

# Policy on Commercial Sponsorship

## Version 2.0

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## 1. Introduction

- 1.1 *The New NHS: Modern and Dependable* (1997) placed an obligation on Primary Care Groups, Health Authorities, NHS Trusts and Primary Care Trusts to work together, and in collaboration with other agencies, to improve the health of the population they serve and the health services provided for that population. All health professionals including independent contractors and locum practitioners, working under NHS terms and conditions were intended to be covered by that document.
- 1.2 The Department of Health recognised that collaborative partnerships with industry could have a number of benefits in the context of the above obligation. However, an important part of that joint working would be a transparent approach to any sponsorship proposed to an NHS Trust, or to independent contractors and their staff.
- 1.3 In order for such partnerships to work, there needs to be trust and reasonable contact between the sponsoring company and the NHS. The *Standards of Business Conduct for NHS Staff*, issued in 1993, outline the general standards which should be maintained by staff working in the NHS and this guidance is still extant. (See *Policy on Standards of Business Conduct and Conflicts of Interest* for further details).
- 1.4 In 2000, the Department of Health introduced further guidance entitled “*Commercial Sponsorship – Ethical Standards for the NHS*” which:
- Emphasise that NHS bodies and primary care contractors and their staff are accountable for achieving the best possible health care within the resources available;
  - Advises them to consider full the implications of a proposed sponsorship deal before entering into any arrangement; and
  - Comments on the importance of seeking advice, when necessary, from the Strategic Health Authority on the effect on other aspects of healthcare.
- 1.5 The above guidance forms the basis of this policy.

## 2. Purpose

- 2.1 The purpose of this document is to provide guidance to staff on the action that can, or should, be taken in the event they wish to seek Commercial Sponsorship and/or are offered it.

## 3. Scope

- 3.1 This policy applies to all employees of the PCT, any staff who are seconded to the PCT, contract and agency staff and any other individual working on PCT premises.
- 3.2 It also applies to Office Holders, e.g. Members of the Board and its Committees/Sub-Committees.

## 4. Responsibilities

### 4.1 The Associate Director of Corporate Affairs

4.1.1 The Associate Director of Corporate Affairs is responsible for advising staff/Office Holders on the contents of this policy.

### 4.2 Directors

4.2.1 The PCT's management team is responsible for ensuring that the Trust is seen to be limiting and controlling expenditure in this area.

### 4.3 Managers

4.2.1 All Managers are responsible for ensuring their staff are aware of, and adhere to this policy.

### 4.4 Staff/Office Holders

4.4.1 All staff and Office Holders are responsible for following this policy.

## 5 Definitions

**Commercial sponsorship is defined as including: –**

*NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, cost associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.*

It does not include –

- Personal gifts of less than £20 per gift, e.g. gifts of post-it pads, pens etc. However, gifts should be declared if several small gifts worth a total of over £100 are received from the same or closely related source in a 12 month period;
- Income generation schemes, which will be logged separately at local level;
- Discounts on particular pharmaceuticals; or
- Services provided by charitable organisations, e.g. Macmillan nurses.

## 6 Equality and Diversity

6.1 The PCT is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and

- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

6.2 To ensure the above, this Policy has been Equality Impact Assessed. Details of the assessment are available on the PCT's website or by calling the PCT on (01482) 344700.

6.3 Where employees have difficulty expressing themselves because of language or other difficulties help should be sought from their Trade Union or other employee representatives or colleagues.

6.4 Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties (perhaps a friend of the employee, or co-employee).

## 7 NHS Constitution

7.1 The PCT is committed to:

- the achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and
- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines.

7.2 This Policy supports the NHS Constitution in the NHS pledge to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

7.3 This Policy and Procedure also supports the NHS Constitution in the patient's and public's right to quality of care and environment - to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

## 8 General Principles

### 8.1 Gifts

8.1.1 As indicated above, staff are allowed to receive personal gifts, subject to certain restrictions. The Trust's *Policy on Offers/Acceptance of Gifts and Hospitality* covers this area in more detail.

### 8.2 Hospitality and Meetings

8.2.1 Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs, which may have been incurred. If no hospitality is required, there is no obligation, or right to provide any such hospitality, or indeed any benefit of equivalent value.

- 8.2.2 Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting.
- 8.2.3 Where meetings are sponsored by external sources, the fact must be disclosed in the papers relating to the meeting in any published proceedings.
- 8.2.4 The Trust's *Policy on Offers/Acceptance of Gifts and Hospitality* covers hospitality in more detail.

### **8.3 Commercial Sponsorship for Attendance at Courses and Conferences.**

- 8.3.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses (excluding travel and accommodation) is acceptable, but **only** where the employee seeks permission in advance and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way.
- 8.3.2 If a company offers to pay travel and accommodation costs, acceptance of such sponsorship must be endorsed by the Director of Finance.

Note: If staff are invited to speak at a conference, the payment of expenses should be treated as hospitality and declared accordingly. Any gift or payment received should also be declared in accordance with the *Policy on the Receipt of Gifts and payments for Interviews, Broadcasts, Talks, Lectures and Written Work*.

### **8.4 Commercial Sponsorship for Visits for the Purpose of Inspection of Equipment.**

- 8.4.1 On occasions when the Trust considers it necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country (or exceptionally, overseas) the Trust must consider meeting the cost, e.g. travel, accommodation and subsistence, so as to avoid putting in jeopardy the integrity of subsequent purchasing decisions.
- 8.4.2 In accordance with the "*Commercial Sponsorship: Ethical standards for the NHS*" guidance, acceptance of such sponsorship must be endorsed by the Director of Finance.

### **8.5 Commercial Sponsorship of Posts – "Linked Deals"**

- 8.5.1 Pharmaceutical, and other companies, may offer to sponsor, wholly or partially, a post for the Trust. The Trust will not enter into such arrangements, unless it has been made abundantly clear to the company concerned that the sponsorship will have no effect on purchasing decision within the Trust.

Where such sponsorship is accepted, monitoring arrangements will be established to ensure that purchasing decisions are not, in fact, being influenced by the sponsorship agreement.

8.5.2 All sponsorship of posts must be considered by the Director of Human Resources and, if recommended for approval, submitted to the Board.

8.5.3 Under no circumstances will the Trust agree to “linked deals” whereby sponsorship is linked to the purchase of particular products, or to supply from particular sources.

8.5.4 No Trust employee or their close relative or associate, should personally gain financial or material benefit from any work undertaken for commercial companies, including involvement in clinical trials or assessment of equipment and development of technology.

## **8.6. Pharmaceutical Companies**

8.6.1 Where pharmaceutical companies are involved, the proposed arrangements must comply fully with the attached *Statement of relationships between Hull Teaching Primary Care Trust and the Pharmaceutical Industry* (Appendix 1).

8.6.2 The arrangements must also comply with the Medicines (Advertising) Regulations 1994 (Regulation 21 ‘Inducements and Hospitality’ attached at Appendix 2. Any person who contravenes regulation 21 (1) is guilty of an offence, and liable, on summary conviction to a fine not exceeding £5000, and on conviction in indictment to a fine, or to imprisonment for a term not exceeding two years, or both. Anyone contravening regulation 21 (5) is also guilty of an offence and liable, on summary conviction to a fine not exceeding £5000. The Medicines Control Agency (MCA) guidelines on promotion and Advertising set out the standards to be followed.

8.6.3 If an offer received is contrary to the above, details should be sent to the Associate Director of Corporate Affairs who will take up the matter with the company concerned.

## **9 Canvassing for Sponsorship Arrangements**

9.1 There is nothing to prevent staff from canvassing businesses to provide sponsorship provided no favouritism is shown and prior approval is obtained. (If, for example, several companies are able to provide the same product/hospitality, they should all – or at least a selection – be approached to ascertain their willingness to provide sponsorship. If willing to do so, they could then share a sponsorship arrangement or provide it on a rota basis).

## **10 Declaration and Acceptance/Refusal of Sponsorship**

10.1 The Trust, and its staff, must publicly declare all offers of sponsorship (whether accepted or refused) and cases where they have actively canvassed for sponsorship.

- 10.2 Where sponsorship is accepted, the Trust and its staff must be prepared to be held to account for it. To this end, supporting evidence will be required when seeking authorisation to canvas for/accept sponsorship.
- 10.3 A register of Commercial Sponsorship will be held centrally in the Chief Executive's Department and made available to the public on request.
- 10.4 The process for declaring, and considering, **offers** of sponsorship is as follows:
- Staff report the offer of sponsorship to their Line Manager, via completion of the relevant declaration form.
  - The Line Manager considers the request (see Considerations below) and, if recommending approval, provides supporting evidence as to how the Trust will benefit.
  - The request is referred to the relevant Director for a final decision (and, where necessary, endorsement by the Director of Finance/Director of Human Resources).
  - The form is returned to the person receiving the offer (for action).
  - A copy is submitted to the Associate Director of Corporate Affairs for inclusion in the Register of Commercial Sponsorship.

The process for **Canvassing** for and reporting subsequent offers of, sponsorship is as follows:

- Staff submit a *Request for Authorisation to canvas for Commercial Sponsorship* form to their Line Manager.
- The Line Manager considers the request (see Considerations below) and, if recommending approval, provides supporting evidence as to how the Trust will benefit.
- The request is referred to the relevant Director for a final decision.
- The form is returned to the person wishing to obtain sponsorship (for action).
- A copy is submitted to the Associate Director of Corporate Affairs for inclusion in the Register of Commercial Sponsorship.
- On receipt of an offer of sponsorship, a Declaration Form (Post canvassing) is completed and submitted to the Associate Director of Corporate Affairs for inclusion in the Register of Commercial Sponsorship.

## 11 Sponsorship Arrangements – Considerations

- 11.1 When considering entering into any sponsorship arrangements, the following issues **must** be taken into account:

- Industry often wishes to have close involvement with the NHS. Quite often this may be to mutual advantage, but both partners should assess and understand the costs and benefits of any such agreement;
- Purchasing decisions, including those concerning pharmaceuticals and appliances, should always be taken on the basis of best clinical practice and value for money. Such decisions should take into account their impact on other parts of the healthcare system, for example, products dispensed in hospital which are likely to be required by patients regularly at home;
- When making purchasing decisions on products which originate from NHS intellectual property, ethical standards must ensure that the standard is based on best clinical practice and not on whether royalties will accrue to an NHS body;
- Deals whereby sponsorship is linked to the purchase of particular products, or to study from particular sources, are not allowed, unless as a result of a transparent tender for a defined package of goods and services;
- Patient information attracts a legal duty of confidence and is treated as particularly sensitive under Data Protection legislation. Professional codes of conduct also include clear confidentiality requirements. It is extremely important, therefore, that the Trust/staff assure themselves, by taking advice when necessary, that sponsorship arrangements are both lawful and meet appropriate ethical standards;
- Where a sponsorship arrangement permitting access to patient information appears to be legally and ethically sound) e.g. where the sponsor is to carry out or support NHS functions, where patients have explicitly consented), a contract should be drawn up which draws attention to obligations of confidentiality; specifies security standards that should be applied; limits use of the information to purpose specified in the contract, and makes it clear that the contract will be terminated if the conditions are not met;
- The need to ensure that the sponsorship/discount does not cause a problem for other parts of the health system;
- Where the major incentive to entering into a sponsorship arrangement is the generation of income rather than other benefits, then the scheme will be properly governed by income generation principles rather than sponsorship arrangements. Such schemes will be managed in accordance with income generation requirements, i.e. they must not interfere with the duties or obligations of the Trust. A memorandum trading account will be kept for all income generation schemes.

## 12 Sponsorship Agreements

### 12.1 Before entering into any sponsorship agreement, staff **must**:

- Satisfy themselves, with reference to information available that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement or impact on it in any way, e.g. checking financial standing by referring to company accounts;
- Assess the costs and benefits in relation to alternative options where applicable, and to ensure that the decision-making process is transparent and defensible;
- Ensure that legal and ethical restrictions on the disclosure patient information, or data derived from such information, are complied with;
- Determine how clinical and financial outcomes will be monitored, and;
- Ensure that the sponsorship agreement has break clauses built in to enable the Trust to terminate the agreement if it becomes clear that it is not providing expected Value for Money/clinical outcomes.

12.2 Existing contracts, which include any element of sponsorship agreement, will be reviewed and any clauses which do not follow the recommendations set out above will, where possible, be renegotiated to ensure that real patient need is being met.

12.3 Existing corporate governance policies and disciplinary procedures will be reviewed to ensure that they cover the need for open declaration and to enable sanctions against those failing to comply. In the event that they do not do so, the policies will be strengthened or amended.

12.4 Corporate and or clinical governance policies will address, where necessary, the ethical implications of commercial sponsorship.

### **13. Research and Development**

13.1 Guidance on research and development is contained in the *Research Governance Framework*. For further advice, please contact the Trust's Research and Development Facilitator.

### **14. Charitable Funding**

14.1 Trustees should take steps to remove any non-charitable items within charitable Trust Fund accounts. Examples include drug trials undertaken directly by a consultant and supported by funding from non-official sources (i.e. not part of the R&D programme managed by the provider). Not all consultant drug trials are non-charitable (see "*NHS Charitable Funds: A Guide*", published by the Charity Commission) but, where they do not have charitable status, they should be removed from the charitable trust fund accounts. If the drug trial contract is made between industry and the NHS Trust or Primary Care Trust, then the transaction should be recorded as a normal income generation scheme. In other cases, the NHS Trust or Primary Care Trust should consider other options including the transfer of responsibility back to the consultant concerned.

## **15. Examples of Potential Conflict**

15.1 Some examples of potential conflict are set out at Appendix 3.

## **16. Failure to Comply with this Policy**

16.1 This policy describes procedures which staff are expected to observe. Failure to do so could render an individual liable to disciplinary proceedings and may lead to criminal proceedings under the Prevention of Corruption Acts.

## **17. Fraud and Corruption**

17.1 If fraud and/or corruption are suspected, the matter must be reported immediately to the PCT's Local Counter Fraud Specialist or the Director of Finance, as per the *Policy and Procedure on Fraud and Corruption and the Trust Response Plan*.

17.2 Alternatively, staff may report any suspicions via the *Confidential Reporting (Whistleblowing) Policy*.

## **18. Monitoring Compliance with and Effectiveness of this policy**

18.1 Monitoring arrangements will be established via staff surveys and the Associate Director of Corporate Affairs to ensure that employees register any sponsorship and are held accountable for it.

18.2 If evidence is found of unapproved sponsorship, the Trust will act swiftly to deal with the situation and bring it within the above arrangements.

## **19. References**

*Commercial Sponsorship: Ethical standards for the NHS (Department of Health 2002)*  
Available at [www.dh.gov.uk](http://www.dh.gov.uk)

*The Medicines (Advertising) Regulations 1994*  
Available at [www.opsi.co.uk](http://www.opsi.co.uk)

*Research Governance Framework*  
Available at [www.dh.gov.uk](http://www.dh.gov.uk)

*NHS Charitable Funds: A Practical Guide* – Publication (21.11.2005)  
ISBN: 1-904624-23-5

## **20. Associated Documentation**

- Policy on Standards of Business Conduct and Conflicts of Interest
- Policy on the Provision of Gifts and Hospitality
- Policy on Offers and Acceptance of Gifts and Hospitality
- Policy on the Receipt of Gifts and payments for Interviews, Broadcasts, Talks, Lectures and Written Work
- Policy and Procedure on Fraud and Corruption and the Trust Response Plan
- Confidential Reporting (Whistleblowing) Policy

**21. Review**

21.1 This Policy will be reviewed within two years from the date of implementation.

21.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Director of Human Resources and Trade Union Representative(s) where relevant. Such amendments will be recorded in the PPG Register and a new version of the PPG issued.

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**Date:** August 2006

<b>Approved By:</b>	<b>Title:</b>	<b>Date:</b>
Chris Long	Chief Executive	07 September 2006
	PCT Board	27 October 2008
Chris Long	Chief Executive	March 2011

<b>Reviewed by:</b>	<b>Title:</b>	<b>Date:</b>
Carol Gardner	Associate Director of Corporate Affairs	12 October 2007
Carol Gardner	Associate Director of Corporate Affairs	29 November 2008
Carol Gardner	Associate Director of Corporate Affairs	11 February 2011

**Statement of Relationship between Hull Teaching Primary Care Trust and the Pharmaceutical Industry**

The purpose of this document is to ensure that the relationship between Hull Teaching Primary Care Trust and the Pharmaceutical Industry is clearly stated and seen to be responsible, ethical and transparent.

1. Hull Teaching Primary Care Trust will support all Hull Healthcare Practitioners whether or not they are prescribers in the delivery of rational prescribing policies.
2. Rational prescribing is that which is appropriate, safe, effective and economic.
3. Hull Teaching Primary Care Trust will not allow the provision of independent and impartial advice to Healthcare Practitioners to be compromised.
4. Hull Teaching Primary Care Trust acknowledges the role that the industry plays in the research and development of new drugs and their contribution to healthcare.
5. Hull Teaching Primary Care Trust are prepared to work in collaboration, where appropriate, with members of the industry in areas of research, development, education, training and service provision, where the work is across the PCT.
6. Any proposal for joint projects will require approval from Clinical Governance.
7. Hull Teaching Primary Care Trust will not endorse any one branded product over another.
8. The association of Hull Teaching Primary Care Trust including Board Members, Quality Executive Members and staff with any pharmaceutical company by way of attendance at meetings or projects is not to be taken as an endorsement or support for ANY of that company's products or services.
9. A logo or company name must never be used in association with the name or logo of Hull Teaching Primary Care Trust as this may imply an endorsement of the company or its product.
10. Acknowledgement of any company support will be by the standard phrase,  
"Hull Teaching Primary Care Trust  
is grateful for the support of XX Ltd in the  
(publication of this newsletter) (arrangements of this meeting)"
11. Meetings of the Quality Executive and Board should not be supported by sponsorship from the industry.

- 12 Where Primary Care Trust events are sponsored by industry the company's NHS liaison / business manager rather than sales representative will be invited. They should promote the company and any services which they provide rather than any individual product.

Employees of sponsoring companies **will not be present** in the meeting itself and companies will be expected to follow the guidance given in this statement in order to continue to participate in PCT events.

- 13 All joint working by Hull Teaching Primary Care Trust with the pharmaceutical industry will be publicly acknowledged in the annual report.

- 14 Hull Teaching Primary Care Trust will encourage all Healthcare Practitioners whether or not prescribers, and PCT employees to adopt a similar code of behaviour.

a) Consultants in provider units will be encouraged to declare any pharmaceutical industry support of their research, equipment or staffing.

b) Hull Teaching Primary Care Trust will encourage all Healthcare Practitioners to register any pharmaceutical industry support of their research, equipment or staffing with the PCT.

c) Hull Teaching Primary Care Trust will encourage all Healthcare Practitioners and their staff to register any personal links they may have with company representatives or pharmaceutical industry employees with the PCT.

d) Healthcare Practitioners working in Hull Teaching Primary Care Trust multidisciplinary clinics are encouraged NOT to see industry representatives without reference to the Service Manager or Pharmaceutical Advisor.

- 15 Members of the Hull Teaching Primary Care Trust Board, Quality Executive and staff will accept no inducements offered by the pharmaceutical industry.

- 16 Any hospitality offered by the industry to Hull Teaching Primary Care Trust personnel, practices, pharmacies and their staff must be appropriate and not out of proportion to the context and in strict accordance with the Association of the British Pharmaceutical Industry Guidelines on sponsorship.

Any hospitality or gifts accepted from the industry by Trust personnel should be declared to the PCT on the approved form.

- 17 Companies offering support with audit or training to GP practices, community pharmacists or their staff should inform the PCT of the services which they are offering before approaching individual practices or community pharmacists. Prescribers or pharmacists accepting such support are encouraged to register this with the PCT.

- 18 Secondment of staff directly employed by the industry or agency staff for which the industry is paying is not encouraged. Wherever possible existing members of the primary care team should carry out work within practices.
- 19 Any staff on secondment from the industry to work within Hull Teaching Primary Care Trust or with its contractors must not endorse their company's products over others.
- 20 Industry representatives should see Hull Teaching Primary Care Trust personnel by appointment only and if it is necessary and appropriate to the Healthcare Practitioner's role.
- 21 The use of samples of any pharmaceutical product by PCT provider services such as sexual health and out of hours or by doctors, community nurses and non-medical prescribers employed by the PCT is prohibited.

**Extract from The Medicines (Advertising) Regulations 1994**

**Inducements and Hospitality**

21. (1) Subject to paragraphs (2) and (4), where relevant medicinal products are being promoted to persons qualified to prescribe or supply relevant medicinal products, no person shall supply, offer or promise to such persons any gift, pecuniary advantage or benefit in kind, unless it is inexpensive and relevant to the practice of medicine or pharmacy.

(2) The provisions of paragraph (1) shall not prevent any person offering hospitality (including the payment of travelling or accommodation expenses) at events for purely professional or scientific purposes to persons qualified to prescribe or supply relevant medicinal products, provided that –

- (a) such hospitality is at a reasonable level,
- (b) it is subordinate to the main scientific objective of the meeting, and
- (c) it is offered only to health professionals.

(3) Subject to paragraph (4), no person shall offer hospitality (including the payment of travelling or accommodation expenses) at a meeting or event held for the promotion of relevant medicinal products unless –

- (a) such hospitality is reasonable in level,
- (b) it is subordinate to the main purpose of the meeting or event, and
- (c) the person to whom it is offered is a health professional.

(4) Nothing in this regulation shall affect measures or trade practices relating to prices, margins or discounts which were in existence on 1st January 1993.

(5) No person qualified to prescribe or supply relevant medicinal products shall solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship prohibited by this regulation.

### Examples of Potential Conflict

Below are some examples of the sorts of situation that could be encountered and how they should be dealt with.

***Offer from a company to provide training for staff.***

Employers should be careful to ensure that staff are not pressurised by sponsors of training to alter their own activity to accord with sponsors' wishes, particularly where these are not backed up by appropriate evidence. Training provided by industry may be above board if it is unbiased; has mutual benefit for both the NHS and the sponsoring company; is evidence-based, and the hospitality is appropriate. However, participants should assess whether they may be influenced unduly and also bear in mind what benefits the company might derive (e.g. exposure to NHS, professional contacts, potential allies to use later, names of who to influence - often without the participants realising).

***A manufacturer of ostomy equipment offers to sponsor a stoma nurse post in an NHS Trust.***

The Trust should not accept the sponsorship if it would require the stoma nurse to recommend the sponsor's equipment in preference to other clinically appropriate appliances, nor if it requires the Trust to recommend patients to use a particular dispensing service or withhold information about other products. Existing contracts containing any such provisions should, where possible, be urgently renegotiated.

***A manufacturer of a particular type of Nicotine Replacement Therapy offers to provide their product at a reduced rate.***

This arrangement is acceptable **provided** that there is a clear clinical view that these products are appropriate to particular patients **and** there is no obligation to also prescribe these products to other patients for whom an alternative product would be at least as beneficial.

***A pharmaceutical company offers to provide starter packs at a discounted price.***

This type of sponsorship is acceptable, but should always be declared in order to avoid any suspicion that subsequent prescribing might be inappropriate and linked to the provision of starter packs.

***High tech home healthcare provider offers to supply equipment at reduced rate in return for business linked to a specific product.***

Contract negotiators should advise the company that any contract will not prejudice the provision of the most appropriate service to patients, and will not bear any relation to other contracts.

***A manufacturer offers to pay the travelling costs or accommodation costs for clinicians invited to a conference to view medical products.***

Only clinicians with a specific interest in the products should attend and the travel costs incurred should be paid for by the Trust, unless the Chief Executive/Director of Finance gives approval for the potential supplier to take responsibility for the costs. Such decisions should be taken at least at Director of Finance level.