

# Policy Document

## Pharmaceutical Sponsorship Policy

### Background

The Australian Medical Students' Association (AMSA) is the peak representative body for Australia's 17,000 medical students and future prescribers. As such, at all times AMSA should make consideration for the best outcomes for patients, in line with the professional values of the Code of Conduct for doctors in Australia (1). Decisions about treatment and prescribing have a significant impact upon patient outcomes and therefore influence upon pharmaceutical prescribing is an issue of importance for Australia's medical students.

Pharmaceuticals in Australia include products registered on the Pharmaceutical Benefits Scheme (2) and products listed as 'medicines' under the Therapeutic Goods Administration's Australian Register of Therapeutic Goods (3). Pharmaceutical companies are those companies producing such products.

Research conducted by pharmaceutical companies may be less likely to be published and more likely to favour positive outcomes (4). Influence upon medical practitioners of pharmaceutical company marketing may include negative effects such as higher prescribing frequency, with no evidence for higher quality prescribing (5). For medical students, a 2011 systematic review of exposure to pharmaceutical company marketing identified that increased exposure may increase positive attitudes towards that exposure, although many students believed themselves immune to bias (6). A 2014 survey of students and trainees in the US identified a relationship between higher exposure to pharmaceutical marketing and reduced knowledge of evidence based prescribing, with greater likelihood to select brand name pharmaceuticals (7). Influence includes small promotional items, which have a positive effect upon senior medical students attitudes towards pharmaceutical marketing (8).

While the majority of evidence about pharmaceutical company marketing is sourced outside of Australia, the international evidence for links between pharmaceutical company interaction and prescribing warrants caution. However, evidence in Australia exists that advertisements provided by pharmaceutical companies may not provide compelling evidence for claims, or sufficient statistics to evaluate claims (9). Various policies may be in place at Australian medical schools in order to manage aspects conflicts of interest with the pharmaceutical industry, but this is not consistent across all schools (10).

### Position Statement

1. AMSA believes that as future prescribers, medical students have a responsibility to ensure prescribing for the best patient outcomes in line with available evidence;
2. In light of the evidence of influence upon prescribing, AMSA does not undertake sponsorship or partnerships with pharmaceutical companies; and
3. AMSA supports the right of individual students to excuse themselves from sessions involving pharmaceutical advertising in their education or extra-curricular activities.

### Policy

AMSA calls upon:

1. The AMSA Executive and its subcommittees, including but not limited to events and sponsorship teams, to:
  - a. Be open and transparent with members and medical students about all sponsorship received;
  - b. Not accept sponsorship, or enter into partnership arrangements with, pharmaceutical companies;

- i. In the first instance, the Executive should interpret the background to this policy in determining if a company falls into this classification, with regard to the products produced, their listing with relevant bodies and use in Australian prescribing;
  - ii. Where it is unclear if a company falls under the definition of pharmaceutical company, the Executive should refer the matter to the members for consideration;
2. Medical student societies to, when forming local policies on pharmaceutical sponsorship, consider the evidence base around the influence pharmaceutical companies have upon prescribing;
  3. Australian medical schools to:
    - a. Ensure medical students receive appropriate training enabling them to provide treatment for the best outcomes of their patients, including:
      - i. Quality, up to date, unbiased and evidence based teaching on pharmaceuticals and prescribing, such that additional teaching from pharmaceutical companies is not required to facilitate a quality medical education;
      - ii. Educating medical students about issues around industry interaction including the role of pharmaceutical companies in Australia, laws and guidelines on industry interaction, and the influence of marketing strategies;
      - iii. Equipping medical students to source and critically appraise evidence;
    - b. Be open and transparent about any educational sessions provided by industry;
    - c. Ensure students are not penalised for non-attendance at any educational or other university organised sessions provided by industry;
  4. Australian medical students to:
    - a. Consider the evidence base when making decisions about event attendance, sponsorship acceptance and other exposure to pharmaceutical companies; and
    - b. Exercise their right to non-attendance at educational, social or other sessions provided by industry, if desired.
  5. AMSA members reserve their right to request further information about the nature of any and all sponsorship or partnership agreements. The members may from time to time set additional standards to support the language of this document insofar as doing so contributes to the company's public policy objectives.

## References

- [1] Medical Board of Australia. Good Medical Practice: A Code of Conduct for Doctors in Australia. 2009.
- [2] Pharmaceutical Benefits Scheme: Australian Government Department of Health 2014. Available from: <http://www.pbs.gov.au/pbs/home>.
- [3] Therapeutic Goods Administration. Australian Register of Therapeutic Goods (ARTG): Australian Government Department of Health; 2014. Available from: <https://www.ebs.tga.gov.au/>.
- [4] Lexchin J, Bero LA, Djulbegovic B, Clark O. Pharmaceutical industry sponsorship and research outcome and quality: systematic review. *BMJ (Clinical research ed)*. 2003;326(7400):1167-70.
- [5] Spurling GK, Mansfield PR, Montgomery BD, Lexchin J, Doust J, Othman N, et al. Information from pharmaceutical companies and the quality, quantity, and cost of physicians' prescribing: a systematic review. *PLoS medicine*. 2010;7(10):e1000352.
- [6] Austad KE, Avorn J, Kesselheim AS. Medical students' exposure to and attitudes about the pharmaceutical industry: a systematic review. *PLoS medicine*. 2011;8(5):e1001037.
- [7] Austad KE, Avorn J, Franklin JM, Campbell EG, Kesselheim AS. Association of marketing interactions with medical trainees' knowledge about evidence-based prescribing: results from a national survey. *JAMA internal medicine*. 2014;174(8):1283-90.
- [8] Grande D, Frosch DL, Perkins AW, Kahn BE. Effect of exposure to small pharmaceutical promotional items on treatment preferences. *Archives of internal medicine*. 2009;169(9):887-93.

[9] Loke TW, Koh FC, Ward JE. Pharmaceutical advertisement claims in Australian medical publications. The Medical journal of Australia. 2002;177(6): 291-3.

[10] Mason PR, Tattersall MH. Conflicts of interest: a review of institutional policy in Australian medical schools. The Medical journal of Australia. 2011;194(3):121-5.

## Policy Details

Name: Pharmaceutical Sponsorship Policy

Category: F – Medicine in Australia

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