

October 2019

NOTE FOR GUIDANCE ON RETAINING THE SERVICES OF STAKEHOLDERS

INTRODUCTION

The purpose of this document is to provide additional guidance related to the interpretation of Section 6, Business Meetings and Discussions, Section 7, Retaining the Services of a Stakeholder and Section 8, Consultant Meetings of Innovative Medicines Canada (“IMC”)’s Code of Ethical Practices (“Code”).

This Note for Guidance must be read with the spirit of the Code in mind and in conjunction with applicable laws and regulations. Member companies are strongly encouraged to consider the non-exhaustive list of points outlined in this document to ensure compliance with Sections 6, 7 and 8 of the Code and other sections where applicable.

POINTS FOR CONSIDERATION

IMC believes a review of the following non-exhaustive list of considerations will be helpful to assess whether or not retaining the service of a Stakeholder meets the required standards and relevant information is available to those assessing the appropriateness of the service provided.

1. Is there a bona fide medical, scientific or commercial need for the Stakeholder to provide the services?
2. Does the Stakeholder hold the requisite qualifications or expertise to perform the services?
3. Are the Stakeholders being paid ‘fair market value’ for their services?
4. Are the services conducted in venues which are modest, appropriate and conducive to their business, medical scientific and/or educational purpose?
5. Could the services be perceived as promoting an unapproved product or indication?
6. Is the nature of the services clearly described in a written agreement?
7. If provided, is the reimbursement of travel, accommodation and meal expenses associated with the provision of the services reasonable and modest?
8. Are there arrangements in place (contractual provisions, disclosure, etc.) to manage any real or perceived conflicts of interest?
9. Are the number of services and total compensation paid to any one individual in a given year reasonable, for the disease/therapeutic area?
10. Are the same Stakeholders being hired/used excessively when there are others with the same expertise and availability?



11. Are there other means by which a Member can achieve its objective?
12. How many specialists within the therapeutic areas were selected to participate across the country as a percentage of the total population of specialists in the therapeutic area?
13. Does every Stakeholder have the relevant expertise to contribute meaningfully to the purpose and expected output of the meeting?
14. Is the number of Stakeholders retained appropriate to achieve the identified need (not greater than the minimum necessary)?
15. Are the presentations to attending Stakeholders relevant to their role in answering the medical, scientific or business question?
16. How were the Stakeholders selected and by whom?
17. Who is attending from, or on behalf of, the Member Company? Is their attendance justified? Do they have a defined role and is the ratio of company employees/others to Stakeholders reasonable?
18. How are the outcomes documented? What use will be made of the conclusions/recommendations report?
19. In a consultant meeting, does the agenda allow adequate time for discussion? Is the majority of the time of the agenda spent obtaining feedback from the Stakeholders?
20. When consultant meetings for the same medicine/therapeutic area have already taken place, are there clear reasons/justifications for an additional meeting?
21. What follow-ups, if any, are planned with the Stakeholders who attended the meeting? If any follow-up is planned, is it appropriate given the non-promotional nature of consultant meetings?