which were assessed by the Panel in 2022.*

The main focus of the PMCPA is, of course, the administration of the complaints procedure and both the increased number of matters to be considered and complexity of cases that occupied the Panel and Appeal Board throughout 2021.

## Complaints

In 2021, the PMCPA received 143 complaints compared with 148 complaints in 2020 and 132 in 2019.

There were 121 cases to be considered in 2021 compared with 127 in 2020 and 126 in 2019; 21 cases arose collectively from the two most frequent complainants. The number of cases usually differs from the number of complaints because some complaints involve more than one company and others, for a variety of reasons, do not become cases at all. Following consideration by the Panel, one case was ruled to be outside the scope of the Code and another, upon which the Panel ruled, was subsequently set aside by Chair of the Appeal Board and not progressed by the new Director of the PMCPA in 2023.

The number of individual matters considered in 2021 was 910 which represents a substantial increase compared to 2020 and 2019 in which there were 736 and 597 matters considered respectively. This increase in matters was due to one case.

The percentage of complaints from health professionals increased from 9% (13/148) in 2020 to 19% (27/143) in 2021. The number of complaints from health professionals was more than from pharmaceutical companies. The percentage of complaints from pharmaceutical companies was more in 2021 at 6% (8/143) compared with 2020 at 3.4% (5/148) but lower than the 11% in 2019.

Seven complaints in 2021 were nominally made by the Director, all of which arose from voluntary admissions by companies. The fact that companies make admissions indicates the seriousness with which the industry takes the Code.

There were 7 complaints made by employees/ex- employees and 18 complaints were from members of the public. There were 2 complaints from organisations. There were 26 anonymous complaints in addition to the 29 from anonymous health professionals and 11 from anonymous employees or ex-employees. Eight complaints were made where the complainant did not provide sufficient information to be attributed to one of the above categories.

The percentage of cases ruled in breach in 2021 was 69% (82/119) compared to 66% (84/127) in 2020 and 76% (96/126) in 2019. If this is looked at on the basis of individual matters, the percentages are different with 31% (278/910) in 2021 compared to 34% (249/736) in 2020.

# Director's Introduction - continued

## Panel

The Panel continues to have a good record, with 98% of its rulings (892/910) being accepted by the parties or upheld on appeal compared with 96% in 2020 (707/736) and 98% in 2019 (587/597).

The time taken to complete cases at Panel level increased to 37.7 weeks, on average, in 2021 compared to 27.7 weeks in 2020 and 28.9 weeks in 2019. This is predominantly a consequence of the increase in the volume and complexity of complaints in 2020 and 2021. In addition, the PMCPA was short staffed. The Panel is extremely conscious of the need to deal with cases as quickly and efficiently as possible. Some cases, however, required additional information before the Panel could make a ruling and one case was unfortunately delayed due to an administrative error by the case preparation manager. The PMCPA also carried out six company audits in 2021. These, and the work to finalise and launch the 2021 Code (see below), impacted on the time to deal with cases.

## Appeals

There were a total of 66 matters appealed in 2021 compared to 78 and 40 matters in 2020 and 2019 respectively. The proportion of the Code of Practice Panel rulings appealed in 2021 was 7.3% (66/910) compared with 10.6% (78/736) in 2020. Of the total matters in 2021, 20 were successfully appealed (2.2%) and 46 unsuccessfully appealed (5.0%). This was compared to 29/736 (3.9%) successfully and 49/736 (6.7%) unsuccessfully appealed in 2020.

It is always, and will remain, the case that the Appeal Board operates entirely independently of the PMCPA and has no hesitation in overturning the Panel's rulings where appropriate.

The average time taken to complete the consideration of a case which was the subject of appeal was 43.3 weeks on average in 2021 compared with 39.4 weeks in 2020. Some of the increase over the last few years is due to the volume of cases for the PMCPA to consider and that for some of the cases there were unavoidable delays in arranging appeal hearings. The reasons for deferring appeals are varied and include resolving matters of confidentiality, addressing conflicts of interest, requests from the parties and the need for the Appeal Board to be quorate. An appeal is only deferred with the agreement of the Chair.

There were 23 cases ruled in breach of Clause 2 in 2021 compared with 30 in 2020 and 25 in 2019. Companies need to ensure that they take great care when developing materials and planning activities.

The ABPI Board required one company to undergo an audit in relation to complaints received in 2021 and reported the company to the ABPI Board. When considering the report from the Appeal Board in 2022, the ABPI Board required an audit and on consideration of the report of the audit together with the company's comments on that report, the ABPI Board decided to suspend the company from membership of the ABPI for two years from March 2023.

Two companies were audited and four companies re-audited in 2021.

## New edition of the Code

As well as the consideration of complaints, the PMCPA was very involved in finalising the 2021 Code which was agreed in January 2021 with further updates agreed in April 2021 before coming into operation on 1 July 2021. The 2021 Code uses a format similar to that used in the 2019 EFPIA Code of Practice. The six sections are; overarching requirements; promotion to health professionals and other relevant decision makers; interactions with health professionals, other relevant decision makers, healthcare organisations, patient organisations and the public, including patients and journalists; specific requirements for interactions with the public, including patients and journalists and patient organisations and annual disclosure requirements. The aim was to improve accessibility, future proof where possible and as with all updates to the Code, to add relevant learnings and updates from cases considered. The PMCPA analysed all the responses to the consultation prior to finalising the 2021 Code.

The 2021 Code of Practice booklet includes updates to the ABPI principles, these are patients, integrity, transparency and respect. Companies are expected to implement and embed the ABPI principles in their organisations. The ABPI principles should be championed by all, particularly leaders, and built into business practices and culture at every level. The PMCPA continues to make rulings based on the requirements of the Code and does not adjudicate on the ABPI principles.

The PMCPA provided detailed documentation supporting the introduction of the 2021 Code including explanations for the changes, an optional template for disclosure, a PowerPoint presentation and followed this up with multiple webinars, discussions and training to help understanding and implementation of the 2021 Code.

## Constitution and Procedure

Once the 2021 Code was finalised, consideration was given to updating the PMCPA Constitution and Procedure. A survey of various stakeholders was proposed. This work is ongoing.

## Protocol of Agreement between the ABPI and PMCPA

This was updated in 2021 and is informing the discussions regarding the PMCPA Constitution and Procedure.

## Guidance

The PMCPA issued guidance in 2021 in relation to advertising requirements following the UK's decision to leave the EU. Work was also done on guidelines for social media. A cross-functional group was established by the ABPI towards the end of 2021 with the MHRA, PMCPA and ASA asked to participate.

## **New Chair**

In 2021 a new Chair of the Code of Practice Appeal Board, Ms Kate Brunner QC, started work. Ms Brunner succeeded Mr William Harbage QC who chaired the Appeal Board for 15 years. Since taking silk in 2015, Ms Brunner has continued with a wide-ranging legal practice including two part time judicial roles. In addition, Ms Brunner leads the western circuit. I would like to welcome Ms Brunner to her role as the independent chair of the Appeal Board and wish her every success.

## **New Staff**

We welcomed Keval Dabba as a PMCPA manager during 2021. Keval is a pharmacist with experience in working in the NHS and more recently at various pharmaceutical companies. I wish him well with his career at the PMCPA.

## **And finally ...**

The complaints received in 2021 were reviewed by the Panel and Appeal Board in 2021 and 2022 and were completed in 2023. At the end of 2022 I retired from my role as the Director of the PMCPA completing 25 years as Director. I have seen many changes since I started working on the Code in 1989 including the establishment of the PMCPA in January 1993. In 2022 the ABPI Board appointed Alex Fell as the new Director of the PMCPA. Alex previously worked in ethics and compliance for Amicus Therapeutics and GlaxoSmithKline. Alex joined the PMCPA in June 2022 and we worked together until my retirement. I would like to wish Alex every success in his new role.

As this is my last Director's report, I would like to take the opportunity to go beyond the matters usually covered in the PMCPA annual reports (which focus on the outcomes of complaints received

in the year and other activities). I would like to start by wishing the new Director, Alex Fell, and the PMCPA team well. I want to thank all the many talented people I have worked with, both at the PMCPA and beyond. Particular thanks go to Etta Logan, who has been my deputy at the PMCPA for all but a few months of my time as Director.

Holding self-regulation to account has been a fascinating journey with so many challenges and opportunities. The UK has been a leader in self-regulation since the Code was established in 1958 and it has been my honour to be responsible in the UK for the last 25 years. In my view, the success of self regulation, globally, regionally and at a country level, depends on many factors, including the confidence of the public, the support of statutory regulators and an understanding that self-regulation is a privilege which has to be cherished, nurtured and evolved to remain fit for purpose. I have always borne in mind

that my overarching responsibility is to the public and patients. It was challenging to balance the often competing expectations of all the interested parties including the industry, the ABPI, the Appeal Board, the MHRA, patient groups, patients and the public. In the UK the relationship between the PMCPA and the MHRA is key. Of particular importance is that the PMCPA administers the Code independently of the ABPI and the industry. We all have a role to ensure patient safety and confidence in prescribing decisions. It is vital that the public have confidence in the standards, that those standards are adhered to by the pharmaceutical industry and, if not, there is a robust, transparent, fair, independent, accountable and proportionate system for addressing complaints. These are important factors for an industry permitted to self-regulate. I will miss working with the PMCPA team, the Appeal Board, the industry and the MHRA and I wish you all every success.

**Heather Simmonds**  
Director, PMCPA

## Chair of the Appeal Board's comments

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I took up post as Chair of the Code of Practice Appeal Board in January 2021. This is a part-time position: I work as a barrister in various sectors including regulatory law and healthcare, and am a part-time judge. I was immediately struck by two things: the independence of the PMCPA and Appeal Board, and the robustness of decision-making. As the year has gone on, I have become even more impressed.

Despite this being a self-regulatory structure, the public can have every confidence in the independence of the PMCPA. There are clear processes in place to manage conflicts of interest, and both ABPI and PMCPA work very hard to ensure that the complaints procedure is run independently. The Appeal Board sits under the administrative umbrella of the PMCPA, but when dealing with appeals it acts independently of the rest of the PMCPA. That is an important part of the structure because the Appeal Board hears appeals against decisions made by the PMCPA Code of Practice Panel, and has to approach those appeals without any influence from either industry or the Panel. As Chair, I consider it very important to have a good working relationship with the Director of PMCPA, and also with the President of ABPI. At the heart of both of those working relationships is the independence of the Appeal Board, a principle which has been entirely respected by everyone I have worked with.

The public and industry can also have every confidence in the quality of decision-making by the PMCPA and the Appeal Board. The PMCPA team are plainly dedicated and hard-working, and the thoroughness of Panel decisions is self-evident. I applaud the achievements of everyone at the PMCPA in continuing to manage cases throughout the pandemic despite the obvious difficulties. They are a team of supportive individuals, and I am personally grateful for the assistance and patience shown to me while I learned the ropes.

The Appeal Board's decision-making is also impressively thorough. It is a remarkable institution, with representatives from an unusually wide range of backgrounds including industry, clinical settings, and patient care with the independent members in the majority. When I took over as Chair it was clear that the Appeal Board was operating as a highly effective body, thanks to the diligence of all members, and the leadership of William Harbage QC, the previous Chair. The process at appeals is, in my view, fair and robust, and is an important part of this effective system of self-regulation. Again, my thanks to Appeal Board members for their kindness and support in my first year in post.

I look forward to working with the Appeal Board, the rest of the PMCPA and ABPI to further refine the complaints process in the years ahead to make it even more robust.

**Kate Brunner QC**



# The Code of Practice Panel

The Panel met 143 times in 2021 compared with 77 times in 2020. The number of cases considered in 2021 was 121 compared to 127 cases in 2020. The Panel can meet at short notice when required and considers all complaints made under the Code with the benefit of independent medical and/or other expert advice as appropriate. The case preparation manager for a particular case, one of the members of the Authority, does not sit on the Panel for the consideration of that case.



## Heather Simmonds

was the Director of the PMCPA in 2021 (she retired at the end of 2022). Heather chaired the Code of Practice Panel and was responsible for the overall running of the organisation. She also worked with the IFPMA and EFPIA in relation to their codes of practice. Heather has a degree in pharmacology and joined the ABPI in 1984. She worked full time on the Code of Practice since 1989 and became Director of the PMCPA in 1997.



## Etta Logan

was the Deputy Director of the PMCPA in 2021 (she left in November 2022). Etta chaired the Code of Practice Panel in the Director's absence including when the Director is the case preparation manager. Etta is a solicitor and joined the PMCPA as Secretary in 1997 from private practice in London where she specialised in medical negligence and professional indemnity litigation. Etta was appointed Deputy Director in 2011.

## Tannyth Cox

was a Manager at the PMCPA in 2021 and was appointed Senior Manager in 2022. Tannyth registered as a pharmacist in South Africa before coming to the UK to work for various pharmaceutical companies which included providing expert advice and training on the Code in addition to reviewing materials. Tannyth joined the PMCPA in 2013.



## Natalie Whittle

is one of the Managers at the PMCPA. Natalie previously worked in the pharmaceutical industry in Medical Information and Medical Compliance where she provided Code training and developed standard operating procedures before she joined the PMCPA in September 2018. She has a degree in Medicine.



## Keval Dabba

is one of the Managers at the PMCPA. Keval is a registered pharmacist in the UK and has worked in community pharmacy, the NHS and the pharmaceutical industry. His last role at a pharmaceutical company involved being a signatory, providing expert advice on the Code, staff training and producing standard operating procedures. Keval joined the PMCPA in June 2021.



# The PMCPA Team

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**Peter Clift**

is the Executive Officer at the PMCPA. He is responsible for the administration of the Code of Practice Appeal Board. Peter joined the PMCPA in 2002 and was previously a biomedical scientist. Peter has a master's degree in biology and post graduate legal qualifications.



**Nora Alexander**

is the Personal Assistant to the Director of the PMCPA. She joined the Authority in 2007 having previously worked for the NHS. Nora is responsible for the PMCPA seminars.



**Lisa Matthews**

is the Personal Assistant to the Deputy Director and Managers. She has been at the PMCPA for over 20 years and is responsible for the day-to-day running of the office.



# The Code of Practice Appeal Board

A complainant whose complaint has been rejected or a company ruled to be in breach of the Code may appeal the Code of Practice Panel's ruling to the Code of Practice Appeal Board.

The Appeal Board has an independent legally qualified chairman and up to eight other independent members. There are also up to eight senior executives from pharmaceutical companies on the Appeal Board. In addition to its role in relation to appeals, the Appeal Board receives reports on all cases considered by the Panel and oversees the work of the PMCPA.

Members of the Appeal Board are appointed by the ABPI Board for a fixed term which may be renewed. All independent members are appointed in consultation with the Medicines and Healthcare products Regulatory Agency (MHRA). In addition, the medical, pharmacist and nurse prescriber members are appointed in consultation with their respective professional bodies. For the consideration of any case, independent members must be in the majority.

The Appeal Board met 12 times in both 2021 and 2020. It considered appeals in 15 cases in 2021 (20 cases in 2020) and 66 matters (78 matters in 2020).

## Membership and attendance during 2021

### Chair

- Ms Kate Brunner QC

### Independent Members

- Mrs Natasha Duke (Nurse Prescriber) (11/12)
- Dr Howard Freeman MBE (General Practitioner) (11/12)
- Mr Christopher Goard (Representing patients' interests) (11/12)
- Mrs Gillian Hawken (Lay member) (12/12)
- Dr Anne Hawkrige (General Practitioner) (9/12)
- Dr John Watkins (Hospital Consultant) (12/12)
- Mr Andrew White (from an independent body that provides information on medicines) (11/12)

### Industry Members

- Mr Toby Cousens (Commercial Strategy Director, Internal Medicines, Pfizer UK) (8/12)
- Dr Karen Mullen (Vice President, Country Medical Director, UK and Ireland, GlaxoSmithKline UK Limited) (7/12)
- Dr Mark Moodley (Medical Director, Sanofi Genzyme UK and Ireland)(9/12)
- Dr Rhiannon Rowsell (Retired, previously Promotional Affairs and Medical Excellence Director, AstraZeneca) (12/12)
- Dr Mark Toms (Chief Scientific Officer UK, Novartis Pharmaceuticals UK Limited) (5/12)

### Co-opted Members

The Chair can co-opt members for meetings of the Appeal Board so as to enable a quorum to be achieved. During 2021, the following were each co-opted for at least one meeting (some members of the Appeal Board whose terms completed in 2021 were co-opted and then reappointed to the Appeal Board):

- Dr Fenton Catterall (Head of Ethics and Compliance, Global Product & Launch Strategy (GPLS), Shire (Shire is now part of Takeda)).
- Mr David Hope (Head of UK & ROI, Alliance Pharmaceutical Limited, Alliance Pharmaceutical Limited)
- Dr Jasmin Hussein (Franchise Head Immunology - Dermatology and Respiratory, Sanofi, UK & Ireland)
- Ms Nazmin Pirmohamed (Director, Compliance Officer for UK Ireland and Canada, Biogen Idec Ltd)



# The complaints procedure

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Complaints are ruled upon in the first instance by the Code of Practice Panel which is made up of the Director, Deputy Director and/or Managers of the PMCPA.

A complainant whose complaint has been rejected or a company ruled to be in breach of the Code may appeal the Panel's ruling to the Code of Practice Appeal Board. In serious cases the Panel may require a company ruled in breach of the Code to suspend the material or activity at issue pending the outcome of an appeal.

In each case where a breach of the Code is ruled and accepted, the company concerned must give an undertaking that the activity or use of the material in question and any similar material will cease forthwith and that all possible steps will be taken to avoid a similar breach in the future. An undertaking must be accompanied by details of the action taken to implement the ruling.

The PMCPA publishes reports of all completed cases on its website ([www.pmcpa.org.uk](http://www.pmcpa.org.uk)). The website also carries brief details of complaints which are under consideration or, if resolved, details of those cases not yet published.

Additional sanctions which can be imposed by the Appeal Board include:

- an audit by the PMCPA of a company's procedures to comply with the Code; the principal elements of an audit are an examination of documentation and the confidential questioning of appropriate members of staff; following an audit, a company can be required to submit its promotional material to the PMCPA for pre-vetting for a specified period;
- requiring the company to take steps to recover material from those to whom it has been given;
- the publication of a corrective statement;
- a public reprimand; or
- a report to the ABPI Board; the ABPI Board may suspend or expel companies from membership of the ABPI. In the case of a non-member company, the MHRA can be advised that the PMCPA can no longer accept responsibility for that company under the Code.

The PMCPA advertises in the medical, pharmaceutical and nursing press, brief details of all cases completed in the previous three months where companies were ruled in breach of Clause 2 of the Code, were required to issue a corrective statement or were the subject of a public reprimand. The companies at issue are required to contribute to the cost of such advertising.

Complaints can be submitted to the PMCPA using the webform on the PMCPA website at [www.pmcpa.org.uk](http://www.pmcpa.org.uk) or by email: [complaints@pmcpa.org.uk](mailto:complaints@pmcpa.org.uk)

phone:  
0207 747 8880

or write to:  
The Director,  
PMCPA,  
2nd Floor Goldings  
House,  
Hay's Galleria,  
2 Hay's Lane  
London,  
SE1 2HB

## Complaints received by the PMCPA

	2021	2020	2019
Complaints received	143	148	132
Not proceeded <sup>1</sup>	25	25	20
Complaints considered	118	121	112
Cases arising from these complaints <sup>2</sup>	121	127	126
Cases considered and subsequently ruled in breach or not in breach	119	127	126
Individual matters considered	910	736	597

<sup>1</sup> Includes complaints that are not within the scope of the Code; complaints where the Company was not a member of the ABPI and declined to accept the PMCPA's jurisdiction before proceedings commenced. It also includes no prima facie cases, withdrawn complaints

<sup>2</sup> One case set aside by the Chair and not progressed by the new director under Paragraph 5.2 of the Constitution and Procedure and one case ruled out of scope of the Code by the Panel

Some complaints involve a number of allegations, some give rise to more than one case as they involve more than one company. Each individual issue alleged to be in breach is one 'matter'.

Outcomes of cases considered	2021	2020	2019
Cases where a breach found	82	84	96
Cases where no breach found	37	43	30
Number of matters in these cases:	910	736	597
• in breach	278	249	271
• no breach	632	487	326
Cases where the Code of Practice Panel required suspension of materials	0	0	0
Corrective statements required	0	0	0
Public reprimands	1	3	6 <sup>1</sup>
Audits	1	2	5 <sup>2</sup>
Breaches of undertaking ruled	6	3	6
Breaches of Clause 2 ruled	23	30	25
Reports to the Code of Practice Appeal Board	1	2	3
Reports to the ABPI Board	1	0	0

<sup>1</sup> two cases, two public reprimands

<sup>2</sup> three companies, five audits

## Sources of complaints

	2021	2020	2019
<b>Health professional complaints</b>			
General Practitioners	1	1	1
Hospital Doctors	-	-	2
Other Doctors	-	-	1
Pharmacists	-	1	5
Nurses	2	-	1
Optometrist	-	-	1
Other NHS employee	2	-	-
Other health professionals	22	11	4
	<b>27</b>	<b>13</b>	<b>15</b>
<b>Company complaints</b>			
ABPI members	5	2	4
Non-members	3	3	9
	<b>8</b>	<b>5</b>	<b>13</b>
<b>Director complaints</b>			
Arising from voluntary admissions	7	10	11
Arising from media criticism	-	-	1
Arising from published information	-	-	1
	<b>7</b>	<b>10</b>	<b>13</b>
Members of the public	18	15	9
Anonymous	55 <sup>3</sup>	90 <sup>2</sup>	62 <sup>1</sup>
Employees/ex-employees	7	9	11
Anonymous employees	9	2	5
Anonymous ex-employees	2	1	3
Pharmaceutical physician	-	2	-
Consultant to company	-	-	1
Organisation	2	1	-
Not specified	8	-	-
	<b>101</b>	<b>120</b>	<b>91</b>
<b>Total complaints received</b>	<b>143</b>	<b>148</b>	<b>132</b>

1 Fifty-one were from anonymous health professionals

2 Fifty-nine were from anonymous health professionals

3 Twenty-nine were from anonymous health professionals

## Appeals to the Code of Practice Appeal Board

	2021	2020	2019
<b>Total number of matters ruled upon by the Code of Practice Panel</b>	<b>910</b>	<b>736</b>	<b>597</b>
Rulings accepted by the parties	844	658	557
Rulings successfully appealed	20	29	10
Rulings unsuccessfully appealed	46	49	30
Number of cases appealed	15	20	20

<b>Sources of appeals</b>			
Cases appealed by complainants	4	8	12
Cases appealed by respondents	11	12	8
	<b>15</b>	<b>20</b>	<b>20</b>

<b>Appeals by complainants</b>			
Successful	0	0	2
Partly successful	0	2	1
Unsuccessful	4	6	9
	<b>4</b>	<b>8</b>	<b>12</b>

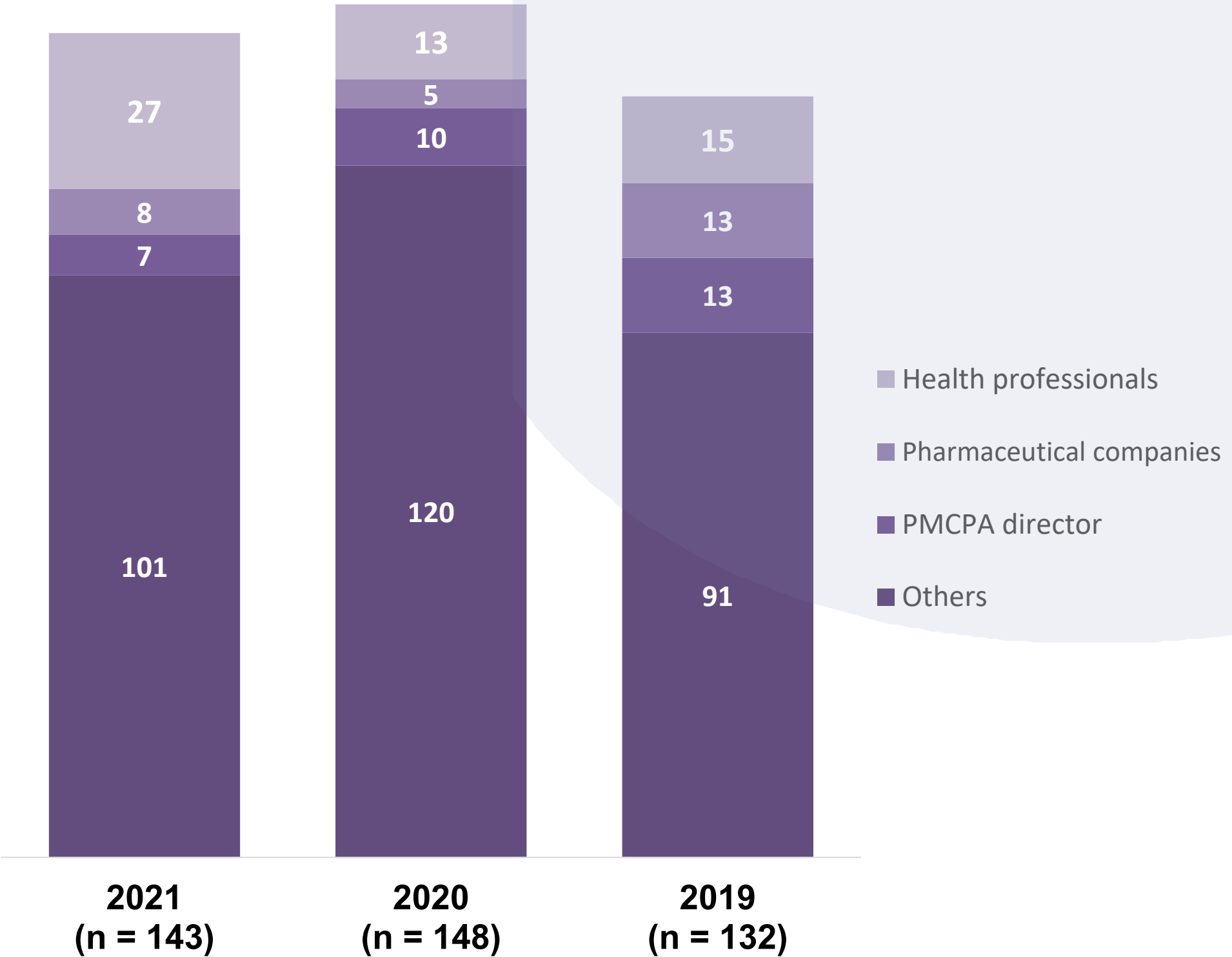
<b>Appeals by respondents</b>			
Successful	3	7	1
Partly successful	6	3	1
Unsuccessful	2	2	6
	<b>11</b>	<b>12</b>	<b>8</b>

<b>Rulings appealed by complainants</b>			
Successful	0	7	5
Unsuccessful	22	26	11
	<b>22</b>	<b>33</b>	<b>16</b>

<b>Rulings appealed by respondents</b>			
Successful	20	22	5
Unsuccessful	24	23	19
	<b>44</b>	<b>45</b>	<b>24</b>

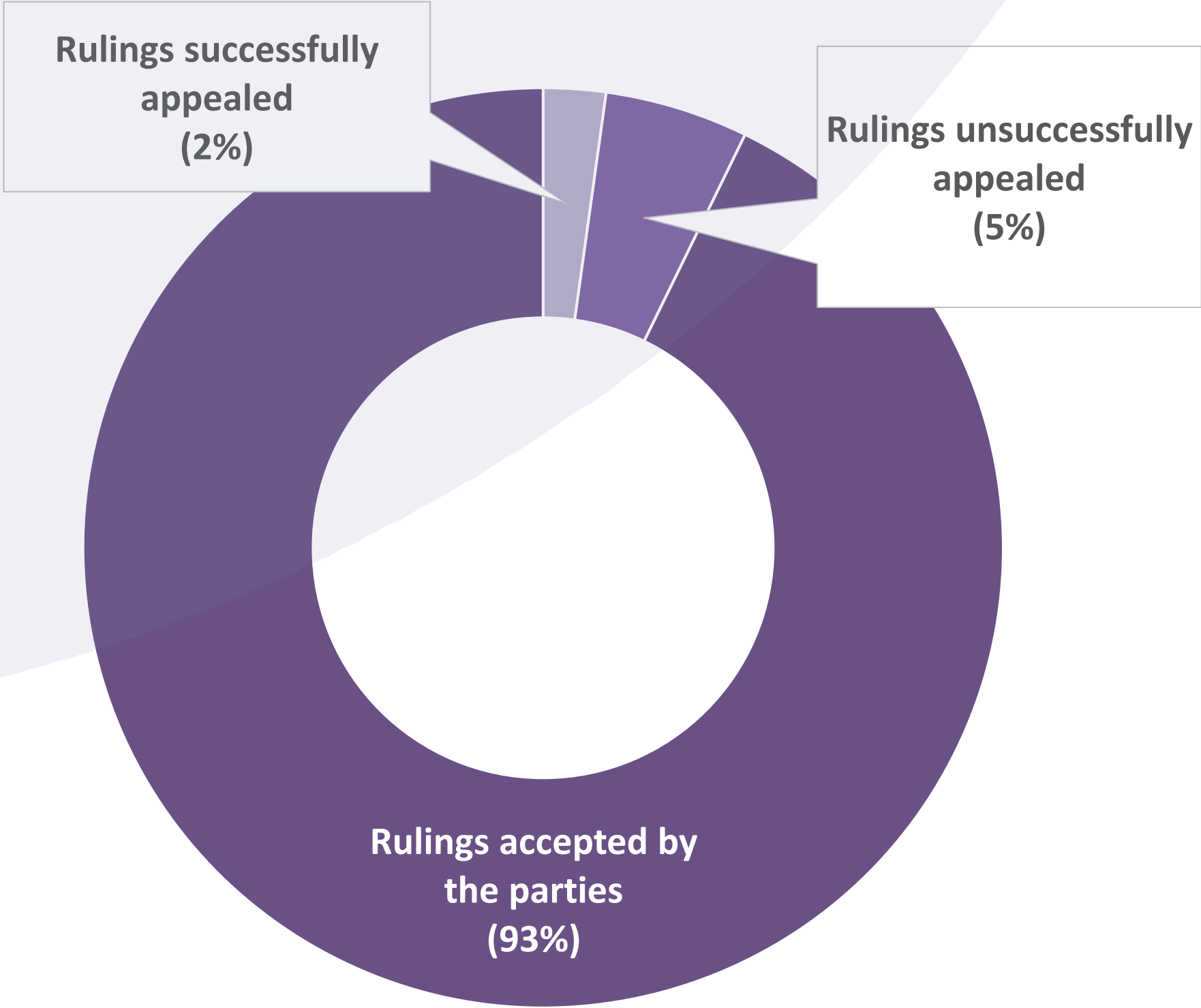
# Complaints received 2021

Complaints nominally made by the Director can result from media criticism of pharmaceutical company activities covered by the Code. They can also arise as the result of the routine scrutiny of advertisements, when it is alleged that a company has failed to comply with an earlier undertaking to cease use of material or an activity and from voluntary admissions.



# Code of Practice rulings

In 2021, the Code of Practice Panel made 910 rulings. Of these 844 (93%) were accepted by the complainants and respondents. A further 46 (5% of total matters) were unsuccessfully appealed at the Appeal Board and the remaining 20 (2% of total matters) were successfully appealed.



## Average time taken to complete cases

(in weeks)

	2021	2020	2019
Cases settled at Code of Practice Panel level	37.7	27.7	28.9
Cases which were the subject of appeal	43.3	39.4	52.26
<b>All cases</b>	<b>38.4</b>	29.5	32.61

## Companies ruled in breach of the Code

(complaints received in 2021)

AbbVie\*  
Advanz Pharma  
Allergan\*  
Almirall  
Alnylam  
AstraZeneca\*  
Biogen\*  
Boehringer  
Ingelheim\*  
Bristol-Myers Squibb  
Britannia  
Chiesi  
Daiichi-Sankyo\*  
Eli Lilly  
Galapagos  
GlaxoSmithKline\*  
Janssen  
Leo\*

Lundbeck\*  
Novartis\*  
Novo Nordisk\*  
Otsuka Europe\*  
Otsuka UK\*  
Pfizer  
Roche\*  
Sanofi\*  
Santen  
Small Pharma  
Sobi  
Stallergenes Greer  
Takeda  
Teva\*  
Thornton & Ross  
Tillotts  
UCB\*

\*in breach of Clause 2

# Accounts 2021

The PMCPA is required to be self-financing. In 2021 there was a surplus of £294,079 (minus £59,967 tax). The PMCPA cumulative reserves on 31 December 2021 were £823,741 after tax.

## Annual levy

All members of the ABPI are required to pay an annual Code of Practice levy (in addition to their ABPI subscriptions) to fund the PMCPA.

The levy is £4,000 to £32,000 depending on the size of the company, but companies with only one vote were subdivided depending on their ABPI subscription (which relates to company size). One hundred per cent of the levy due was called up in 2021.

The costs of the PMCPA are mainly covered by administrative charges which are payable by companies actually involved in cases. The levy income collected varies to ensure that the PMCPA covers its costs.

## Administrative charges

Administrative charges are payable by companies (both members and non-members of the ABPI) in relation to complaints made under the Code. Companies which are not members of the ABPI do not pay the levy, so the administrative charges for them are consequently higher. No charges whatsoever are payable by complainants from outside the industry.

Charges are paid either by the company found to be in breach of the Code or, where there is no breach of the Code, by the company which made the unfounded allegations. The charges are assessed per matter ruled upon and a number of matters may arise in a particular case.

The charge per matter in 2021 was £3,500 for member companies and £4,500 for non-member companies where the decision of the Code of Practice Panel was accepted.

Where the decision of the Panel was unsuccessfully appealed, the charge per matter in 2021 was £12,000 for member companies and £13,000 for non-member companies.

Companies subject to advertising in the medical, pharmaceutical or nursing press, are required to contribute to the cost of such advertising (£4,000).

## Seminars

Additional income is generated by the PMCPA training seminars on the Code.

	2021	2020	2019
	£	£	£
Levy	799,083	472,933	821,401
Administration charges	933,250	967,000	560,000
Seminars and meetings	3,083	-15,023	100,104
Company Audits	120,000	100,000	100,000
Contributions to advertising costs	95,500	120,500	24,000
	<b>1,950,916</b>	1,645,410	1,605,504
<b>Expenditure</b>	<b>1,656,837</b>	1,589,255	1,453,120

Expenditure includes salaries, fees, administration costs and the cost of office accommodation.

\* includes reimbursed costs

The logo for PMCPA, consisting of the letters 'PMCPA' in a bold, dark blue, sans-serif font.

Prescription Medicines  
Code of Practice Authority

Hay's Galleria, 2<sup>nd</sup> Floor Goldings House, 2 Hay's Lane, London,  
SE1 2HB | 020 7747 8880 | [www.pmcpa.org.uk](http://www.pmcpa.org.uk)