

Short title: Healthcare industry relationships BP

1. Background

The way that healthcare companies can advertise their products to medical practitioners is increasingly being restricted. Educational avenues remain open for the promotion of their products and a number of companies are trying new means of accessing these.

It is essential that PS40(G) gives clear guidance that protects both fellows and the trainees of ANZCA and the Faculty of Pain Medicine. There is concern that trainees have a significant potential for being influenced by industry representatives and that this needs to be appropriately managed through policy and education.¹ Fellows also require guidance about ethical relationships with industry. The information in PS40(G) complements that contained in the ANZCA *Code of Professional Conduct*.

Medicines Australia, a peak body representing mainly pharmaceutical companies, met with college representatives in August 2009 and described their recently revised code of conduct², which is recognised by government. The Medicines Australia code stipulates increased scrutiny of all sponsorship activity - all drug companies must declare all educational events and the amount of sponsorship provided. Medicines Australia oversees a complaints mechanism and significant financial penalties may apply to member companies that breach the code. However, this does not necessarily prevent untoward behaviour and most complaints raised are between the companies themselves.

Similarly, the Medical Technology Association of Australia has developed a code of practice³, which governs medical equipment companies, with similar reporting structures to Medicine Australia.

The Medical Council of New Zealand has published a statement entitled *Doctors and health-related commercial organisations*.⁴ It notes the ways that such relationships can influence doctors, including introducing potential biases into a doctor's practice. The *New Zealand Medical Association Code of Ethics*⁵ provides further discussion on these points.

As an overarching principle, the code asks all doctors to consider the health and wellbeing of patients as the first priority. In the case of a relationship with the healthcare industry, doctors should question whether any support offered by a healthcare company will benefit their patients directly or indirectly, for example through training that will assist with the development of relevant knowledge and skills. Further, the code advises that:

Doctors should exercise careful judgement before accepting any gift, hospitality or gratuity which could be interpreted as an inducement to use or endorse any product, equipment or policy. Doctors must not allow gifts to influence clinical judgement. In all cases of doubt, advice should be sought from relevant professional organisations.

The interrelationships between education and commercial company sponsorship are complex. The following scenarios illustrate healthcare industry inducements proposed to date which have been debated within the college:

1. Sponsorship of a trial viva session

2. Provision of a more affordable workshop to trainees and fellows by providing sole sponsorship of the event
3. Sponsorship of travel costs for attendance at interstate workshops or business meetings with an educational component.

It is likely that trainees and fellows will face increasingly complex, and as yet unforeseen, ethical decisions and will require clear guidance when evaluating the relative merits of healthcare industry inducements for educational activities.

It had become common for the availability of continuing professional development (CPD) points to be used as a promotional tool in advertising educational events. While some college-organised events in the past have had valid pre-allocated points this will no longer be the case and no educational events, either college-organised or otherwise, will be pre-allocated CPD points. The current CPD focus is on individualised programs with personal assessment of the value of the event to the individual fellow. Advertising of pre-allocated points is therefore inappropriate and peripheral to the main topic and consequently discussion of this is excluded from PS40(G).

Rather than attempting to provide guidance for all possible scenarios that may arise between trainees, fellows, the college and the healthcare industry, PS40(G) models the correct behaviours for appropriate interactions between the relevant parties.

A revised version of PS40(G) was promulgated in 2011 with pilot status for approximately one year, during which further feedback was sought with a view to producing a definitive version in 2012.

2. Modifications

PS40(G) has been modified to:

- 2.1 Include advice regarding sponsorship of educational activities aimed at trainees.
- 2.2 Allow evaluation of possible influence from healthcare industry sponsorship by identifying the role within the college of the organiser as well as the number of sponsors associated with an educational event.
- 2.3 State the circumstances under which the college will not promote sponsorship.
- 2.4 Stipulate that all associated publications and promotional material from the healthcare industry complies with college requirements.
- 2.5 Outline possible avenues for advice for situations not presently covered by PS40(G).
- 2.6 More clearly express the responsibility of presenters and participants at educational meetings to declare financial or material support from the healthcare industry.
- 2.7 Articulate the college's ethical position and encourage identification of the personal ethical responsibilities of individual fellows and trainees.
- 2.8 Make reference to the ANZCA conflict of interest policy.
- 2.9 Include ANZCA business meetings within the terms of the document.

Related ANZCA documents

Conflict of interest policy. Available from: <https://www.anzca.edu.au/getContentAsset/b1d2f088-286b-4a59-a15c-264f7b3c631d/80feb437-d24d-46b8-a858-4a2a28b9b970/ANZCA-Conflict-of-interest-policy-and-declaration-February-2025.pdf?language=en> Accessed 24 Jan 2024.

References

1. Stell L. Drug reps off campus! Promoting professional purity by suppressing commercial speech. *Journal of Law, Medicine & Ethics*. 37.3(Fall 2009):431-443.
2. Medicines Australia. Code of conduct. 19th ed. Deakin: Medicines Australia. 2010, updated 2020. Available from: <https://www.medicinesaustralia.com.au/wp-content/uploads/sites/65/2020/11/20200108-PUB-Edition-19-FINAL.pdf> Accessed 24 Jan 2024.
3. Medical Technology Association of Australia. Medical Technology Industry Code of Practice. 13th ed. North Sydney: Medical Technology Association of Australia. 2011, updated 2023. Available from: https://www.mtaa.org.au/sites/default/files/uploaded-content/field_f_content_file/medical_technology_industry_code_of_practice_edition_13_2023.pdf Accessed 23 Jan 2024.
4. Medical Council of New Zealand. Responsibilities in any relationships between doctors and health related commercial organisations. Wellington, Medical Council of New Zealand, 2008. *This reference has been superseded by: Doctors and health-related commercial organisations. 2023. Available from: <https://www.mcnz.org.nz/assets/standards/Health-related-organisations.pdf> Accessed 22 Apr 2024.
5. Medical Council of New Zealand. Appendix B NZMA code of ethics. In: Morris KA, editor. Cole's medical practice in New Zealand. 14th ed. Wellington, Medical Council of New Zealand. 2011, updated 2021. Available from: <https://www.mcnz.org.nz/assets/standards/08588745c0/Coles-Medical-Practice-in-New-Zealand.pdf> Accessed 30 Apr 2024.

Further reading

Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. 2020 Oct. Available from: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx> Accessed 30 Apr 2024.

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