

# ***The Role of Professional and Industry bodies and their association with Council***

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# IMSA – a typical trade association

- IMSA is a trade association representing pharmaceutical manufacturers
- Membership is open to pharmaceutical companies that are research based – i.e. innovative medicines and not generics
- Funded by member companies
- Members fund the activities of an organisation and appoint someone to drive it
- The challenge is to make sure that the person appointed to represent you does so properly
- The challenge for the chief is to figure out what the members want
- IMSA is a member of other associations eg the PHF

# Is a professional association any different?

- Not really!
- Individuals join associations in order to
  - Get information and work with like minded persons
  - Have a forum where their opinions are represented
- Really no different from a trade union

# Either way there is a common thread:

- Voluntary membership
- Fee paying to sustain administration
- Constitutionally based – there must be rules to play by including values and ethics. Members decide rules – not statutory
- Success determined by extent of participation by members and by commitment and capacity of office bearers
- Key objective of any association is to understand and influence the environment on behalf of members

# What about professional councils then?

## Are they different?

- Oh yes!
- Statutory councils are created by the law with specific objectives/deliverables.
- Not much about a council is voluntary, and
- Accountability is to Government and the public.

# How then, do they fit together?

# Associations

**PSSA**  
Pharmacists  
&  
Pharmacists  
Assistants

**Consumer  
Associations**

**NAPM**  
National  
Association of  
Pharmaceutical  
Manufacturers

**PIASA**  
Pharmaceuti  
cal Industry  
Association

**HPA**  
Health  
Products  
Association

**SAMA**  
Medical  
Association

**NAPW**  
Wholesalers

**SMASA**  
Self  
Medication  
Association

**IMSA**  
Innovative  
Medicines

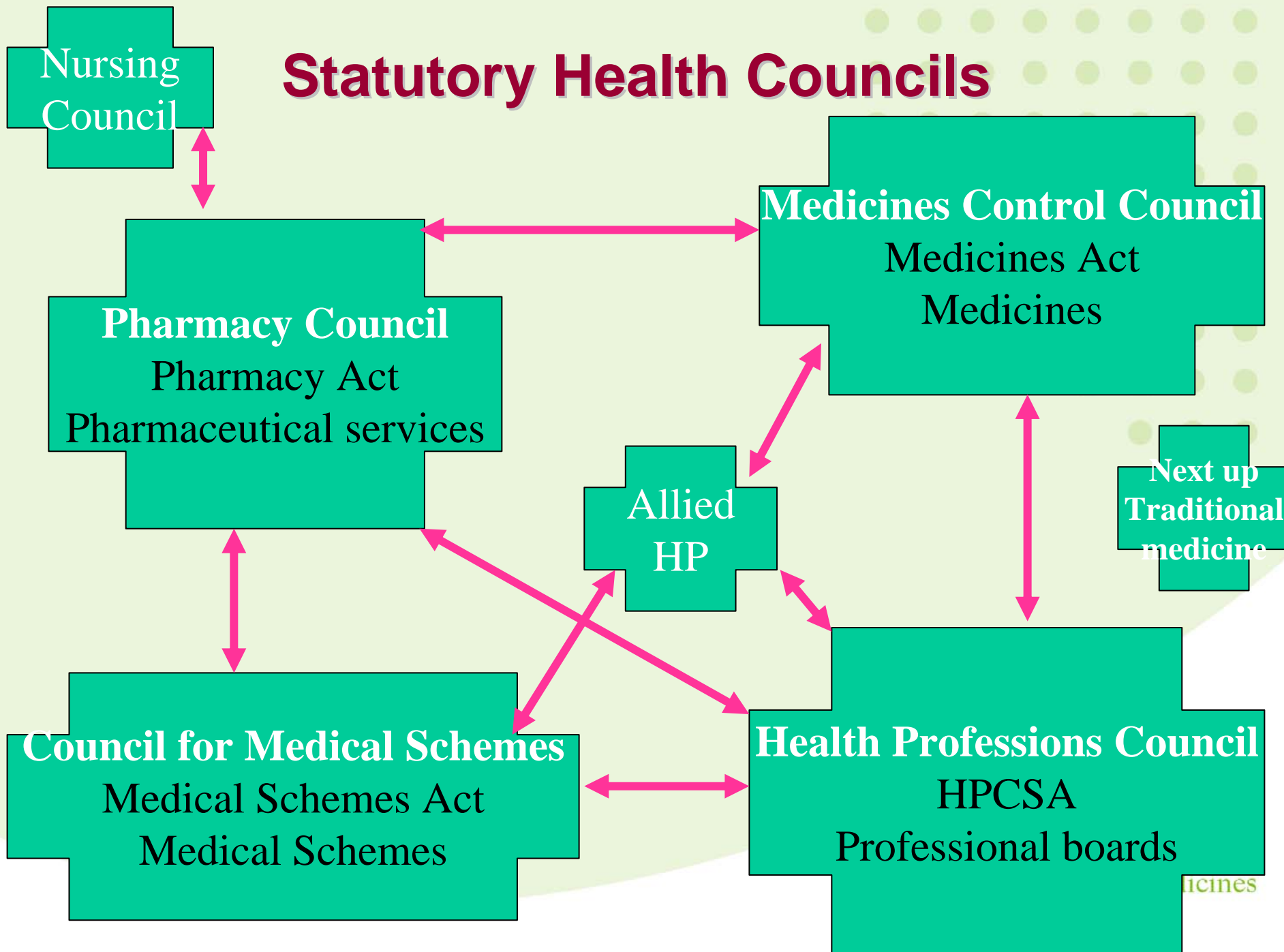
# Associations will approach Council – why?

- Seeking information needed by their members
- Seeking to have their positions heard – even to influence Council policy
- Or even influence the law

# What you need to know about Associations that desire to engage with you

- Who they represent
- What their mandate is
- What their position is on the subject at hand

# Statutory Health Councils



# Typical Council-Council Communications

- Scope of practice
- Fees
- Overlap/gap of roles *e.g. registration of wholesalers*
- Joint Healthcare initiatives – *Forum of health professionals councils*
- Law and policy making

# Case Study:

## Code of practice for the marketing of medicines

- Problem & background:
  - Until now – a voluntary code – MN companies
  - Worked reasonably well until pricing regulation came into play
  - DoH/MCC published a draft code in 2004 – never finalised it into law
  - Generic companies in ambiguous position
  - MNs controlled by international voluntary codes

# Result

- Uncontrollable perversities exist in the market place today where everyone is aware of at least some of the following practices:
  - Registration by Hospital group/s, small pharmacy groups as wholesaler etc in order to benefit from logistics fees
  - Threats to suppliers that if fees not paid – products not stocked/promoted/prescribed
  - Disproportionately high logistics fees promoting product sales.

Result – medicine choices not being made based on patients' needs – patient needs protecting

# The solution – depends on co-operation of all players

- Marketing code steering committee/Industry (manufacturers, wholesalers, PSSA) to agree what is OK and not OK and propose a CODE
- MCC to convert the code to law
- Industry to self regulate – ensure companies comply
- SAPC and HPCSA can make sure codes of ethics align and ensure that health professionals comply
- Remaining gaps in the law to be plugged – laws – councils, DoH.

**Net result: patients will be protected against irresponsible advertising of products**

# Where are there synergies?

- Councils need to hear the views of the professions and of patients to inform policy and law making
- One of the most reliable sources should be the health professionals
- Balance between professional input and protectionism of the profession – this is the challenge for Councillors!

# Broad spectrum approach

- Councils scope reaches equally to all sectors of pharmacy – all sectors are represented by associations with leaders probably eager to engage
  - Community
  - Manufacturing
  - Wholesale and distribution
  - Academia

Value in a balance between input from respected association leaders and undue influence from a specific area.

# Final word of advice as past chair of SAPC Communications Committee

- Council faces challenges in making policy that will ensure pharmaceutical services meet the National needs,
- And challenges in implementing these policies.
- Good relationships and the active sharing of information and expertise with trade and professional associations can only add value and provide additional support to the efforts of council
- Confident that any effort to reach out would receive a very good response – many opportunities and ways could be found.