

PMCPA Guidance for Disclosure of Transfers of Value to Patient Organisations and Members of the Public

This PMCPA Guidance provides an overview of the annual disclosure requirements to publish certain transfers of value to patient organisations and members of the UK public including patients and journalists set out in Clauses 29, 30 and 31 of the 2024 ABPI Code of Practice and their supplementary information and provides guidance to support companies to fulfil these requirements.

The PMCPA cannot approve any materials or activities, it can only give informal advice based on its interpretation of the ABPI Code. In the event of a complaint being received about a matter upon which advice was sought, it would be considered in the usual way; the ABPI Code of Practice Appeal Board would make the final decision if a case went to appeal.

Annual Disclosure requirements were updated in the 2021 Code to include an additional requirement to disclose in aggregate payments to members of the UK public not representing a patient organisation, including patients and journalists who provide certain contracted services. These services include speaking at meetings, assistance with training, writing articles and/or publications, participating in advisory boards, advising on the design etc. of clinical trials and participating in market research where such participation involves remuneration and/or travel. This was agreed by the ABPI Board and is part of its disclosure journey. Further, it aligns to the spirit of the EFPIA guidance 'Working together with patients – Principles for remunerating patients, patient organisation representatives and carers for work undertaken with the pharmaceutical industry'.

An optional template (**Figure 1**) was developed and published¹ which companies can use to fulfil the obligation to disclose payments to patient organisations and members of the public, including patients and journalists. The optional template can be amended as companies wish to support their disclosures. Companies can publish the data in an alternative manner ensuring the publication meets the Code requirements. An example of how the optional template might be completed is given in **Figure 2** below. A methodological note which summarises the methods used by a company in preparing these disclosures must be included with the publication.

The disclosure of transfers of value to members of the public including patients and journalists applies to those made in 2022 and each calendar year thereafter.

1



Optional Disclosure Template

The optional templates can be downloaded from the PMCPA website - PMCPA Publications¹

| | Optional Dis | closure Tei | mplate f | | | E OF PRAC | | | cluding Patie | nts and Journal | ists | |
|--|--|-------------|---|--|--|--|---------------------|----------------------------|---|---|-------------------------|--|
| AST REVIEWED 19092024 | Companies must include a note of methodologies used in preparing the disclosures | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Types of the Support or S Financial Support Non-financial Support | | | | Contracted Services | | | | | |
| | Patient Organisation Name | Country | Grants add a line for each Grant | Sponsorship of Meetings add a line for each sponsorship | Other Sponsorships add a line for each sponsorship | Donations add a line for each donation | Fees | Out of pocket/ expenses | Non-monetary Benefit for PO ² | Optional Indication of Patient Organisation's Total Income and/or the Company's Support as a Percentage | Description of Services | |
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| ت | | | | | | | | | | | | |
| | Description of Services ¹ Add additional lines as required | | | | | | N/A | N/A | N/A | N/A | | |
| embers of the | Description of Services ¹ Add additional lines as required | | | | | | N/A | N/A | N/A | N/A | | |
| Public | Aggregate amount attributable to transfers of value to such Recipients | | | | | | | | N/A | N/A | N/A | |
| | Number of Recipients in aggregate disclosure | | | | | | | | N/A | N/A | N/A | |
| L | Description of Services ¹ Add additional lines as required | | | | | | | N/A | N/A | N/A | | |
| Patients | Description of Services ¹ Add additional lines as required | | | | | | | N/A | N/A | N/A | | |
| | Aggregate amount attributable to transfers of value to such Recipients | | | | | | | | N/A | N/A | N/A | |
| | Number of Recipients in aggregate disclosure | | | | | | | | N/A | N/A | N/A | |
| Journalists | Description of Services ¹ Add additional lines as required | | | | | | | N/A | N/A | N/A | | |
| | Description of Services ¹ Add additional lines as required | | | | | | | N/A | N/A | N/A | | |
| | Aggregate amount attributable to transfers of value to such Recipients Number of Recipients in aggregate disclosure | | | | | | | | N/A N/A | N/A N/A | N/A | |

Figure 1. default optional template format

¹ PMCPA publications - https://www.pmcpa.org.uk/about-us/publications/



Patient Organisations

Annual Disclosure of Contracted Services, Donations, Grants and Sponsorship (including in relation to events/meetings) Provided to Patient Organisations

The organisations or individuals which are captured by these requirements are set out in Clauses 1.15 and 1.16 of the 2024 Code. Clause 1.15 defines a 'Patient organisation' as an organisation mainly comprised of patients and/or caregivers or any user organisation such as a disability organisation, carer or relative organisation and consumer organisation that represents and/or supports the needs of patients and/or caregivers and Clause 1.16 defines 'Individual representing a patient organisation' as a person who is mandated to represent and express the views of a patient organisation.

Clauses 29 and 31 set out the overarching requirements for the annual disclosure of certain transfers of value to patient organisations. Clauses 10, 23, and 24 may provide additional information which could be helpful with these disclosures.

The Code requires disclosure of donations, grants and sponsorship to patient organisations and when contracting with patient organisations or individuals representing patient organisations to provide services for companies. These disclosures should be published annually in the first 6 months after the end of the calendar year in which the transfers of value/payments were made.

The information must be disclosed on the company website either on a national or European level.

The 2024 Code includes a new requirement that for transfers of value made in 2024 and publicly disclosed in 2025, and for each calendar year thereafter, companies should submit a link via the relevant Disclosure UK gateway. The link should take visitors from Disclosure UK to patient organisation disclosure information published on the company's website.

Figure 2 illustrates an example of how the optional template may be completed for disclosure of transfers of value to Patient Organisations.





| ABPI CODE OF PRACTICE 2024 | | | | | | | | | | | |
|--|------------------------------|-----------|---|---|---|---|---|---|---|---|--|
| Optional Disclosure Template for Patient Organisations and the Public including Patients and Journalists | | | | | | | | | | | |
| Companies must include a note of methodologies used in preparing the disclosures | | | | | | | | | | | |
| | Patient Organisation Name | Country | | | | | | | | | |
| | | | Financial Support | | | Contracted Services Non-financial Support (Fees and expenses should be disclosed separately) | | | | | |
| | | | to Lease ELL states defails or each grant must be public disclosed annually giving in each case the financial amount or value and the name of the recipient institution, organisation or association. Canata are the provision or Hinds as defined in Clausetts where companies have a different definition this schulb be "A different definition this schulb be." | Sponsorship of Events! Meetings (Clause 10) add aline for each Sponsorship (Clause 10); States: Companies must decisos inannoial details for eventstimeetings (sponsorship) paid to paiden organisations or organisations managing an eventmeeting or their behalf. Contracts for individuals representing parient organisations to attend eventstimeetings should be made with and decisored against the patient organisation.) | Other Sponsorships add a line for each sponsorship This is the declocure of sponsorship rovision to a patient organization are related to an event immediage a sponsorship for the publication of monthly newsitette. Such sponsorship in this processing in the publication of monthly newsitette. Such sponsorship will have a written agreement in place as set out the agreement in place as set out Clause 2012. | Donations (Clause 23) add aline for each donation (The supplementary information to Clause 202 steers details of each donation must be publicly discosed annuals, giving in each case the financial amount or monetary value for each non- financial or indirect support provided. Donations are generally physical items, services or benefits in-kind as defined in Clause or definition this hould be made clear in the methodicigical note and this template amended accordingly) | Fees | Out of Pocket Expenses/Other Expenses | | | |
| | | | | | | | (Clause 24.6) Mille point 3 reters the disclosure for constructed sensing provided by each patient organization must have been provided organization. The patient organization of the continuous patient organization provided which tools amount patient provided without sensing provided without patient or male the conditionally complete to another the construct of the service provided without the security to divulge conflictabil information. For some disposance should be disclosed apparately. | | Non-monetary Benefit for PO ² | Optional Indication of Patient Organisation's Total Income and/or the Company's Support as a Percentage | Description of Services |
| Patient Organisation (add additional table for each Patient Organisation) | Patient organisation 1 | LIK" | £500.00 | | | | | | | | Description of and/or reason for grant |
| | Patient organisation 1 | FRANCE | | £375.00 | | | | | | | Information regarding the event/ meeting being supported and the type of support provided should be provided for this example |
| Org (add table | Patient organisation 1 | LIK | £500.00 | | | | | | | | Description of and/or reason for grant |
| Patient Organisation (add additional table for each Patient Organisation) | Patient organisation 2 | LIK. | | | £754.00 | | | | | | Information regarding the sponsorship which has been provided eg kunding to have an article written o living with a disease |
| | Patient organisation 2 | GEFINIANY | | | | | £1,500.00 | £75.00 | | | Information on the contracted services which hav been provided |
| Patient Organisation (add additional table for each Patient Organisation) | Patient organisation 3 | LIK* | | | | £600.00 | | | Provision of staff member to input data | 0.50% | Clear description of non-monetary donation enabli reader to assess value, e.g. brand new iPad, verse refurbished iPad for patients when receiving infusions |
| | Patient organisation 3 | LM' | | LIBA 00 | | | | | | | Clear description of the event/meeting including a expenses which were agreed. |
| | Patient organisation 4 | LIK | | | | | | | | | |

Figure 2. example of the optional template filled in for Patient Organisations



Frequently Asked Questions – Disclosure of Transfers of Value to Patient Organisations

1. **Question** Clause 29.1 supplementary information. This sets out that an indication of the patient organisation's total income and/or the company's support as a percentage of the patient organisation's total income may be given. Also, the optional template for disclosing the patient organisation transfers of value includes a column for this percentage. If it is not mandatory, what is the point of this being in the Code?

Answer The publication of the percentage contribution is to encourage greater transparency, aligned with one of the ABPI core principles. Companies are encouraged to be prepared to make available up-to-date information about such activities at any time in response to enquiries. It is understood that it may not be possible for the company to get the relevant information; this would not necessarily be a matter for which a company would be found in breach of the Code.

2. Question We used to provide a grant for a staff member of a patient organisation, can we still do so under the 2024 Code?

Answer There is no prohibition on a grant being provided to a patient organisation, for example to fund additional operational costs generated by a specific project, providing it meets the requirements of the Code, including the requirements of Clause 23. The principle of not offsetting routine costs of operation should be considered, which applies to Donations and Grants to patient organisations, i.e., that supporting healthcare, research or education does not mean subsidising routine costs of operation. Grants and donations to individuals are prohibited.

3. Question If a patient organisation helps with a NICE evaluation, can they be paid for this work?

Answer Where a patient organisation provides any service, including for a NICE evaluation, this should be carried out under contracted services as set out in Clause 24, which includes that the remuneration for the services must be reasonable and reflect the Fair Market Value of the services provided. The requirements of Clause 27, in particular Clause 27.5, are also relevant.

4. **Question** Patient organisations often comment on the complexity and length of agreements for grants, donations and sponsorship with pharmaceutical companies. Can these be simplified?



Answer The PMCPA encourages companies to do as much as they can to use language that is appropriate for the audience and this principle applies to written agreements. The Code sets out the minimum requirements which must be included in written agreements for grants, donations and sponsorship to patient organisations in Clause 27.2 and Clause 27.5. Company requirements and standard agreements/ templates often go beyond the Code requirements and address other areas.

5. **Question** If a company's global headquarters based in the UK conducts an activity with an EU patient organisation, does this need to be disclosed in the UK?

Answer Clause 29.1 states that companies must make publicly available annually, a list of patient organisations to which it provides donations, grants or sponsorship (including in relation to events/meetings) or with whom it has engaged to provide contracted services over the reporting period. This information must be disclosed on the company website either on a national or European level. If disclosing on a national level, the PMCPA's view is that the location where the patient organisation has their principal address (e.g., its registered business address or primary place of operation) should be used to determine in which country the ToV should be disclosed in accordance with the national code of that country, which follows the principle for HCP and HCO disclosure.

6. **Question** Does the methodological note for disclosure to patient organisations need to include whether it includes VAT or not?

Answer Companies should make clear in the methodological note for all transfers of value disclosed whether these are inclusive or exclusive of VAT; this includes for patient organisations.



The Public, including Patients and Journalists

Annual Disclosure of Contracted Services Provided by the UK Public, Including Patients and Journalists

Clause 30.1 states that companies must make publicly available annually details of the fees for certain contracted services paid to members of the UK public, including patients and journalists. These services include speaking at meetings, assistance with training, writing articles and/or publications, participating in advisory boards, advising on the design, etc. of clinical trials and participating in market research where such participation involves remuneration and/or travel. The information must be disclosed on the company website.

The disclosure for contracted services provided by members of the public, in accordance with Clause 24, must include:

- the total number of members of the public, including patients and journalists contracted to perform services and the total amount paid per calendar year, and a description of the types of services provided that is sufficiently complete to enable the reader to understand the nature of the services provided without the necessity to divulge confidential information
- companies should provide a breakdown of the total payments to each group of individuals, i.e. the public, patients and journalists without the necessity to divulge confidential information
- fees and expenses should be disclosed separately.

Each company must include a note summarising the methodologies used by it in preparing the disclosures and identifying support and services provided.

Clause 30.1 supplementary information states that for transfers of value made in 2024 and publicly disclosed in 2025, and for each calendar year thereafter, companies should submit a link via the relevant Disclosure UK gateway. The link should take visitors from Disclosure UK to the public, including patients and journalists, disclosure information published on the company's website.

Clause 31 states that:

- Disclosures must be made annually in respect of each calendar year and must be in the first six months after the end of the calendar year in which the transfers of value/payments were made.
- The information disclosed must remain in the public domain for at least three years from the time of first disclosure.



• Companies must document all disclosures and retain the records for at least five years after the end of the calendar year to which they relate.

Clause 31 supplementary information states that information to be published on Disclosure UK must be submitted in line with the operational timelines of the platform. Details are available at www.disclosureuk.org.uk.

Figure 3 illustrates an example of how the optional template may be completed for disclosure of transfers of value to the Public, including Patients and Journalists.

| | The Public, including | CI (Fees and ex | cted Services ause 24 penses should be d separately) | Description of Services | |
|----------------|---|--|---|-------------------------|--|
| | Clause 30 sets out the requirements for Provided by the Public, Incluing Pat | Fees | Out of Pocket Expenses/Other Expenses | | |
| | Description of Services ¹ | Add additional lines as required | N/A | N/A | Speaking at internal company meetings |
| Members of the | Description of Services ¹ | Add additional lines as required | N/A | N/A | |
| Public | | al amount for fees and out of pocket expenses/other expenses. Expenses reimbursed will be those agreed and ontract signed prior to the contracted service being carried out) | £1,450.00 | £42.00 | N/A |
| | Number of Recipients in aggreg | ate disclosure (total number of recipients in the reporting period) | 5 | 3 | N/A |
| | Description of Services ¹ | Add additional lines as required | N/A | N/A | Speaking at internal company meetings |
| | Description of Services ¹ | Add additional lines as required | N/A | N/A | Speaking at external meetings |
| Patients | Description of Services ¹ | Add additional lines as required | N/A | N/A | Providing advice at Advisory Board meetings for patients |
| | Description of Services ¹ | Add additional lines as required | N/A | N/A | |
| | 1 99 9 | unt for fees and out of pocket expenses/other expenses. Expenses reimbursed will be those agreed and documented t signed prior to the contracted service being carried out) | £18,750.00 | £2,676.00 | N/A |
| | Number of Recipients in aggreg | ate disclosure (total number of recipients in the reporting period) | 23 | 23 | N/A |
| | Description of Services ¹ | Add additional lines as required | N/A | N/A | Providing advice at Advisory Board meetings for patients |
| Journalists | Description of Services ¹ | Add additional lines as required | N/A | N/A | |
| | 1 33 3 | unt for fees and out of pocket expenses/other expenses. Expenses reimbursed will be those agreed and documented t signed prior to the contracted service being carried out) | £23,750.00 | £825.00 | N/A |
| | Number of Recipients in aggreg | ate disclosure (total number of recipients in the reporting period) | 11 | 9 | N/A |

Figure 3. example of the optional template filled in for the Public including Patients and Journalists



Frequently Asked Questions - Disclosure of Transfers of Value to the Public, including Patients and Journalists

7. **Question** Please clarify why disclosure of transfers of value to the public, including patients and journalists was added to the 2021 Code?

Answer This was agreed by the ABPI Board and is part of its disclosure journey. Further, it aligns to the spirit of the EFPIA guidance 'Working together with patients – Principles for remunerating patients, patient organisation representatives and carers for work undertaken with the pharmaceutical industry'

8. **Question** It is challenging to assess Fair Market Value for the public including patients and journalists as these categories are of individuals. Unlike with HCPs, we may not be able to easily access external databases and benchmarking surveys, etc. to develop a Fair Market Value table for such individuals.

Answer The PMCPA supports the principles of remuneration that Patients and Patient Organisations should be fairly remunerated for their expertise, contribution, and time. It is important for companies to be able to demonstrate that individuals providing a service get fairly and equitably remunerated for the service being carried out. Fair Market Value is for each company to decide in relation to the service required, taking into consideration the complexity of the task and the individual's expertise. Each company should clearly document its rationale for determining the Fair Market Value.

Companies are advised to refer to the EFPIA document, <u>'Working together with patients – Principles for remunerating patients, patient organisation representatives and carers for work undertaken with the pharmaceutical industry' when working with Patients and Patient Organisations.</u>

9. **Question** Please provide clarification on payments to members of the public as part of a clinical trial, for example for healthy volunteers, do they fall under the R&D disclosure and would only be part of the 'payments to the public' bucket if the disclosure does not fall within one of the R&D categories set out in Clause 1.20?



Answer Clause 30.1 states that companies must make publicly available annually details of the fees for certain contracted services paid to members of the UK public, including patients and journalists. The supplementary information to Clause 24.1 states that only certain services provided by members of the public, including patients and journalists, are covered by the Code; others are clearly outside the scope of the Code. The services covered by the Code generally relate to healthcare, disease or medicine. Providing advice with regard to the design of clinical trials would be an included contracted service whereas being a participant in a clinical trial would not. Participants in clinical trials set out in Clause 1.20 are excluded from Clause 30.

10. **Question** Clause 1.13 states that Other relevant decision maker 'ORDM' particularly includes someone with an NHS role. Would Members of Parliament be seen as ORDMs or members of the public?

Answer ORDMs are not limited to the NHS. In certain circumstances, politicians, policy makers etc., might be seen as an ORDM. Much would depend on the activity. This will need to be decided depending on the individual arrangements. MPs have their own rules for disclosing payments and companies would be well advised to mirror such disclosures.

11. **Question** If a patient in another country provides a service to a UK company, should the UK company disclosure this? E.g., a French patient provides a service for the UK company, the UK company includes this in their annual disclosure.

Answer The Code requires that companies must make publicly available details of the fees for certain contracted services paid to the **UK public**, including patients and journalists. For payments to members of the public based in other countries, it is advisable that relevant advice is sought from the country in which the individual resides.

12. **Question** Where should the methodological note(s) be published for patient organisations and the public including patients and journalists? Should it be incorporated into the methodological note for the disclosure of transfers of value to health professionals, ORDMs and HCOs?

Answer Companies could have one methodological note which covers all their disclosure categories; however, it would need to be available on both Disclosure UK and the company website and be clear with regard to what is applicable for each category and the relevant information. Alternatively, companies could have one methodological note for patient organisations/public and another for HCPs/ORDMS/HCOs with the former being on the company website and the latter being on Disclosure UK.

13. Question "Fees and expenses should be disclosed separately." Please clarify what "fees" refers to?



Answer Fees would be considered as the remuneration for contracted services whereas expenses would be, for example, travel and accommodation.

14. **Question** The disclosure of fees for contracted services paid to individuals presumably includes bloggers as they are members of the public.

Answer Only certain services provided by members of the public, including patients and journalists, are covered by the Code. The services covered by the Code generally relate to healthcare, disease or medicine. It is important to note that bloggers might be members of the public (patients or journalists) or health professionals and fees for contracted services should be disclosed in line with the relevant Code requirements.

15. **Question** Disclosure for the Public, including patients and journalists is included in the optional disclosure template which also includes Patient Organisations; does this need to be disclosed on the company website and not through the ABPI portal?

Answer The Code requires that companies must make publicly available annually details of the fees for certain contracted services paid to members of the UK public, including patients and journalists. The Code requires that the disclosure of transfers of value to Patient Organisations must be disclosed on the company website either on a national or European level, and that to the Public, including Patients and Journalists, must be disclosed on the company website. The disclosure to health professionals, other relevant decision makers and health care organisations is required on the ABPI central platform, Disclosure UK (Clause 28.1 SI refers).

The Disclosure UK platform includes two Disclosure Gateways for the collation of weblinks to patient organisation disclosures and members of the public disclosures on company websites. The 2024 Code requires that all disclosing companies should submit a link to their websites with patient organisation disclosures, and/or members of the public disclosures so that the information can be accessible from Disclosure UK. Provision of links is mandatory for transfers of value made in 2024 and publicly disclosed in 2025, and for each calendar year thereafter, unless they do not work with patient organisations or members of the public and therefore have no information to provide. Where a link has been provided, following it will navigate to the disclosing company's website, where their patient organisation disclosures and/or members of the public disclosures are published. For more information about the Disclosure UK gateways, see Disclosure Gateway FAQs (abpi.org.uk)