

Speakers' Bureaus:

Best Practices for Academic Medical Centers*

The Problem:

harmaceutical companies often recruit physicians to perform speeches or presentations for the purpose of marketing a specific drug. In 2010, 8.6% of physicians reported having received payments for participating in speakers' bureaus. These speakers' bureaus leverage the credibility of physicians in order to promote the use of pharmaceutical products. The physicians are generally trained to present a certain message, or are provided with pre-produced slides. The audience may assume that these presentations are objective, when in fact they are heavily biased towards the interests of the industry sponsor.

Speakers' bureaus may lead to the dissemination of false or biased information. Exposure to industry-sponsored speaking events is associated with decreased quality of prescribing.⁴ Additionally, the compensation provided for these engagements may influence the attitudes or judgment of the presenter.^{5, 6}

Best Policy Practices:

Prior approval must be required for participation in industrysponsored speaking events.

Faculty members must be prohibited from participating in industrysponsored speaking events for which marketing is the primary purpose.

Faculty members must maintain control over the content of speeches and/or presentations. They must prepare content without input from or prior review by the industry sponsor.

AMCs should take measures to distinguish between appropriate and inappropriate speaking engagements, and should ensure that faculty members understand the distinctions.

Model Policy

Johns Hopkins University:

The policy clearly defines specific standards for speaking engagements, stating that faculty members speaking at industry-sponsored events must "[retain] full control and authority over professional material". Additionally, faculty cannot take part in any activity in which a company "creates the slide set (or other presentation materials) and has the final approval of all content and edits; [or] the faculty member...acts as the company's employee or spokesperson for the purposes of dissemination of companygenerated presentation materials". Public disclosure is also required.

http://
www.hopkinsmedicine.org/
Research/OPC/
Policy_Industry_Interaction/
policy_interaction_industry.ht
ml

*These recommendations come out of an ongoing study by Columbia University's Center on Medicine as a Profession. The researchers will update their recommendations regularly to incorporate new policies and findings. These materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.

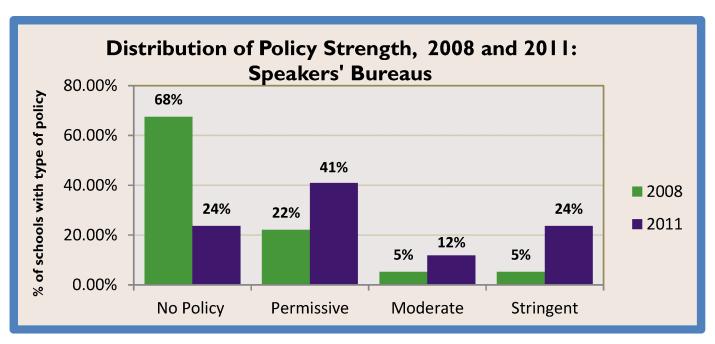
For more information, contact IMAP at CCOI-database@columbia.edu or 212-305-6914.

Last Updated: 10/10/2013

References

- 1. Campbell EG, Rao SR, DesRoches CM, al. e. Physician professionalism and changes in physician-industry relationships from 2004 to 2009. Archives of Internal Medicine. 2010;170(20):1820-1826. Robertson C, Rose S, Kesselheim AS. Effect of Financial Relationships on the Behaviors of Health Care Professionals: A Review of the Evidence. The Journal of Law, Medicine & Ethics. 2012;40(3):452-466.
- 2. Carlat D. Dr. Drug Rep. The New York Times. November 25, 2007.
- 3. Elliott C. The Drug Pushers. The Atlantic Monthly. Online ed. Washington, DC: Atlantic Media Company; 2006.
- 4. Huang FY, Weiss DS, Fenimore PG, et al. The association of pharmaceutical company promotional spending with resident physician prescribing behavior. *Academic Psychiatry*. 2005;29(5):500-501.
- 5. Robertson C, Rose S, Kesselheim AS. Effect of Financial Relationships on the Behaviors of Health Care Professionals: A Review of the Evidence. *The Journal of Law, Medicine & Ethics*. 2012;40(3):452-466.
- 6. Chren M-M, Landefeld CS. Physicians' Behavior and Their Interactions With Drug Companies A Controlled Study of Physicians Who Requested Additions to a Hospital Drug Formulary. *JAMA: The Journal of the American Medical Association*. 1994;271(9):684-689.

Figure 1.



Last Updated: 10/10/2013