

# IPCAA NEWS

## Being Compliant — the name of the game

**If you haven't heard of Corporate Compliance Policies, you will do soon as they are set to have a major impact on future developments in global Healthcare meetings and in our everyday work environment. IPCAA members need to be aware of the latest developments to help them deliver not only the best but to remain within the regulatory framework laid out by their companies.**



In order to maintain professionalism and to achieve continuing economic success, companies in the international Healthcare sector have implemented regulations to ensure that their employees act honestly, lawfully and with integrity.

Also known variably as Corporate Responsibility, Corporate Citizenship, Corporate Governance, Charter of Corporate Conduct and Global Citizenship, these policies have a very broad application across the Healthcare Industry as a whole (including R&D, interactions with regulatory and other authorities, physicians, patients, suppliers etc.). As they specifically apply to Healthcare congresses, the major changes are to shift the focus of activities from commercial to the more educational in the areas of symposia and exhibitions, and finally to reduce substantially the scale of delegate sponsorship and hospitality.

These policies were always a part of the unwritten philosophy and practices of the overwhelming majority of major Healthcare companies but, in an increasingly difficult political business environment, the need for formalisation and high levels of transparency have become obligatory.

Corporate compliance in this context is typically defined as “a formally mandated set of rules covering interactions with Healthcare professionals”. The speedy introduction of these policies by Healthcare companies is due in part to both US Federal and State legislation and an increasing acceptance that promotion must be seen to be separate from the Industry's activities in medical education. The rate of change varies from company to company, with those based in the US and those with major US involvement leading the way. However, it appears that other European and Japanese companies are also increasingly incorporating compliance policies into both their national and international activities.

Every company will, or already has laid out, detailed guidelines covering correct behaviours for implementation and control. These are developed by their corporate global headquarters with little or no allowance for alteration by their subsidiary companies around the world. These guidelines (which are in addition to national government regulations) are already leading to a redirection of expenditure from marketing to a broader sponsorship of medical education activities. A quick look at almost any company's web site will give an insight into the aims and objectives of their ethical policies but it is, of course, how these policies are implemented on the ground that is crucial to the organisers of Healthcare congresses.



**IPCAA**  
INTERNATIONAL  
PHARMACEUTICAL  
CONGRESS  
ADVISORY  
ASSOCIATION

*Issue 26  
July 2006*

### How will these changes impact on congress activities?

Organisers should expect much longer time lines in the decision-making process as strict pre-approval of activities becomes mandatory. Proposed activities will be closely measured against formally laid out (and much stricter) criteria by independent compliance committees. Detailed pre-approval of all activities will be standard, with all changes requiring re-approval. Independent post-event audits will be undertaken with strict sanctions (which have already been applied in a number of cases) for non-compliance. Education and reinforcement of the aims (often by on-line training) of these policies for both staff and suppliers is already in place in a number of companies to ensure that any drift from the stated guidelines is reduced to a minimum.

It is the responsibility of both corporate congress organisers and their suppliers to become familiar with the application and consequences of these evolving policies and to advise their in-house colleagues on how they interact with increasingly strict internal and national regulations.

# CME Taskforce

## Update

**At the January General Assembly, IPCAA Executive Director Dennis Wheatley outlined a number of changes in the status of Continuing Medical Education (CME) in Europe and North America.**

### European issues

Dr Bernard Maillet – the Secretary General of the Union of European Medical Specialists (UEMS) and European Accreditation Council for CME (EACCME) gave one of two ‘Educational Sessions’ at the General Assembly. His presentation which covered changes in European CME can be viewed by IPCAA members on the IPCAA website. The main points raised were:

- Having taken a pragmatic view on the participation of Industry in Healthcare congresses, UEMS/ EACCME are no longer opposed to sponsored symposia provided the science is of high quality and is presented without bias
- A detailed costing (on a sliding scale dependant upon number of anticipated attendees) of applications for CME was shown and discussed, as was a flow chart (with timings) of activities for application for CME recognition
- Details of the spreading shift towards mandatory CME within Europe
- The increasing cooperation between EACCME/National authorities/ Specialist Medical Societies and how they interact

The results of recently undertaken independent research from a 6 country (Australia, Canada, Germany, New Zealand, UK and the US) survey were discussed. It appears that there is a significant short fall in the perceived quality of Healthcare delivery from the perspective of both inpatient and ambulatory patients. CME appears to have failed to deliver except on very narrow grounds and the increasing use of Continuing Professional Development (CPD) has been called for to address this issue. This is indicative of the ongoing trend from pure CME to a broader CPD (of which CME is a component) perspective.

### Educational grants in the USA

**The Federal government in the US is seeking more information from pharmaceutical manufacturers regarding the status of Educational grants. This has had a marked effect in the US market with budget responsibilities and internal processes being modified to reflect this rapidly changing environment. As a result there has been significant scrutiny regarding the level of support for these activities.**

### IPCAA CME Information pack

**In light of the rapid changes occurring in CME around the world IPCAA is undertaking an exercise to update its information pack of detailed information on the application of CME regulations. This update will be available on the IPCAA intranet site in the late summer.**

## Regulatory Affairs update

### Italy (G Frigerio)



The President of the IPCAA Italian section invited any member company with an Italian affiliate to encourage their

**affiliate to join the Italian section as separate members. This will have the benefit of allowing the affiliate to access the most up-to-date information on the regulatory situation in Italy.**

No new regulations have been issued since the Council meeting in October, 2005. However, a very useful set of summary Questions and Answers were presented. This covered the 10 most common questions associated with healthcare congresses in Italy such as use of exhibition material, promotional material, co-sponsoring of congresses and courses and definitions. The slides can be found on the IPCAA intranet site.

### Possible new interpretation of Dutch law

**Following a scare that the Dutch authorities had extended their code regarding physician contributions to the cost of attending medical congresses to non-Dutch doctors attending congresses in The Netherlands, the IPCAA network rapidly contacted the relevant Dutch authorities for a clarification.**

A formal reply has now been received from the Dutch Code of Practice Committee – Industry, physicians and pharmacists (CGR) the guidance being that these rules apply to Dutch doctors only and that, under Dutch law, foreign doctors will **not** have to contribute to the cost of their participation at meetings in The Netherlands.

## Highlights from taskforce reports presented to the IPCAA's General Assembly and Council meetings

### Oncology/Haematology/Transplantation/AIDS/Nephrology

---

#### **TF leader: Transplantation: M Hess**

M Hess has become Head of the Transplantation taskforce. The European Transplantation Society has approved their new exhibition/sponsorship guidelines. IPCAA had substantial input during the development process.

activity was reduced with only 3 out of the 6 companies active in the field sponsoring an exhibition booth, with two more providing only seating areas. Several of the major companies delayed confirmation of participation at the World Aids Meeting in Toronto until after the Rio meeting.

#### **TF leader: HIV/AIDS: M Handforth**

An IPCAA taskforce meeting was held at the recent World AIDS Congress in Rio de Janeiro involving the major sponsors. The main concern of sponsoring companies was delegate security. However, the meeting proved to be calm and uneventful. Commercial

#### **Taskforce members**

*Abbott; Astellas; AstraZeneca; Aventis; Johnson & Johnson; Merck – MSD; Novartis; Roche and Wyeth*

### Cardiovascular and Metabolism

---

#### **TF leader: J Peristiany**

Uniquely, all the areas (Cardiology, Hypertension and Diabetes) in this taskforce have 'Industry panels' rather than the IPCAA taskforces representing the Industry. However, there is almost complete overlap between the membership of the taskforce and these panels.

The most recent European Association for the Study of Diabetes (EASD) was held in Athens. The success of this meeting was unfortunately compromised by the shortcomings of the venue and the organisers. This opinion has been communicated to the organisers. Revisions to the EASD Congress Guidelines are currently being undertaken and, when completed, will be communicated to the congress organisers. The 2008 EASD meeting scheduled for Turin has been moved to Rome.

A good dialogue continues to exist between the Industry and the organisers of the European Society of Hypertension (ESH). The 2006 meeting was held in Barcelona and an increase in exhibition stand costs of 17-18% was announced by the organisers. This is seen as a 'one-off' due to the high cost of working in Barcelona and costs are expected to revert to a more normal level in subsequent years.

An excellent level of communication continues to exist with the European Society of Cardiology (ESC).

#### **Taskforce members**

*Abbott; Actelion; AstraZeneca; Aventis; Bayer; Johnson & Johnson; Merck – MSD; Novartis; Novo Nordisk; Pfizer; Roche and Servier*

## Medical imaging

---

### **TF leader: R Wies**

R Wies thanked K de Wilde, the former Taskforce Head, for his many years of support for the taskforce and its predecessor, IEARC. One of the major problems in the Medical Imaging area is the accumulation of meetings in the month of September. This causes major problems for both the sponsoring companies and delegates. This has been repeatedly brought to the attention of organisers who, in some cases, have understood the issue and are trying to take this into account in the planning of future congresses.

The taskforce divides into three complementary but different interest groups:

- Pharmaceutical-based companies
- Equipment manufacturers
- Companies with both pharmaceutical and equipment interests

The major difference relates to the application of different Codes of Practice. The Pharmaceutical companies have to follow various Codes of Practice, e.g. EFPIA (European Federation of Pharmaceutical Industries and Associations), on the promotion of medicines which strictly regulates and limits the options for communication and initiatives at congresses. This has led to an increasing demand for Satellite Symposia at congresses in the last few years, the result being insufficient time slots to satisfy the demand with consequent competition leading to significantly higher costs.

The major congresses in this area are:

The Radiological Society of North America (RSNA) held every year in Chicago in November-December. This is seen as a very professional organisation.

A recent unresolved problem is that the RSNA has stated that Industry-sponsored symposia cannot be held within the Congress Hall and, more controversially, that they cannot be CME accredited (contradictory to the US American Medical Association Code of Conduct). This latter ruling is being contested by the taskforce members.

The European Congress of Radiology (ECR) held every March in Vienna is gaining in global importance. The most recent action is the encouragement by the Society for greater participation by the 'heavy equipment' (e.g. MRI) manufacturers. In a meeting with IPCAA at the end of January the organisers from this congress outlined their vision and expansion strategy for the coming 5 years. It is important to note that ECR and EAR (European Association of Radiology) have now irrevocably decided to merge as one Society under the name of ESR (European Society of Radiology) from the beginning of March 2006.

### **Taskforce members**

*Bracco International; General Electric [inc Amersham]; Philips; Schering AG and Siemens*

## Gastroenterology

---

### **TF leader: A Frick**

Preparations are well in hand for the next United European Gastroenterology Week (UEGW) meeting in Berlin. There has been a change of President and Secretary of the UEGF (the controlling body for UEGW) from 2007 onwards. Apparently there is a subsequent change in a number of personnel with the appointment of a Management Agency (previously the congresses had been organised by a core PCO) under consideration. The BMI have been invited to participate in the selection process.

One of the forthcoming major events in this therapeutic area is the "Gastro 2009" meeting in London. This is a joint event between the UEGW, OMGE and the BSG. Exhibition hall (Excel) location, pricing and hotel availability are expected to be major issues for debate.

### **Taskforce members**

*ALTANA Pharma; AstraZeneca; GlaxoSmithKline; Johnson & Johnson; Novartis and UCB*

## TF leader: E Seban

Relationships remain cordial and closer with the European Association for Dermatology and Venerology (EADV). However, Industry sponsors pointed out problems with the local organising committee (LOC) of their forthcoming congress in Rhodes. These problems relate to the 'touristic' image of Rhodes, accommodation and access difficulties. Meetings with EADV Executives and LOC aim to find solutions and to limit risks.

The former strained relationships with the organisers of the World Congress of Dermatology to be held in Buenos Aires (October 2007) have been resolved. However, there are concerns that low attendance may impact upon the international success of the Congress.

## Taskforce members

*Astellas; Galderma; GlaxoSmithKline; Johnson & Johnson; Leo; L'Oreal; Merck & Co; Novartis; Roche; Sanofi-Aventis; Schering AG; UCB and Wyeth*

# Women's healthcare

---

## TF leader: K Cancelliere

One of the major achievements of this revitalised group is to provide a consolidated voice for Industry in what was a very fragmented therapeutic area.

Communications are good with the International Menopause Society (IMS) and are improving with the International Osteoporosis Foundation (IOF). However, challenges remain with the International Federation of Obstetrics and Gynaecology (FIGO), whose next meeting is scheduled for Kuala Lumpur, Malaysia which is being seen as a regional rather than an international venue. In addition, the cost of sponsorship is seen as extremely high. These factors have led to a significant reduction in the level of participation by at least two major companies. The President of the Society has undertaken to address these issues for future congresses.

2006 is expected to be a very busy year with a larger than usual number of congresses, complicated by the fact that two are scheduled for Istanbul. The major thrust this year is to introduce a degree of 'risk sharing' into the contracts with congress organisers.

Within the taskforce, individuals have each been allocated a meeting for which they will take the lead. This, combined with improved and formalised communications, will deliver a better level of understanding. A Congress Calendar has been developed; in addition to listing congresses of interest it lists scheduled taskforce meetings and teleconferences (this is available on the IPCAA intranet).

## Taskforce members

*AstraZeneca; Novo Nordisk; Organon; Schering AG and Wyeth*

# Orphan taskforces

---

Four therapeutic areas were identified as needing an IPCAA taskforce to negotiate with congress organisers. Unfortunately there are an insufficient number of companies in the area to form a critical mass for such discussions. The areas are **Respiratory, Urology, Geriatrics and Anaesthesiology**. An opportunity for people interested in establishing taskforces in these areas was introduced at the General Assembly; please contact the IPCAA Secretariat for further details.



# IPCAA Professional Development (*formerly Training*) Taskforce

**TF leader: I Marti**

**A questionnaire was circulated in late 2005 to member companies regarding their training needs. The following scores were recorded.**

Topics	Score 1= not useful 5= extremely useful
CME Continuing Medical Education	4.7
Compliance for Congress Professionals	3.9
Advanced Negotiation for Congress Professionals	3.8
Essentials of Congress Negotiation	3.6
Managing Conflict & Difficult Situations for Congress Professionals	3.4
Train your Booth Representatives	3.3
Introduction to Congresses for newcomers	3.1
Essential Global Communications Skills	3.1
Meeting Planners day for Congress Professionals	3.1
Work/life balance for Congress Professionals	3.1

As a result, three topics have come forward as being in demand: **CME, Corporate Compliance and Congress Negotiation Skills.**

It was agreed that a one day workshop would be organised covering an introduction to CME. It was also agreed that there would be no assumption of significant prior knowledge so this workshop could be open to all levels of knowledge within member companies. The suggested date is Tuesday 21 November in Frankfurt.

In addition, members were reminded that a two day workshop entitled 'Congress Specific Project Management' would be run on 28-29 November in Barcelona.

A meeting of the Professional Development taskforce was held in June in London. The Negotiating Skills course was an agenda item.

A discussion ensued surrounding the training of booth representatives. It is apparent that the current impact of Corporate Compliance policies is driving a change from 'selling' to 'medical education'. In addition, the current tense situation within the Industry in the USA is causing further divergence in views as to how this should be approached.

## **Taskforce members**

*Actelion & the IPCAA Secretariat*



## HEALTHCARE BUSINESSWOMEN'S ASSOCIATION

**IPCAA would like to introduce the recently established European Section of the Healthcare Businesswomen's Association (HBA). The HBA was originally established in North America to provide a networking opportunity for women in all branches of the Healthcare industry.**

In addition to networking, HBA Europe seeks to provide mentoring (via the 'Link' program), and educational opportunities for women in order to enhance career development opportunities.

Following a successful meeting in London, HBA Europe has two more events planned for this year, the first in Milan (6 October) and the second in Paris (1 December).

**HBA Europe can be contacted at [www.hbanet.org](http://www.hbanet.org)**

# Feedback from the Barcelona General Assembly January 2006



The questionnaire circulated to delegates at the Barcelona General Assembly elicited a 50% response rate. Overwhelmingly, both the statistics and remarks were very positive for organisation, hotel facilities and content. Remarks centred on shortage of available time for some sessions and, in particular, for the 'Hot Topics'. The session on 'Work / Life Balance' was well received and a similar type of presentation will be considered for future General Assemblies.

The event was considered to be a significant success with the planning meeting in Zurich in July being seen as a key factor.

## Suggested 'Hot Topics' for future General Assemblies:

- How to increase IPCAA's recognition as a partner by Health Authorities and Medical Associations
- The evolution and impact of Corporate Compliances policies
- How to lead a IPCAA taskforce
- Congress finance
- Bench marking of Congress Management Departments; member companies to present their congress organization structure and main issues for future development
- European CME from a Medical Society perspective and their relationship with UEMS
- 'Governance' of Congress organisation

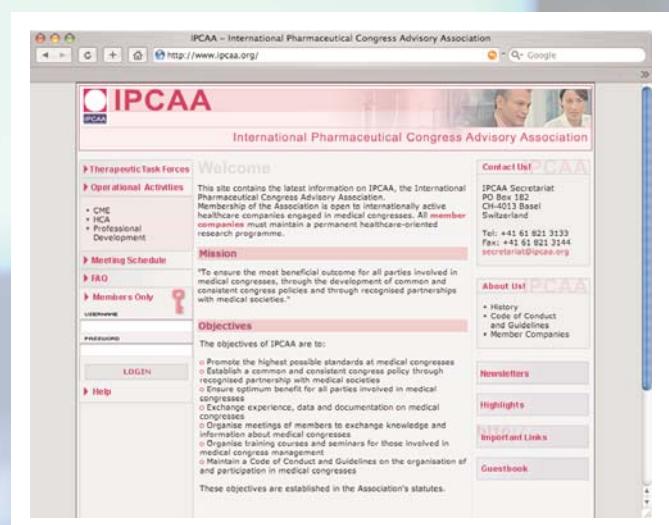
## Suggestions for future 'Educational Sessions'

- Hotel representatives to talk about future developments
- How Medical Education agencies see CME developing in the future

## IPCAA Web/intranet site

### Recent developments and reminders include:

- There is currently a section providing links to third party sites. In addition to existing links to organisations, members were asked to nominate potentially useful sites e.g. listings of hotels close to major congress centres
- A 'Jobs Marketplace' section is planned
- Members were asked to remember to notify any corrections, name/address changes etc. to the Secretariat
- Taskforce minutes and notes will be removed after three years to ensure that the site remains current
- Improvements are being made to the on-line registration system for Council meetings and General Assemblies



# IPCAA DIARY DATES



Miami Beach, USA

- The 2007 General Assembly will take place in Miami, USA on 23–24 January, 2007
- 2006/7 Council Meeting have been scheduled for:
  - Thalwil, Switzerland on 2-3 August, 2006
  - Athens, Greece on 3-4 October, 2006
  - Miami, USA on 22 January, 2007

## IPCAA Professional Development Program Updates

This autumn IPCAA will be running two training courses and a workshop.

### Advanced Negotiating Skills for Congress Professionals

Zurich – 8-9 November, 2006

### CME Workshop

Frankfurt – 21 November, 2006

### Congress Specific Project Management Training Program

Barcelona – 28-29 November, 2006

### The Principles of Effective International Congress Management

Amsterdam – February, 2007

## IPCAA Council and Member Companies

### President

Kurt Nagel

### Vice President

Kevin Cancelliere

### Past President

Marc Merckx

### Treasurer

Ingrid Marti

### Council Members

Fiona Barnard

Ysabel Castaneda-Brown

Lilian Brozek

Maria Cristina Cedrini

Sylvia Fondanèche

Anna Frick

Jacques Malaprade

Renate Niedermann

John Peristiany

Reinhard Wies

Debra Unger

### IPCAA Member Companies

Abbott International

Acetion Pharmaceuticals Ltd

ALTANA Pharma

Astellas

AstraZeneca

Bayer Healthcare AG

Bracco International B.V.

Bristol Meyers Squibb Company

Eli Lilly & Co

F. Hoffmann–La Roche Ltd

Galderma

GE Healthcare

GlaxoSmithKline

Grünenthal GmbH

Johnson & Johnson c/o Janssen  
Pharmaceutica NV

Leo Pharmaceuticals

L'Oreal

H. Lundbeck A/S

Merck & Co. Inc. (MSD)

Merck KGaA

Mundipharma International Ltd

Novartis Pharma AG

Novo Nordisk

NV Organon

Pfizer Inc.

Philips Medical Systems

Sanofi-Aventis

Schering AG

Servier

Siemens AG

Solvay Pharmaceuticals

UCB Pharma

Wyeth

### Executive Director

Dennis Wheatley

### IPCAA Secretariat

Rita Gutzwiller

PO Box 182

CH-4013 Basel Switzerland

Tel: +41 61 821 31 33

Fax: +41 61 821 31 44

**E-mail: [secretariat@ipcaa.org](mailto:secretariat@ipcaa.org)**