

ANONYMOUS HEALTH PROFESSIONAL v ASTRAZENECA

Meeting attendees and speaker reference to Saxagliptin

An anonymous, contactable complainant, who described him/herself as a GP, complained that the parents of an AstraZeneca UK secondary care representative attended two promotional meetings organised by one of the company's primary care representatives. The complainant was concerned that on both occasions, the father of the secondary care representative (who was not General Medical Council (GMC) registered or practising) attended and had a meal. The complainant stated that GPs who were not active were no different from members of the public and should not be at such meetings.

The complainant stated that the secondary care representative's mother, who was a practice manager and a health assistant, discussed prescribing matters with other clinicians as she recommended medicines (including AstraZeneca's diabetes medicines). The complainant stated that the secondary care representative's mother asked the GP at the practice to sign the prescription which again, seemed wholly inappropriate as questions could arise linking sales of AstraZeneca's medicines without discussion from prescribing health professionals.

The complainant stated that the facts were that the secondary care representative's father had twice been brought to the meetings by his child who worked for AstraZeneca and it was wholly inappropriate for a practice manager who was not medically trained to recommend pharmaceutical products to other health professionals. As there was no section on quality outcome framework (QOF) or administration, the complainant queried what practice managers would have achieved from the session.

The complainant further noted that the speaker at the meeting referred to AstraZeneca's product Onglyza (saxagliptin) as 'sexygliptin' to get customers to remember it.

The Panel noted that there were differences between the parties' accounts, it was extremely difficult in such cases to know exactly what had transpired. The complainant bore the burden of proof on the balance of probabilities. A judgement had to be made based on the available evidence.

The Panel noted that according to AstraZeneca the representative's father did not attend either meeting as a delegate nor did he consume any subsistence. With respect to the second meeting neither the representatives nor he could recall whether he drove his wife to, or collected her from, the meeting and whether he entered the meeting venue. In relation to the first meeting, the secondary care representative and his/her father confirmed that he had dropped his wife off at the meeting. On collecting his wife he had arrived early and waited in the venue where he spoke to former colleagues. The Panel noted that the representative's father was no longer practising

or GMC registered and thus would be classified as a member of the public for the purposes of the Code. However, the Panel did not consider it unreasonable, in the circumstances, for him to merely greet former colleagues outside of the meeting's formal agenda and subsistence. There was no evidence that anything more than that had occurred. The Panel noted that the complainant bore the burden of proof and considered that there was no evidence that the representative's father had attended either meeting as a delegate or received subsistence as alleged. No breach of the Code was ruled. In addition, there was no evidence that either the representatives or the company had failed to maintain a high ethical standard. No breach of the Code was ruled.

The Panel noted that the secondary care representative's mother, attended both meetings in her role as a practice manager and a healthcare assistant. The Panel noted that the role of healthcare assistants in general practice varied but might include health promotion, blood pressure management and venepuncture; they were not registered with a professional body. The Panel had no information about the precise nature of the representative's mother's duties but noted that they would depend on the contractual relationship between her and the practice. The complainant alleged that the representative's mother recommended medicines including diabetes products. Nonetheless, the Panel noted that dependent on the details of her role the representative's mother could be a health professional and/or a relevant decision maker. The Panel noted the educational content of the meetings. The Panel also noted that the complainant bore the burden of proof. The Panel did not consider that there was any evidence before it to indicate that it was inappropriate for representative's mother to attend either of the meetings as a delegate as alleged. No breach of the Code was ruled. There was no evidence that either of the representatives or the company had failed to maintain high standards; no breach of the Code was ruled.

The Panel noted that the speaker at the second meeting had advised AstraZeneca that he had instead referred to 'sexygliptin' in an attempt at humour. The Panel noted that the speaker had been briefed in advance of the meeting and that his contract stated, *inter alia*, that statements 'must not cause offence either through the use of imagery or humour unbecoming the professional standing of the audience'. The Panel noted AstraZeneca's admission that it appeared that the speaker did not fulfil these requirements. The Panel considered that in this regard high standards had not been maintained; a breach of the Code was ruled.

An anonymous, contactable complainant, who described him/herself as a GP, complained that the parents of an AstraZeneca UK representative

attended two promotional meetings organised by the company. The complaint was copied to AstraZeneca.

COMPLAINT

The complainant stated that he/she had attended a number of AstraZeneca meetings in the last 10 years and was concerned about two diabetes meetings, held in November 2015 and November 2016 by two AstraZeneca representatives, one for primary care and one for secondary care. The complainant was concerned that on both occasions, that the father of the secondary care representative (who was not General Medical Council (GMC) registered or practising) attended and had a meal.

The complainant stated that the secondary care representative's mother, who was a practice manager and a health assistant, discussed prescribing matters with other clinicians as she recommended medicines (including AstraZeneca's diabetes medicines). The complainant stated that the secondary care representative's mother asked the GP at the practice to sign the prescription which again, seemed wholly inappropriate as questions could arise linking sales of AstraZeneca's medicines without discussion from prescribing health professionals.

No manager was present at either meeting and the complainant stated that if one had attended, then this issue would have been dealt with. GPs who were not active were no different from members of the public and should not be at such meetings.

The complainant stated that whilst he/she had no written or photographic evidence of the secondary care representative's father attending, he/she was certain that his presence would not have been recorded. In the past, the complainant had attended many meetings sponsored by AstraZeneca and other pharmaceutical companies with the secondary care representative's father attending and representatives failing to register his attendance due to compliance issues.

The complainant stated that the facts were that on these two occasions the AstraZeneca secondary care representative had brought his/her father to the meetings and it was wholly inappropriate for a practice manager who was not medically trained to recommend pharmaceutical products to other health professionals. The complainant stated that there was no section on quality outcome framework (QOF) or administration so he/she queried what practice managers would have achieved from the session.

In the complainant's view it was bizarre that the speaker at the meeting referred to AstraZeneca's product Onglyza (saxagliptin) as 'sexygliptin' to get customers to remember the medicine.

The complainant understood that now that the secondary care representative had advanced in his/her career he/she did not need to pay for these meetings but considered it was acceptable to bring his/her father as there was no trail leading to his/her father attending these meetings.

The complainant stated that with no manager present it would be a case of his/her report against that of the company, however, AstraZeneca needed to demonstrate that the representative's father did not attend. However, if no ruling was made to discipline the secondary care representative for breaching the Code in any capacity, the complainant stated that he/she would complain about every meeting that he attended. The only way the PMCPA might get any truth was to call the customers directly.

When writing to AstraZeneca the Authority asked it to consider the requirements of Clauses 11.1, 22.1, 9.1, 15.2 and 2 of the Code.

RESPONSE

AstraZeneca stated that it took its obligations under the Code seriously and had conducted an investigation to address the points raised.

The two meetings referred to by the complainant were promotional events for Forxiga (dapagliflozin). A primary care representative organised and invited delegates to these meetings. A secondary care representative, attended both meetings. Both representative's reported to the same manager: while one was more senior he/she did not have authority to direct the others work. The representatives' both stated during interviews that they were professional colleagues and did not socialise outside work.

As part of his/her activities as a representative, the primary care representative invited health professionals, from a practice on the local prioritised list, to attend both meetings referred to by the complainant. The secondary care representative's mother was invited in her capacity as a health professional (healthcare assistant and practice manager). The secondary care representative's name appeared on attendee lists for both meetings. The primary care representative knew the health professional was the secondary care representative's mother.

The secondary care representative's father, was a retired GP who most recently worked at the practice on the local prioritised list. He no longer practised or was GMC registered. As part of its investigation AstraZeneca reviewed its customer relationship management (CRM) records and conducted interviews to ascertain whether the secondary care representative father attended either of the meetings; his name did not appear on attendee lists for either. During interviews, the representatives and the health professional each stated that he had not attended either meeting as a delegate and did not consume any subsistence provided. With respect to the 2015 meeting, neither the secondary care representative or his/her father remembered whether he drove his wife to or from the meeting, or whether he entered the restaurant to drop her off or pick her up. With respect to the 2016 meeting, both the secondary care representative and his/her father stated during interviews that he dropped off and collected his wife, from the meeting venue; he arrived early to collect his wife and waited for her at the meeting venue. The secondary care representative's father also

stated that he spoke with several meeting attendees who were former colleagues before departing with his wife. An attendee at the 2016 meeting, further confirmed that the secondary care representative's father arrived to collect his wife and stopped to speak with former colleagues who had attended the meeting. Other attendees interviewed did not know the secondary care representative's father and could not comment on his attendance. AstraZeneca concluded that the secondary care representative's father had no meaningful contact or interaction with the meetings nor could he rightfully be described as an attendee at either.

AstraZeneca submitted that, to the best of its knowledge, the secondary care representative's father did not attend either meeting. Breaches could not therefore have arisen in relation to his attendance. The secondary care representative's mother's attendance and consumption of subsistence at these meetings was appropriate. AstraZeneca's representatives maintained high standards in this regard. Furthermore, high standards were maintained more generally. No events took place which could be considered to have brought the industry into disrepute. AstraZeneca therefore denied breaches of Clauses 11.1, 22.1, 15.2, 9.1 and 2.

On a separate point, while neither the 2015 nor the 2016 slide deck referred to saxagliptin, AstraZeneca understood that the medicine was mentioned by a speaker at the 2016 meeting. The speaker reported in an interview that he referred to 'saxagliptin' in an attempt at humour. Notably, the speaker was briefed regarding his obligations as a speaker in advance of the meeting. The Fee for Service Contract signed by the speaker in relation to this meeting stated that 'You will perform the Services diligently and conscientiously using your best efforts with the highest professional standards and in compliance with all applicable laws, regulations and codes of practice relevant to the pharmaceutical industry'. This document also stated that 'I have been adequately briefed by AstraZeneca and read and understood the 'Guidelines for External Speakers'. His document included wording that statements must 'not cause offence either through the use of imagery or humour unbecoming the professional standing of the audience'. It would appear that the speaker did not fulfil these requirements. AstraZeneca would suspend work with the speaker until he had been thoroughly re-briefed as to requirements for speaking at AstraZeneca meetings.

To prevent recurrence AstraZeneca submitted that it would complete the following actions by 31 December 2016:

- Ensure that all future meeting invitations were specific regarding intended recipients
- Review all briefing documents accompanying currently approved promotional slide decks to ensure specific appropriate audiences were identified
- Retrain originators and signatories on the importance of detailing the specific intended audience in briefing documents accompanying promotional slide decks

- Brief representatives as to the importance of only allowing specified groups of attendees to be present at promotional meetings and of the need to vigilantly monitor the conduct of meetings and intervene should inappropriate language be used.

PANEL RULING

The Panel noted that there were differences between the parties' accounts, it was extremely difficult in such cases to know exactly what had transpired. The complainant bore the burden of proof on the balance of probabilities. A judgement had to be made based on the available evidence.

The complaint concerned the attendance of the secondary care representative's parents at two Forxiga promotional meetings organised by the local primary care representative and held in November 2015 and November 2016.

The complainant alleged that the father of the secondary care representative, had stayed for the duration of each meeting and consumed subsistence. The Panel noted that the secondary care representative's father was a retired GP who no longer practised or held GMC registration. According to AstraZeneca he did not attend either meeting as a delegate nor did he consume any subsistence provided. With respect to the meeting held in November 2015, neither the representatives nor he could recall whether he drove his wife to, or collected her from, the meeting and whether he entered the meeting venue. In relation to the meeting held in November 2016 both the secondary care representative and his/her father confirmed that he had both dropped off and collected his wife from the meeting. On collecting his wife he had arrived early and waited in the venue where he spoke to former colleagues before departing. A meeting attendee had confirmed the accounts of the secondary representative and his/her father. The Panel noted that the secondary care representative's father was no longer practising or GMC registered and thus would be classified as a member of the public for the purposes of the Code. However, the Panel did not consider it unreasonable, in the circumstances, for him to merely greet former colleagues outside of the meeting's formal agenda and subsistence. There was no evidence that anything more than that had occurred. The Panel noted that the complainant bore the burden of proof and considered that there was no evidence that the secondary care representative's father had attended either meeting as a delegate or received subsistence as alleged. No breach of Clause 22.1 was ruled. In addition, there was no evidence that either of the representatives or the company had failed to maintain a high ethical standard. No breach of Clauses 9.1 and 15.2 was ruled.

The Panel noted that the secondary care representative's mother, attended both meetings in her role as a practice manager and a healthcare assistant. The Panel noted that the role of healthcare assistants in general practice varied but might include health promotion, blood pressure management and venepuncture; they were not registered with a

professional body. The Panel had no information about the precise nature of the secondary care representative's mother's duties but noted that they would depend on the contractual relationship between her and the practice. The complainant had alleged that the secondary care representative's mother recommended medicines including diabetes products. AstraZeneca had not provided any detail about the secondary care representative's mother's professional responsibilities. Nonetheless, the Panel noted that dependent on the details of her role she could be a health professional and/or a relevant decision maker. The Panel noted the educational content of the meetings. The Panel also noted that the complainant bore the burden of proof. The Panel did not consider that there was any evidence before it to indicate that it was inappropriate for the secondary care representative's mother to attend either of the meetings as a delegate as alleged. No breach of Clause 11.1 was ruled. There was no evidence that either of the representatives or the company had failed to maintain high standards; no breach of Clauses 9.1 and 15.2 was ruled.

The Panel noted that the speaker had spoken at the November 2016 meeting; contrary to AstraZeneca's submission, at least one slide referred to saxagliptin. The speaker advised AstraZeneca that he had instead referred to 'sexygliptin' in an attempt at humour. The Panel noted that the speaker had been briefed regarding his obligations as a speaker in advance of the meeting. The Panel noted that the fee for service contract signed by the speaker stated that he had read and understood the Guidelines for External Speakers which stated, *inter alia*, that statements 'must not cause offence either through the use of imagery or humour unbefitting the professional standing of the audience'. The Panel also noted AstraZeneca's admission that it would appear that the speaker did not fulfil these requirements. The Panel considered that in this regard high standards had not been maintained; a breach of Clause 9.1 was ruled.

Complaint received **14 November 2016**

Case completed **10 February 2017**