



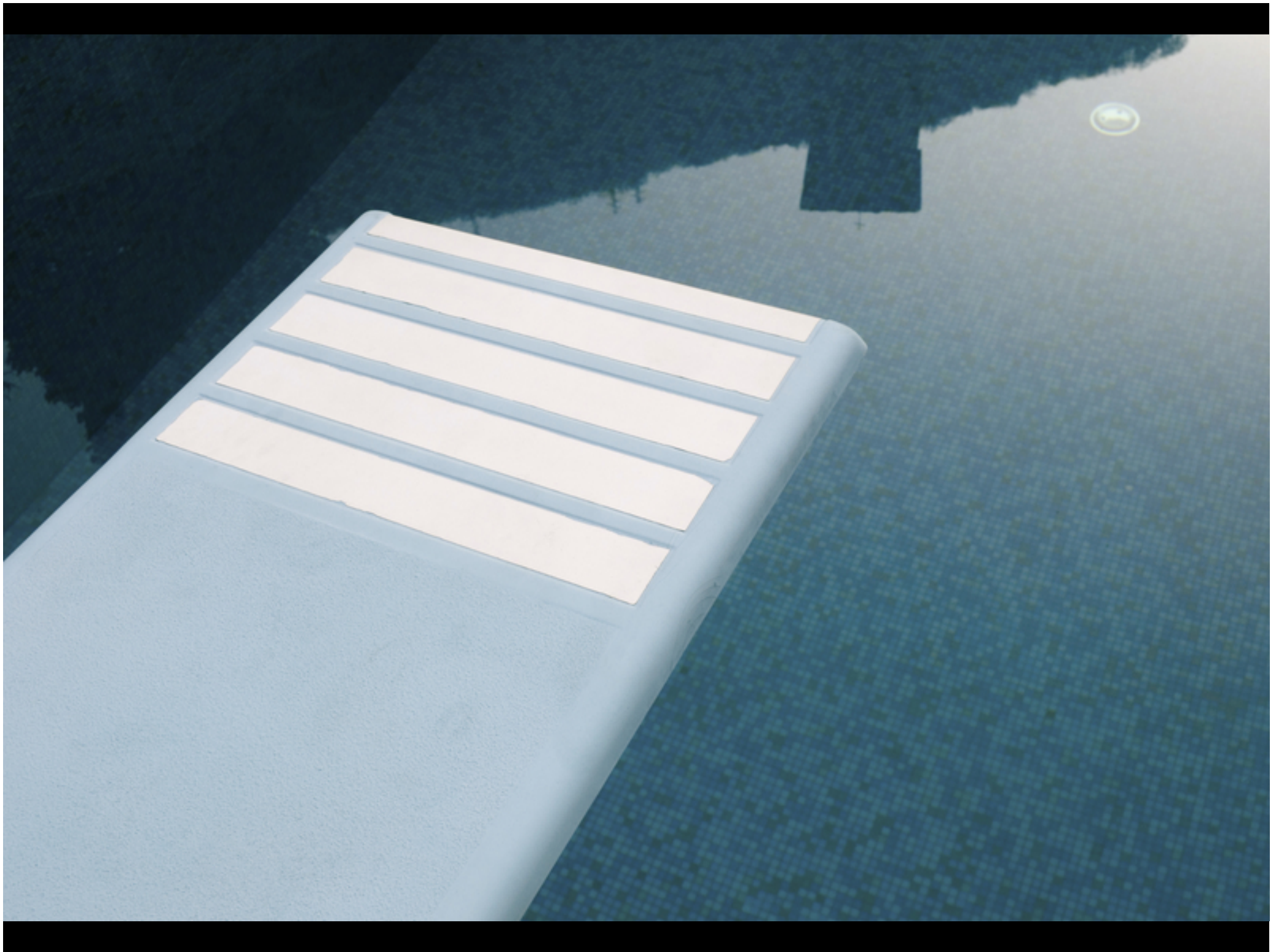
# Advisory boards: the medical writer's perspective

John Dixon

Libra Medical Marketing Limited

MedComms Networking Event, 2nd August, 2017

[www.MedCommsNetworking.com](http://www.MedCommsNetworking.com)



# Advisory board: composition

- Experts in a field of medicine/medical science:
  - Practising physicians, surgeons, nurses, GPs...
  - Radiologists, microbiologists, epidemiologists...
- Active clinical researchers
- Well known/leaders in their field
- Regularly speak at congresses



# Advisory board: purpose

- An opportunity for companies to acquire ‘advice on subjects relevant to their products.’
- ‘... to answer legitimate business questions to which the company does not already know the answer.’



# The meeting: who attends?

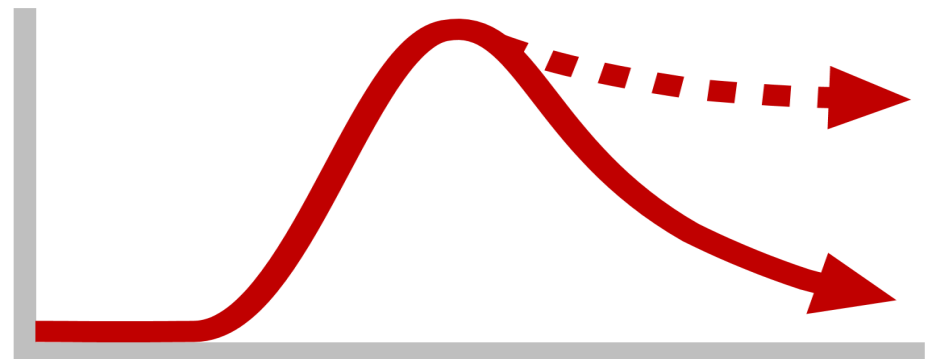
- Advisory board experts
- Pharma company representative(s)
- Medcomms agency representative
- Medical writer

***Of these, one will be the chair/facilitator***



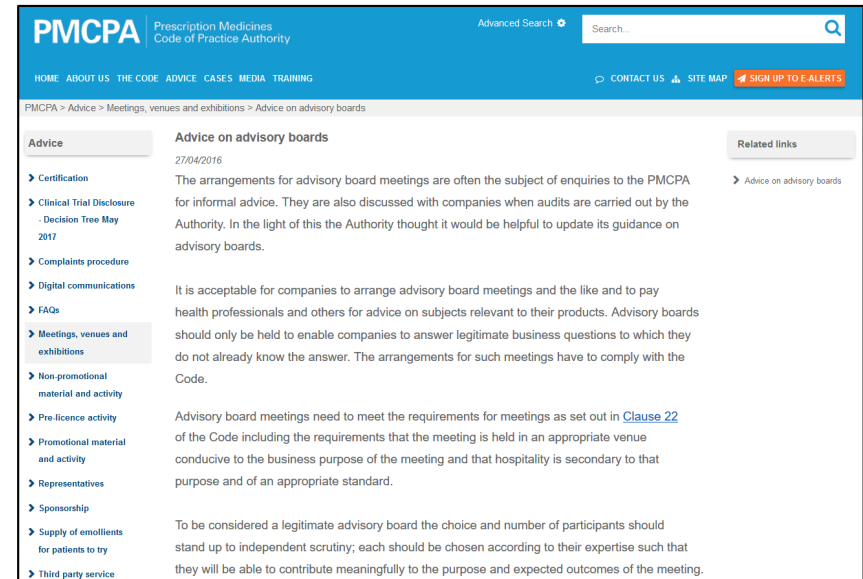
# Scope of subject matter

- Product lifecycle: from trial design to postmarketing
- Addressing challenging publications, adverse events
- Education, communication, publication
- Informing company strategy
- Consensus development
- Regional challenges



# Compliance with a code of practice

- Purpose
- Venue
- Scope of activities
- Reimbursement



The screenshot shows the PMCPA (Prescription Medicines Code of Practice Authority) website. The page title is "Advice on advisory boards" and the date is "27/04/2016". The main content area contains the following text: "The arrangements for advisory board meetings are often the subject of enquiries to the PMCPA for informal advice. They are also discussed with companies when audits are carried out by the Authority. In the light of this the Authority thought it would be helpful to update its guidance on advisory boards." Below this, there is a section titled "It is acceptable for companies to arrange advisory board meetings and the like and to pay health professionals and others for advice on subjects relevant to their products. Advisory boards should only be held to enable companies to answer legitimate business questions to which they do not already know the answer. The arrangements for such meetings have to comply with the Code." This is followed by a paragraph: "Advisory board meetings need to meet the requirements for meetings as set out in [Clause 22](#) of the Code including the requirements that the meeting is held in an appropriate venue conducive to the business purpose of the meeting and that hospitality is secondary to that purpose and of an appropriate standard." The final paragraph states: "To be considered a legitimate advisory board the choice and number of participants should stand up to independent scrutiny; each should be chosen according to their expertise such that they will be able to contribute meaningfully to the purpose and expected outcomes of the meeting."

## United Kingdom

- PMCPA Advice on Advisory Boards
- ABPI Code of Practice for the Pharmaceutical Industry

## United States

- Pharmaceutical Research and Manufacturers of America (PhRMA)

## European Union

- European Federation of Pharmaceutical Industries and Associations (EFPIA)

Prescription Medicines Code of Practice Authority. Advice on advisory boards. 2016. [Online]. Available: <http://www.pmcpa.org.uk/advice/meetings/Pages/Advice-on-advisory-boards.aspx> [Accessed 20 July 2017].

# Role(s) of the medical writer

**Either working for an agency or independently:**

- 'Just' write up a report
- Select and invite experts
- Prepare meeting resources
- Help decide on the outputs
- Facilitate or co-chair the meeting
- Draft and submit a publication



***and communicate effectively with everyone!***



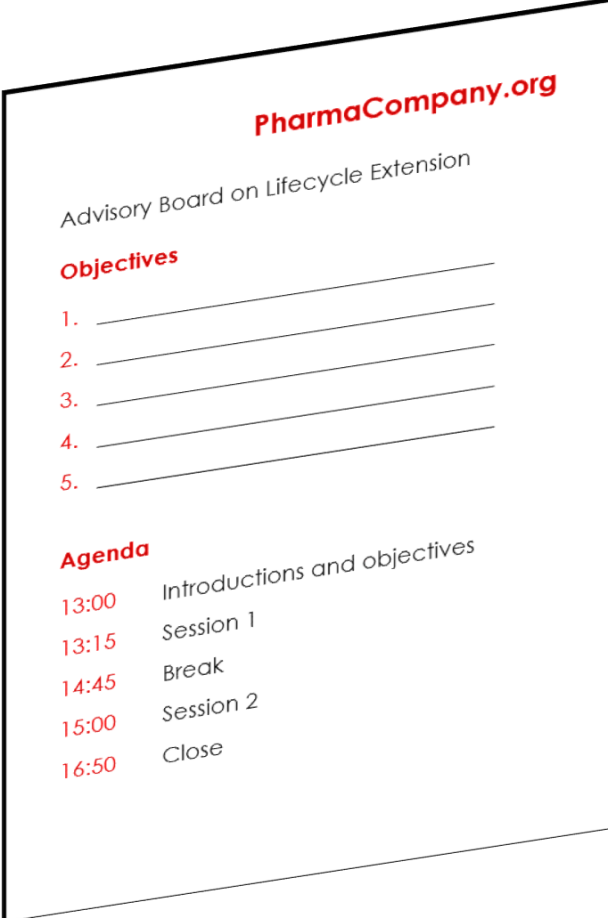


# Preparation

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# Clarify objectives and output(s)

- Clarify meeting objectives
- Set and/or review agenda
- Establish output(s):
  - Transcript
  - Report
  - Manuscript
  - Publication strategy
- Establish deadlines:
  - Interim minutes/summary?
  - Full draft report



**PharmaCompany.org**

Advisory Board on Lifecycle Extension

**Objectives**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Agenda**

13:00 Introductions and objectives  
13:15 Session 1  
14:45 Break  
15:00 Session 2  
16:50 Close



# Clarify attendees and roles

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- Experts: speciality, specific interest/research
- Pharma company representatives
- Chairperson and/or facilitator
- Personal role



# Access resources

- Key papers
- Slide decks
- Previous reports

**PharmaCompany.org**

**Meeting Report**  
Advisory Board on Product X safety

**Participants**

Dr Alex Clegg	Dr Jay Walker
Dr Anne Jones	Harry Coombes
Professor Alan Symes	Dr Lee Perrins
Professor Mary Jeans	Professor John Smith

**Objectives**

**BJSMGP** British Journal of Service Management in General Practice

**RESEARCH PAPER**

**Efficiency of a GPwSI ENT clinic in general practice: an 18-month pilot**

\*James Alexander, Cathy Jasmine and Anthony Green

**Corresponding author**  
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[James.Alex@nhscontacts.eastbury.trust.net](mailto:James.Alex@nhscontacts.eastbury.trust.net)

**Acknowledgments**  
We would like to thank Eastbury EHS Trust for agreeing to fund the pilot and for the staff of Matching Surgery for their contribution towards setting up and administering the clinic.

**Keywords**  
GPwSI, ENT, service model, cost efficiency, clinical efficiency

**Received**  
21 September 2001

**Revised**  
16 January 2002

**Accepted**  
15 April 2

**Background and aims**  
To improve efficiency, the NHS encourages more work to be undertaken in primary rather than secondary care. We describe a promising new model of care. During an 18-month pilot ENT service run by a GP with Special Interest (GPwSI) in general practice, we measured two major outcomes: clinical efficiency – the proportion of patients successfully managed without subsequent referral to secondary care, and cost efficiency – the amount saved per new patient referred to the service.

**Methods**  
Local GPs were encouraged to refer patients to the new service. They were provided with guidelines listing conditions that could safely be managed in general practice. Patients were seen in clinics initially held monthly, with additional clinics added to cope with demand. Those that could not be safely managed in the clinic were referred to secondary care. The amount saved was the difference between the cost of referring all patients to secondary care and the cost of running the GPwSI clinic, less the cost of patients subsequently being referred. Other measures included referral patterns, time to full clinic capacity, mean delay to first appointment, non-attendance rate, and patient satisfaction by questionnaire.

**Results**  
Of 62 new patients seen, 47 (54.6%) were successfully managed without referral to secondary care. A saving of £58.04 was achieved per patient, representing a 36.3% saving on the hospital OPD rate of £160 per new patient (Table). The mean delay to a new patient appointment was 2.1 (s.d. 1.4) weeks. Of 134 appointments allocated, 3 (2.2%) were not attended. Of 79 patients completing a questionnaire, 65 (89%) were satisfied or very satisfied and 97.3% of patients would recommend the service to others.

**Conclusion**  
The clinic was simple to establish, easy to administer and patient satisfaction was reassuring. We hope this pilot provides inspiration for further development of GPwSI services.

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The screenshot shows a presentation slide deck with multiple slides. Visible text includes:

- Company
- oper
- ce that preform birth—
- Increases the risk of asthma.
- Increases in children surviving
- 187
- 196
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# Get up to speed

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- Read the resources
- Literature search – find a good review
- Acronyms, abbreviations, jargon
- Wikipedia!

**G**et  
**U**p  
**T**o  
**S**peed

# Personal stuff

- Confirm dress code
- Agree your fee if working as a freelancer
- Plan your schedule to deliver outputs



# Equipment, etc.

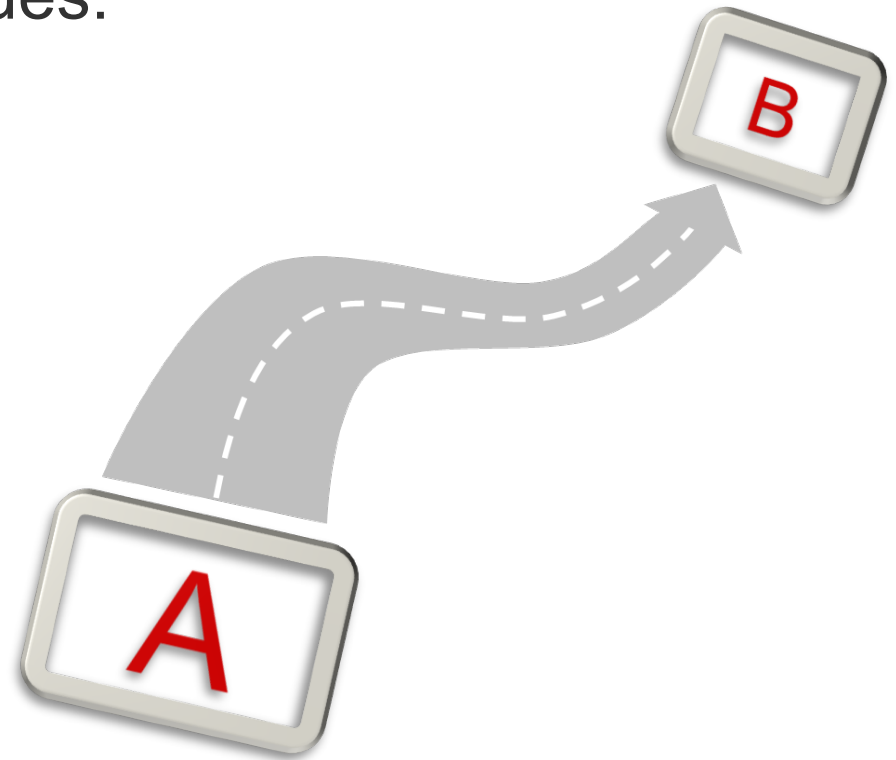
- Audio
- Timer
- Slide handout
- Photo gallery
- Adaptors
- Extension lead



# Logistics

- Arrange travel to ensure timely arrival
- Visit meeting room in advance, and...
- Address meeting room issues:
  - seating
  - name plates
  - audio provision/location

***Be sure you sit in an appropriate place***



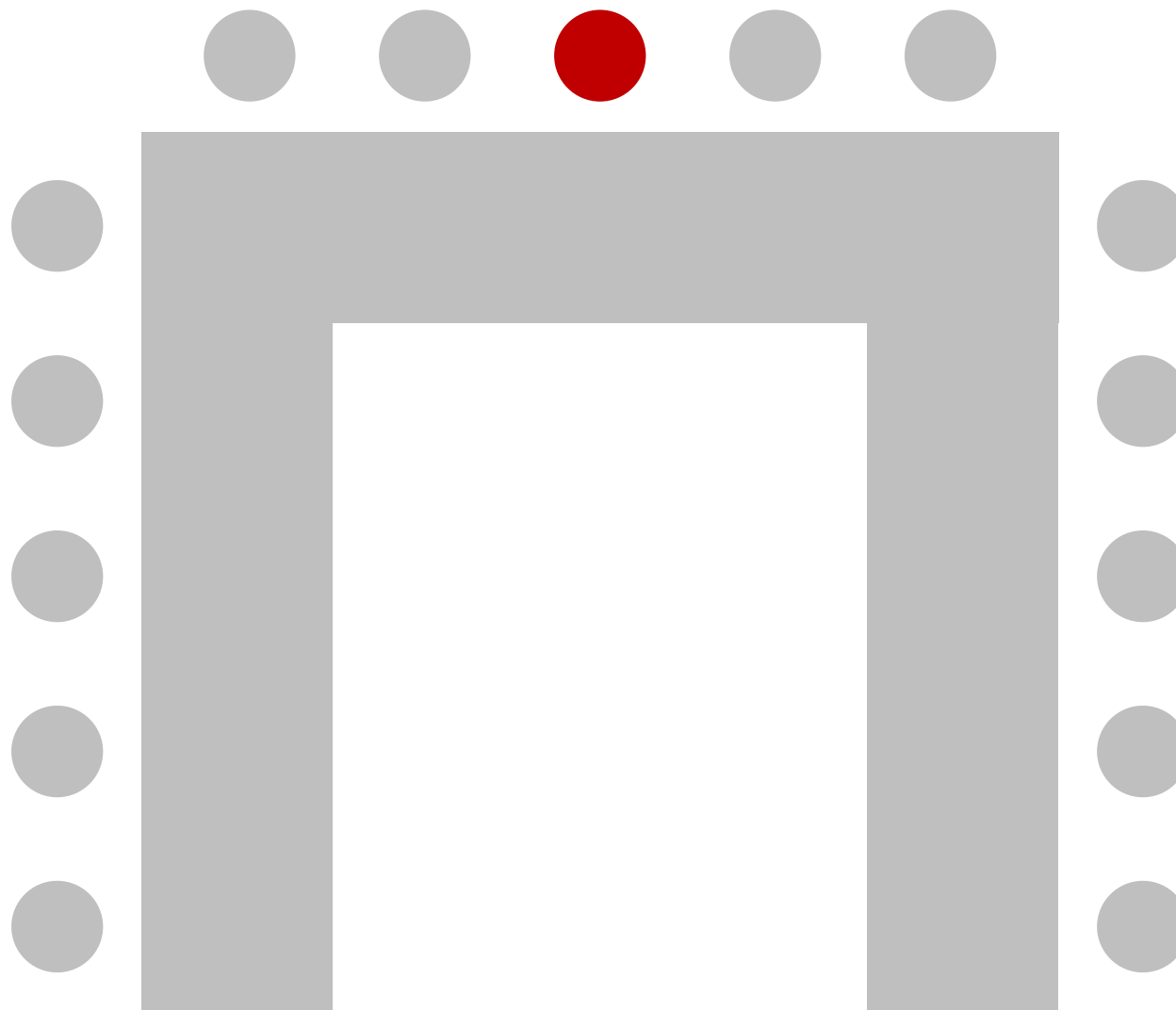


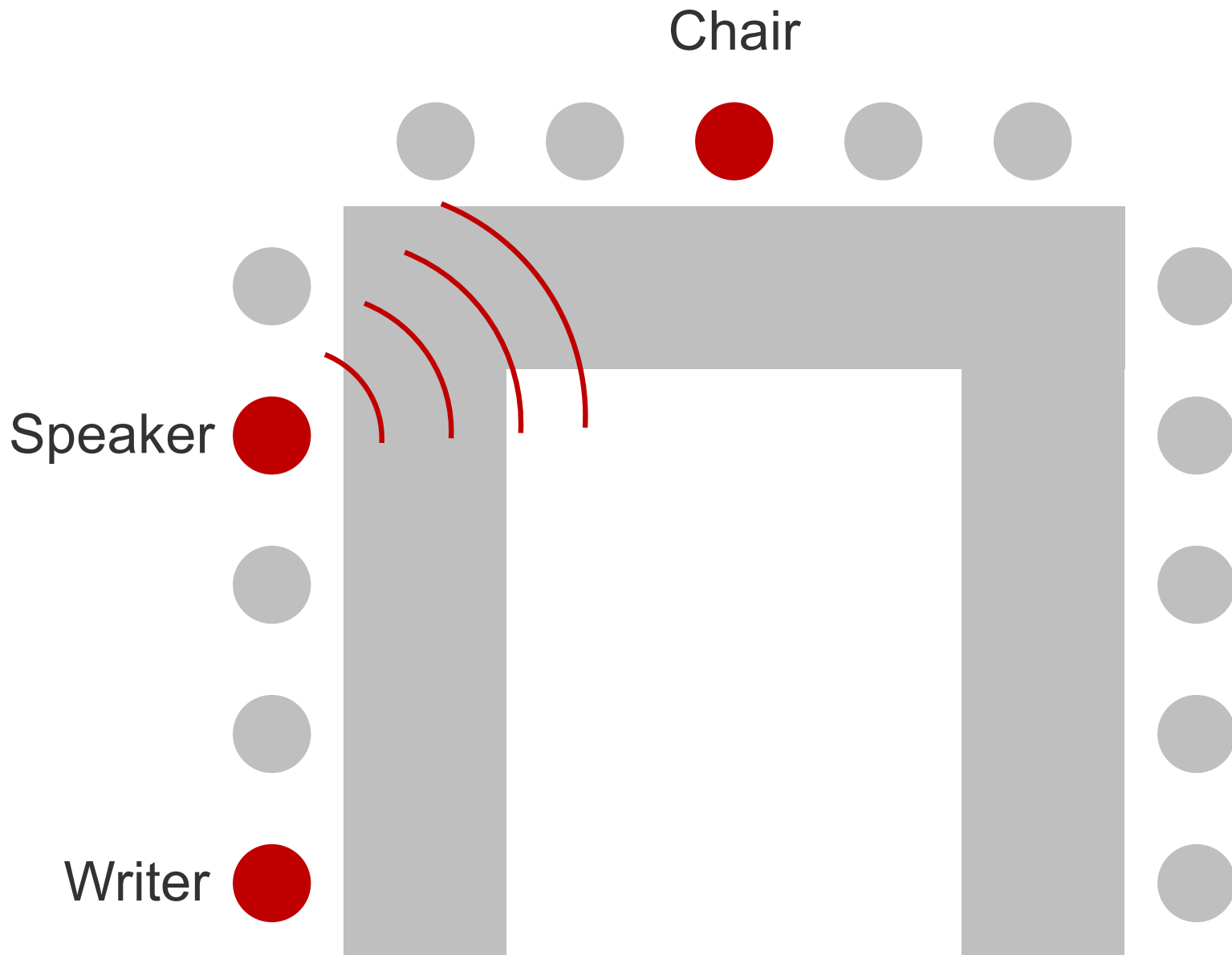


# The meeting

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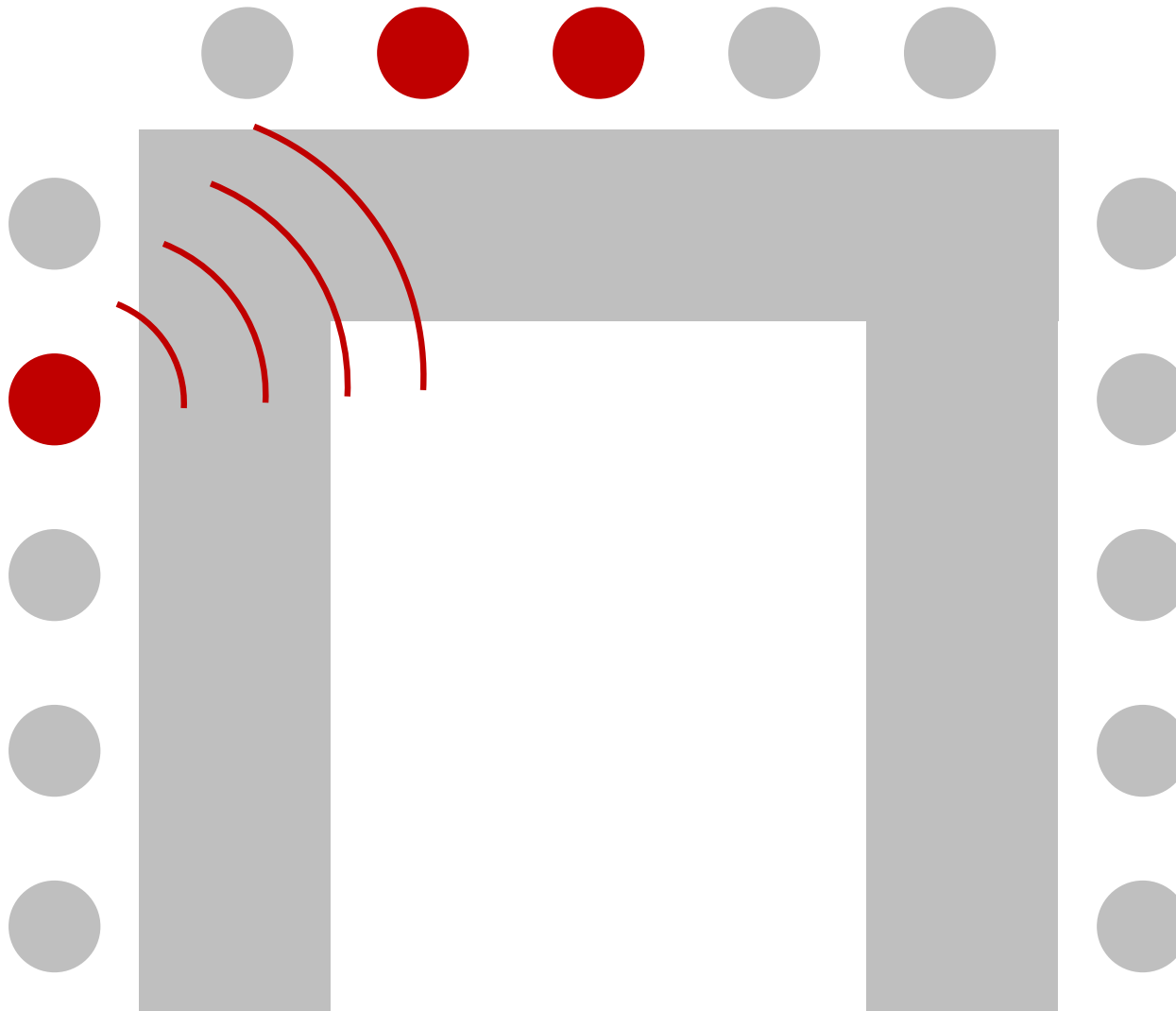
Chair





Writer Chair

Speaker



# The meeting

- Note unexpected participants: names and job titles
- Be sure your audio is working
- Use time stamps

- **Write or listen?**



- Clarify jargon, acronyms and difficult discussion
- Confirm what your client wants, and when



# **After the meeting**

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# After the meeting

**Armed with a good idea of what your client wants:**

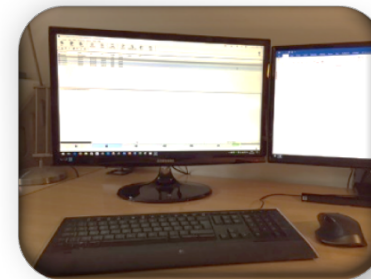
- Prepare
- Share
- Revise
- Proof





# Audio recording and transcription

- ZOOM H2N Recorder
- NCH Express Scribe Pro Transcription Software
- Infinity USB Foot Pedal



# Meeting report: principles

- Centre on the objectives of the meeting
- Highlight unmet need/knowledge gaps
- Bring together and summarise key insights
- Provide future direction

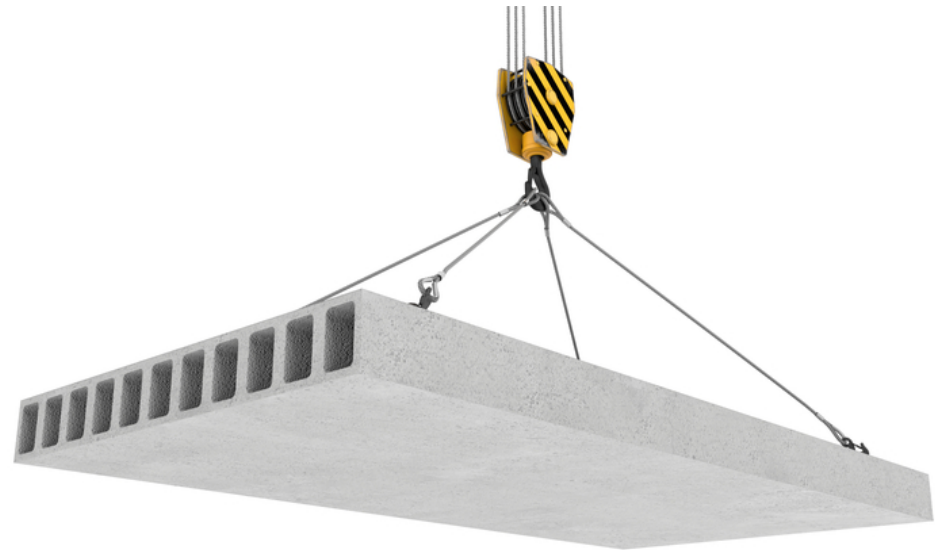
***and be a readable and well-structured document***



# Meeting report: what to avoid

‘a transcript the size and weight of a concrete slab full of rambling conversations’

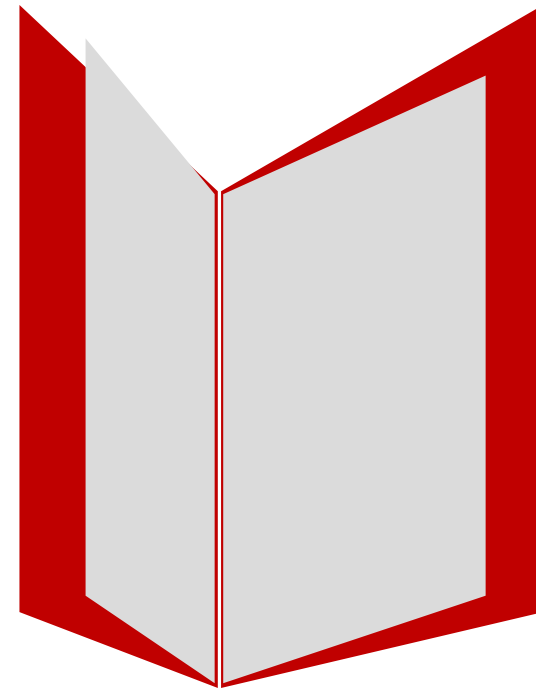
*Leask et al., 2016*



# Meeting report: need good planning

‘Let your meeting plan write your report. If you've done your planning well, the transcript should flow beautifully from one item to the next.’

*Leask et al., 2016*



# Challenges

- Working with medical experts
- Meeting room layout and audio quality
- Understanding language of non-native contributors
- Understanding technical discussion
- Writing vs listening and transcribing
- Identifying who said what
- Multitasking during the meeting
- Clarifying the report format



# Advisory boards: the cons

- Challenges that you don't manage to confront!
- Being fully prepared can be difficult if 'last minute' or completely new subject matter
- Time required to generate outputs, particularly if transcribing audio

***A demanding and time-consuming challenge that requires careful preparation***



# Advisory boards: the pros

- Working at the forefront of biomedical science
- Meeting and working with medical experts
- Travelling outside your own country... and...
- Even better when you know the experts and become familiar with the subject matter

***An exciting and enjoyable challenge from which you can learn a lot***





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# Thank you

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