



Dear PMCPA,

The Healthcare Communications Association (HCA) is a not-for-profit members organisation which represents those working in healthcare communications. The most significant proportion of the healthcare communications activity undertaken by our members is within the pharmaceutical sector, either from within an ABPI member company or as an agency working for an ABPI member company. The ABPI, IFPMA and EFPIA codes are therefore the compliance foundations for the work our members undertake within pharmaceuticals.

On the announcement of your consultation the HCA invited our members to provide their thoughts on your proposed changes to the ABPI Code of Practice for the Pharmaceutical Industry and the PMCPA Constitution and Procedure and to take a specific focus on the proposed Q & As.

HCA Members Feedback for the Consultation

There was consistency of opinion from members that the Q & As were welcomed and already very comprehensive in scope. Their publication will undoubtedly be beneficial in helping communications professionals interpret and work within the Code of Practice.

There were three specific areas where members felt additional Q & As (or answers incorporated into existing proposed Q & As) might help clarify the Code's position and facilitate improved interpretation:

- 1) 'Above' brand communications - which would include corporate and public policy communications and activity

It was felt that recent code revisions have created a perception that everything communicated by those in the pharmaceutical sector is 'promotional' and therefore within the scope of the code. This, it was felt, can then be detrimental to activity such as communications to enhance the industry's reputation.

Additional questions to therefore consider including are:

- a. Do company communications and activities relating to pharmaceutical industry issues such as access to medicines, HTA policy, specialised commissioning policy and R&D activities fall within the scope of the Code compliance processes when there is no mention of specific Prescription Only Medicines?
- b. Do company communications relating to R&D process, technology, infrastructure, education and facilities fall under the scope of the Code when such communications are not related to individual specific Prescription Only Medicines, or specific medicines in development?
- c. Should Ministers, civil service officials and non-clinical staff of NHS England be considered as 'members of the public' when companies are involved in discussing access to medicines issues and policy?



- d. Are external stakeholder discussions and briefings about health technology assessment policy, methods, approaches and processes relating to specific medicines considered to be promotional and therefore under the scope of the Code?

2) Social Media

Social media continues to be a challenge for communicators interpreting the Code especially when considering some of the specific functionalities of social media interaction. It was recognised that a significant number of valuable Q & As are already proposed, all of which would be very helpful. Additional clarity, that could come from the answers to the following suggested question topics, would also help in this regard:

- a. If a pharmaceutical company has a social media page e.g. Facebook or Twitter and likes / follows another group e.g. a patient advocacy group, does this constitute endorsing all future and past content on the PAGs page?
Historically, for websites this issue was addressed with a disclaimer included to state that the viewer was leaving the pharmaceutical company page, but we do not have this ability on social media
- b. Does interacting with a social media post (like or comment to a third-party page) have to be certified if they don't relate to Prescription Only Medicines?
- c. If a patient sends a direct message to a patient support group/platform on social media, which areas of the code apply when it comes to the pharmaceutical company commenting on this (with no product mentions)?

3) GDPR and the new Data Protection legislation in which this is incorporated

It is recognised that a Q & A is proposed 'Why does the Code not specifically mention other relevant laws such as the General Data Privacy Requirements?' However, it is also considered of value to ask and answer the question 'How and where does GDPR relate specifically to the Code?'

We recognise that for some of the questions above it might be considered they are already answered within the Code. However, their consideration for inclusion as a Q & A is based on the belief of HCA members that additional clarity would be highly beneficial in helping ensure compliance with the Code.

Should you require further insight around the rationale for any of the above, please do not hesitate to contact us. Similarly, if the HCA and its membership can be of any assistance or add value in any other aspects of this consultation, we would be delighted to support the PMCPA and ABPI.

Kind regards,

Mike Dixon
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