1. Introduction

Professional ethics calls upon physicians to put the best interests of their patients first, ahead of personal financial interests. Physicians who are paid by pharmaceutical or medical device companies for speaking to promote a company’s products undermine that ethic.

Promotional speaking is commonly referred to as “speakers bureaus” but may also be called “speaker programs” or “industry-funded educational programs.” The designations may evolve, but all describe the practice of pharmaceutical companies recruiting and training physicians to give talks that promote their products to other health care providers. The funding for these talks generally comes from the marketing division of the company. Because promotional speaking is considered marketing by the Food and Drug Administration’s Office of Prescription Drug Promotion, the information provided about the drug must strictly adhere to the approved labeling. The speaker must use slides prepared by the company or have his or her slides reviewed and approved ahead of time, thus limiting the independence of the speaker to control the content of the talk. ¹

In a truly educational presentation—even one indirectly funded by industry, such as in an Accreditation Council for Continuing Medical Education (ACCME) accredited conference—the speaker prepares his or her own lecture and slides, draws upon the best available evidence from multiple sources, and presents the material in a fair and balanced manner, even if unfavorable to the company sponsoring the event. However, in an industry controlled speaking engagement, the physician is expected to speak favorably about the drug or is unlikely to be asked to speak again.²

Physicians with academic titles from prestigious medical schools make ideal speakers for drug companies.³ The Association of American Medical Colleges (AAMC) urges its member institutions to strongly discourage participation by their faculty in industry-sponsored speakers bureaus, in part because medical schools that allow their faculty to participate in speakers bureaus place the credibility and integrity of their institution at risk.⁴
While physicians who are recruited for promotional speaking may convince themselves that the purpose of their talks is education, the sole motivation of the company is to increase sales of its products. For example, based on company studies revealed in internal documents, Merck Pharmaceutical calculated that doctors were four times more effective in getting other doctors to write prescriptions for Vioxx than salespersons. Systematic reviews have also shown that industry promotional information increases prescribing of company products. A 2009 national survey of self-reported physician industry relationships found that those with relationships were significantly more likely to prescribe a brand name drug over an equivalent generic.

II. Addressing Arguments in Support of Promotional Speaking

Some would argue that promotional speaking serves a valuable function by more widely disseminating information about useful new drugs that would otherwise diffuse more slowly to practicing physicians. This rationale ignores the many opportunities available to physicians to speak without industry payments in more objective venues, such as Grand Rounds and other continuing medical education programs. Clinical pharmacists at academic medical centers (AMCs) and larger physician practices can also objectively and quickly disseminate information on breakthrough drugs, while comparing them to existing drugs and non-pharmaceutical treatments.

Those who agree to participate in promotional speaking programs may sincerely believe the product they are endorsing is a superior and useful drug or device. They don’t see anything wrong with being paid to say what they would have said anyway. However, the financial entanglement may cloud judgment, especially when new information becomes available.

Faculty may argue that prohibiting them from participating in promotional speaking programs is a violation of their academic freedom. But academic freedom guarantees faculty members the right to express their own personal opinions in their teaching and research, not the right to be a medium through which the opinions of drug companies can be espoused. Once a faculty member accepts payment for speech, it becomes unclear whose opinion is being expressed.

III. Policy Considerations

Prohibit promotional speaking

Prohibiting faculty from participating in promotional speaking arrangements eliminates the financial conflict of interest that may impair objectivity. Prohibition maintains the integrity of both the faculty and the institution. Prohibition sends the right signal to students and residents about the pre-eminence of professionalism and duty to patients over financial self-interest.

“Our policy is predicated on clinical leadership’s belief that participation in industry speakers bureaus compromises the professionalism of the faculty member and our fundamental commitment to the integrity of patient care and clinical research.”

— John Randolph, C.P.A., Vice President and Chief Compliance Officer, UMass Memorial Medical Center
**Strengthen policies if promotional speaking is not prohibited**

If the AMC or medical school does not prohibit faculty participation in speakers bureaus or other such arrangements, then the following policies could help to minimize the potential for bias.

- Prohibit faculty members from using their academic affiliation when giving promotional talks funded by industry to health care audiences.
- Insist that faculty control the content of their presentations, use evidence-based information, and present the information in a fair and balanced fashion.
- Require that faculty disclose their financial relationship with industry both orally in the presentation and on all written materials distributed.
- Require faculty to submit copies of the written contract between them and the company to the institution for prior review and approval.
- Encourage faculty to limit their participation in promotional speaking programs to no longer than one year.

**IV. Model Policies**

**UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE**

**Conflict of Interest Related to Industry-Sponsored Speaking Engagements**

The University has long recognized the value to the institution and our faculty of engagement in extramural activities including those sponsored by industry. It is equally important to recognize that certain industry-sponsored activities are not appropriate for faculty participation. **Key among our values, and matched expectations, is that Penn Medicine faculty may not present at programs designed solely or predominantly for company promotional, sales or marketing purposes even if the faculty retain control of the content.** Such activities, commonly referred to as “speakers bureaus”, constitute a fundamental violation of our academic mission, rights and integrity. Understanding that the distinction of what constitutes marketing as contrasted to academic expression may not always be clear-cut, we provide herein guidance to the faculty on such activities.

http://www.med.upenn.edu/vdresearch/documents/GNGQuinnCOIMemotoFacultySpeakingEngag62011.pdf

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**E. Participation on Speakers’ Bureaus**

Speakers’ bureaus, which are often “little more than extensions of [a company’s] marketing department,” may pose real or perceived conflicts
of interest. In June 2011, the SOM Speakers’ Bureau Policy was modified to prohibit most speakers’ bureau activity by School of Medicine Faculty. “Speakers’ bureau activity” is defined as: compensation by any pharmaceutical company, medical device manufacturer or manufacturer of other health- or nutrition-related products or their subsidiaries, for speaking engagements whether on a one-time or recurring basis. This definition does not include compensation for research consulting.

Under this policy, some industry-sponsored speaking engagements are permitted. The policy provides that a committee shall be established by the Dean and Faculty Officers to review requests for approval of non-marketing speaking engagements. Approval will be considered for faculty presentations that represent a genuine service to the community and that are solely for educational purposes. However, approval will not be granted if the talk focuses on specific products, if the speaker is required to use any slides or other materials provided by industry, or if the slides or other content are subject to any oversight or review by industry. In all cases, the faculty member must ensure that the content of all lectures, slides, references and educational handouts represents a balanced and objective assessment of treatment options, and that it is based on the best scientific evidence. In addition, faculty members may not present industry-sponsored talks if the company provides honoraria or gifts to the attendees.

All speaking relationships and contracts are subject to review and approval by the University, in accordance with University and practice plan policies, and must be disclosed annually in accordance with the University's Conflict of Interest Policy. In all cases, a student, resident or faculty member may only receive fair compensation for the services provided and must disclose his or her financial interests at the time of the lecture.

UMASS MEMORIAL MEDICAL CENTER

Speaking Arrangements/Speakers Bureaus
UMass Memorial endorses the use of lectures to disseminate knowledge evolving from clinical or research developments.

• **General:** These lectures should be based upon Clinical Personnel research or scientific or professional knowledge and should incorporate materials developed exclusively by the faculty member with no Vendor input or requirement for approval. Clinical Personnel should not participate in or accept compensation for any lecture not meeting these requirements.

• **Speakers Bureaus:** UMass Memorial views speakers bureaus sponsored by Clinical Vendors as an extension of the marketing process. Consistent with this policy, UMass Memorial prohibits Clinical Personnel from participating in, or receiving compensation for, talks given through a speakers bureau.
IX. References

1. Federal Food and Drugs Act of 1906, 768 (1906)


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This Toolkit is one of a series in Community Catalyst’s Policy Guide for Academic Medical Centers and Medical Schools, available online at  
http://www.communitycatalyst.org/projects/prescription_access_and_quality/policy_guide

The Toolkit is a publication of Community Catalyst, a national, nonprofit consumer advocacy organization dedicated to making quality affordable health care accessible to everyone. Among its prescription drug initiatives, Community Catalyst combats pharmaceutical marketing that creates conflicts-of-interest and threatens the safety and quality of patient care. We provide strategic assistance to medical schools and teaching hospitals seeking to improve their conflict-of-interest policies as part of the Partnership to Advance Conflict-Free Medical Education (PACME), a collaboration of Community Catalyst, The Pew Charitable Trusts, the American Medical Student Association and the National Physicians Alliance. PACME is supported by a grant from the Attorney General Consumer and Prescriber Grant Program, which was funded by the multi-state settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin.