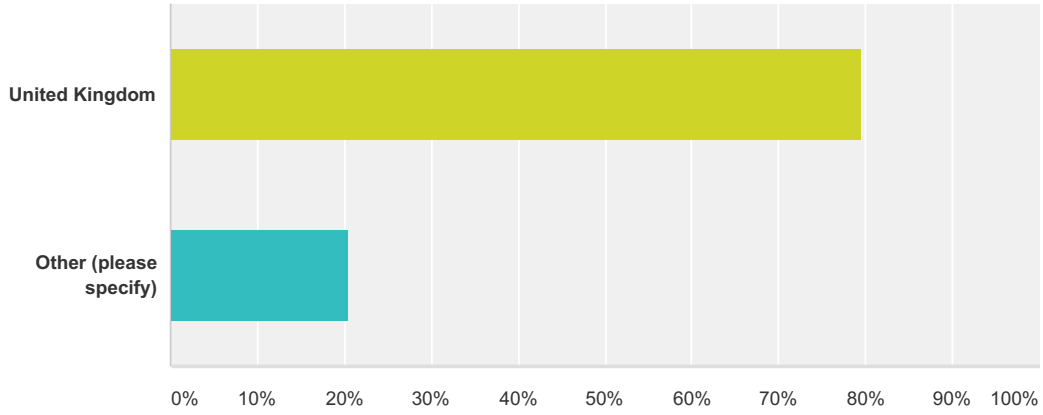
Q1 A little about yourself - where are you based?

Answered: 200 Skipped: 0



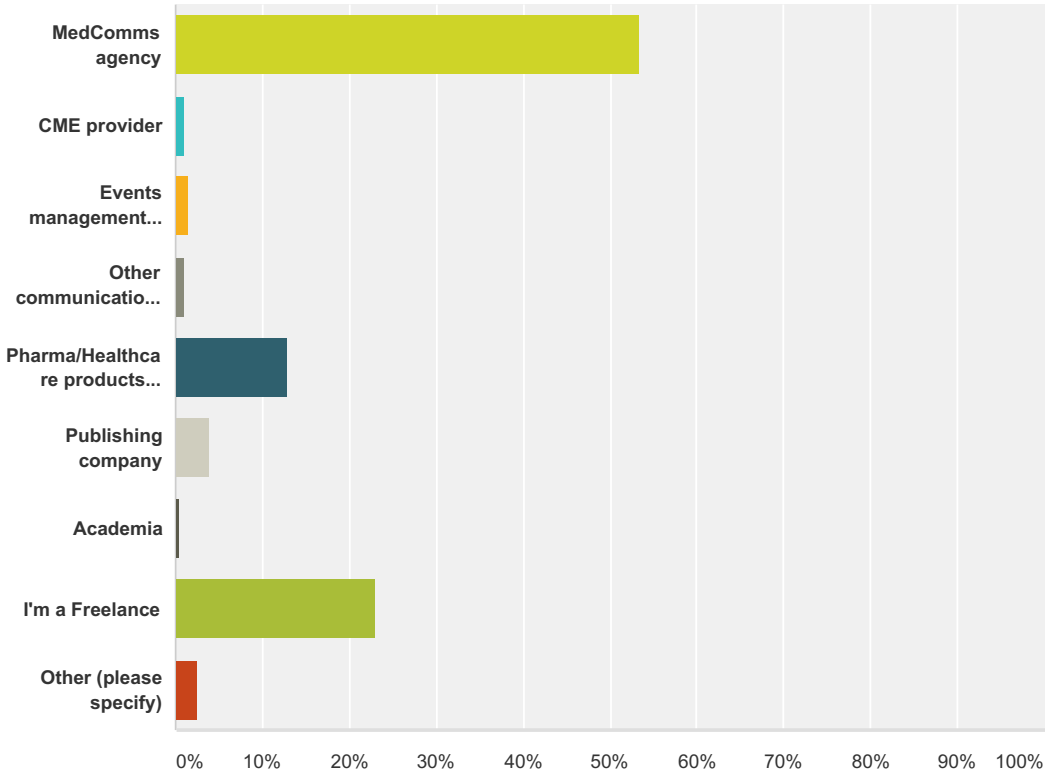
Answer Choices	Responses	
United Kingdom	**79.50%**	159
Other (please specify)	**20.50%**	41
Total		**200**

#	Other (please specify)	Date
1	Switzerland	2/11/2014 1:53 PM
2	US	2/3/2014 7:21 PM
3	USA	2/3/2014 3:51 PM
4	Australia	2/2/2014 9:39 PM
5	US	2/1/2014 2:56 PM
6	United States	2/1/2014 3:58 AM
7	us	2/1/2014 3:26 AM
8	usa	1/31/2014 8:18 PM
9	United States	1/31/2014 4:44 PM
10	USA	1/31/2014 4:04 PM
11	US	1/31/2014 3:49 PM
12	United States	1/31/2014 3:43 PM
13	Amsterdam	1/31/2014 3:38 PM
14	USA	1/31/2014 3:29 PM
15	USA	1/31/2014 3:29 PM
16	US	1/31/2014 3:28 PM
17	US	1/31/2014 3:09 PM
18	US	1/31/2014 2:50 PM
19	U.S.	1/31/2014 2:44 PM

20	US	1/31/2014 2:41 PM
21	usa	1/31/2014 2:30 PM
22	USA	1/31/2014 2:22 PM
23	United States	1/31/2014 2:04 PM
24	US	1/31/2014 1:37 PM
25	Switzerland	1/31/2014 1:29 PM
26	USA	1/31/2014 1:13 PM
27	USA	1/31/2014 1:11 PM
28	USA	1/31/2014 1:02 PM
29	Switzerland	1/31/2014 1:01 PM
30	Switzerland	1/31/2014 12:56 PM
31	US	1/31/2014 12:45 PM
32	Switzerland	1/31/2014 7:07 AM
33	Europe	1/30/2014 10:25 PM
34	United States	1/30/2014 9:20 PM
35	United States	1/30/2014 7:19 PM
36	US, Pennsylvania	1/30/2014 1:43 PM
37	Usa	1/30/2014 1:42 PM
38	United States	1/30/2014 10:48 AM
39	United States	1/30/2014 10:37 AM
40	Switzerland	1/30/2014 9:24 AM
41	Spain	1/29/2014 5:48 PM

Q2 A little more about yourself - which of the following best describes the type of organisation you work in?

Answered: 200 Skipped: 0



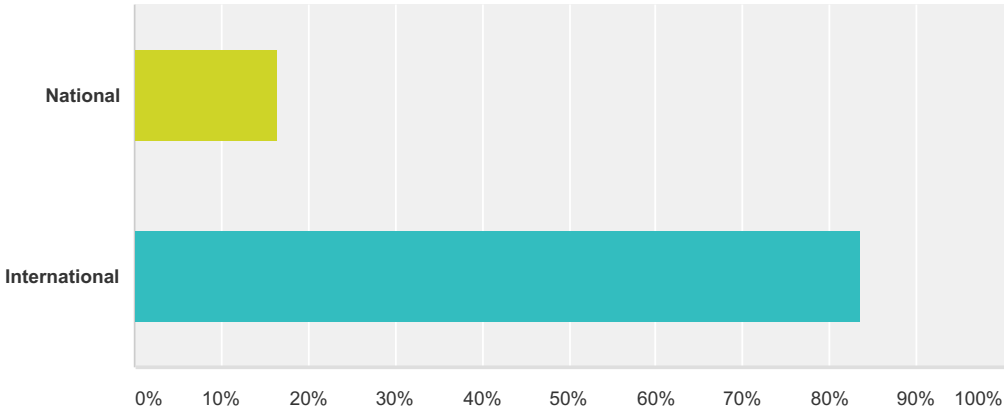
Answer Choices	Responses	
MedComms agency	**53.50%**	107
CME provider	**1.00%**	2
Events management company	**1.50%**	3
Other communications agency (PR, branding etc)	**1.00%**	2
Pharma/Healthcare products company	**13.00%**	26
Publishing company	**4.00%**	8
Academia	**0.50%**	1
I'm a Freelance	**23.00%**	46
Other (please specify)	**2.50%**	5
Total		**200**

#	Other (please specify)	Date
1	Independent	2/11/2014 1:44 PM
2	CRO	2/2/2014 10:14 AM

3	Consulting	2/1/2014 12:55 PM
4	Consultant; pharma education / society relations	1/31/2014 1:32 PM
5	Healthcare/medical communications recruitment	1/31/2014 12:39 PM

Q3 And a little more - at the moment are you primarily focussed on working at a national level or international level?

Answered: 200 Skipped: 0

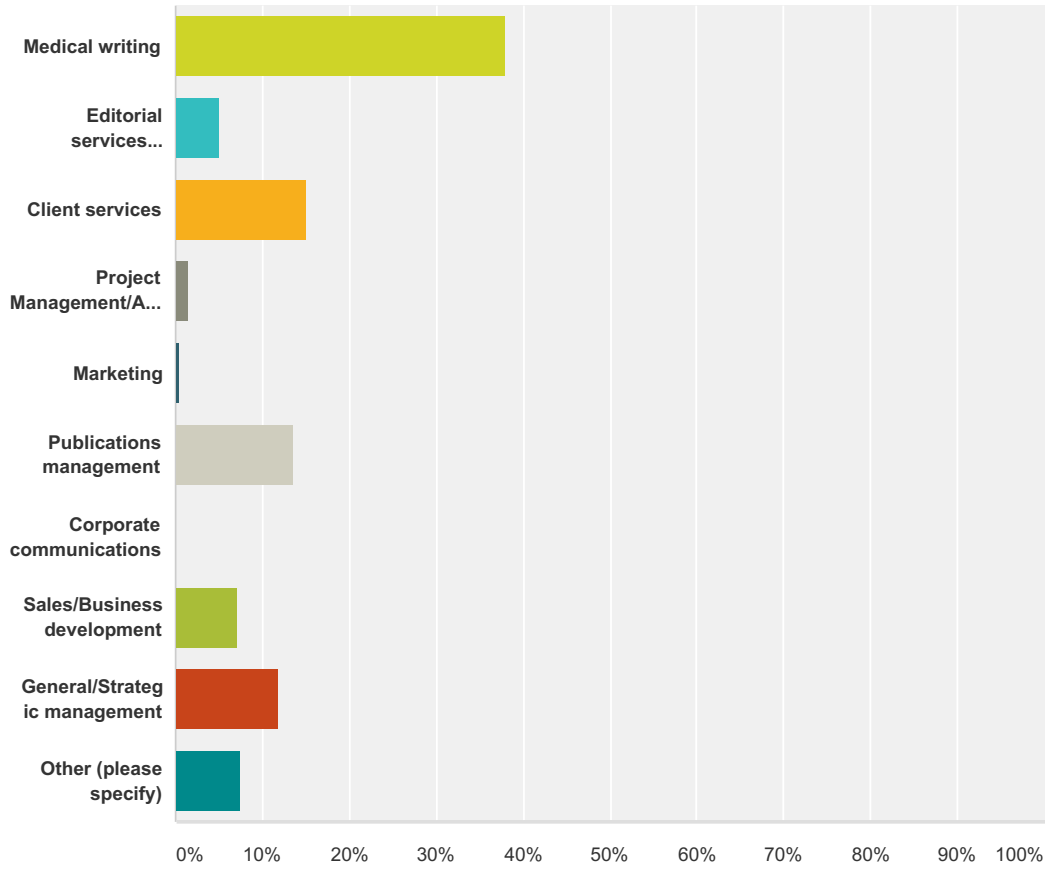


Answer Choices	Responses	
National	**16.50%**	33
International	**83.50%**	167
Total		**200**

#	Feel free to clarify if needed but we really just want a sense of context	Date
1	Almost zero national working, so not a focus or important at all.	2/12/2014 9:20 AM
2	Working at both, but aiming to grow the international side	2/11/2014 2:26 PM
3	Currently national but looking to expand my European, US and Australian business	2/11/2014 2:25 PM
4	global med comms	2/11/2014 1:53 PM
5	Work for two clients based outside UK on international studies	2/5/2014 9:43 AM
6	I am focused on working internationally and in the US.	1/31/2014 4:44 PM
7	We also do some national programs	1/31/2014 3:38 PM
8	Mainly European	1/31/2014 10:58 AM
9	UK, Europe, US, SE Asia, India	1/30/2014 1:07 PM
10	Mainly European	1/30/2014 11:29 AM
11	Mostly European	1/30/2014 10:27 AM
12	Work with pharma companies on their global operations	1/30/2014 9:43 AM
13	Mixture of EU and global, but mostly EU	1/30/2014 9:31 AM
14	Mainly European	1/30/2014 9:30 AM
15	Europe	1/30/2014 6:31 AM
16	International scope, but mostly European clients	1/29/2014 5:10 PM
17	Study of One Health issues (i.e. how human, animal and environmental medicine interact) Seeking a balanced view of influenza viruses in China	1/29/2014 4:20 PM

Q4 And finally about yourself - what is your primary role?

Answered: 200 Skipped: 0



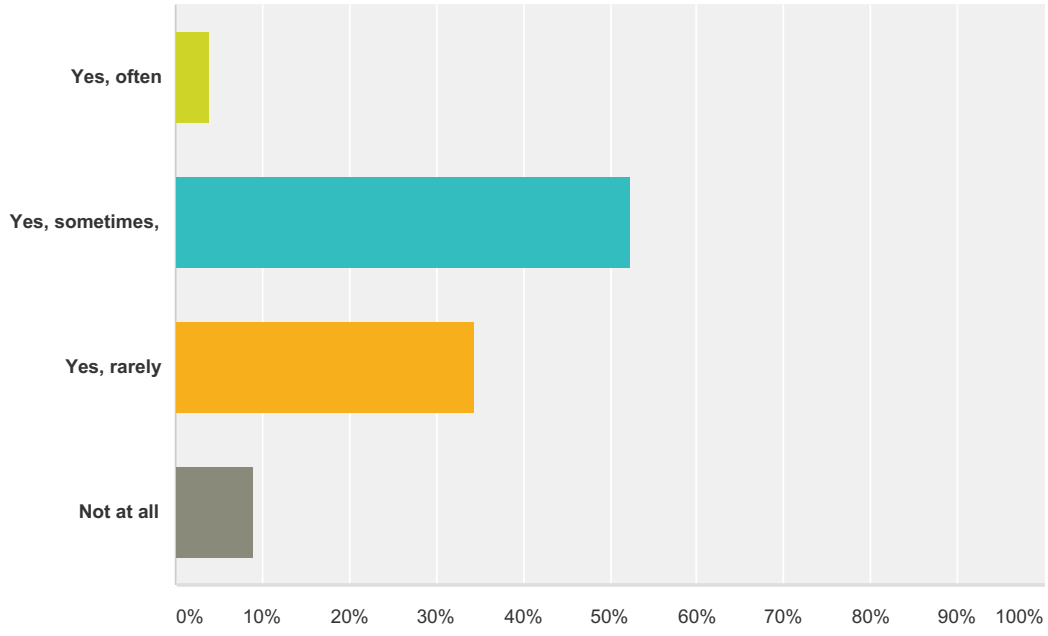
Answer Choices	Responses	
Medical writing	38.00%	76
Editorial services (copy/production editing, proof-reading)	5.00%	10
Client services	15.00%	30
Project Management/Admin	1.50%	3
Marketing	0.50%	1
Publications management	13.50%	27
Corporate communications	0.00%	0
Sales/Business development	7.00%	14
General/Strategic management	12.00%	24
Other (please specify)	7.50%	15
Total		200

#	Other (please specify)	Date

1	Event management	2/12/2014 9:20 AM
2	A 50-50 split between translation from German to English and medical writing	2/10/2014 5:39 PM
3	Project management, Learning Design, Product development, Innovation and Business Development	2/4/2014 11:58 AM
4	Regulatory writing	2/3/2014 9:05 AM
5	Both medical writing and publications management in equal measure.	1/31/2014 2:44 PM
6	Scientific/medical direction	1/31/2014 2:41 PM
7	Technology for pubs planning	1/31/2014 2:01 PM
8	Medcial Affairs	1/31/2014 1:01 PM
9	Publication policy and training	1/30/2014 7:19 PM
10	CME/Education services	1/30/2014 10:03 AM
11	Hybrid role, writing, editorial and some project management	1/30/2014 9:31 AM
12	Compliance	1/29/2014 5:17 PM
13	Digital communications both strategic advice and implementation	1/29/2014 4:53 PM
14	publications consultancy and training	1/29/2014 4:21 PM
15	Information research	1/29/2014 4:18 PM

Q5 From your current perspective, do you agree the Pharma industry is guilty of questionable behaviour?

Answered: 200 Skipped: 0



Answer Choices	Responses	
Yes, often	**4.00%**	8
Yes, sometimes,	**52.50%**	105
Yes, rarely	**34.50%**	69
Not at all	**9.00%**	18
Total		**200**

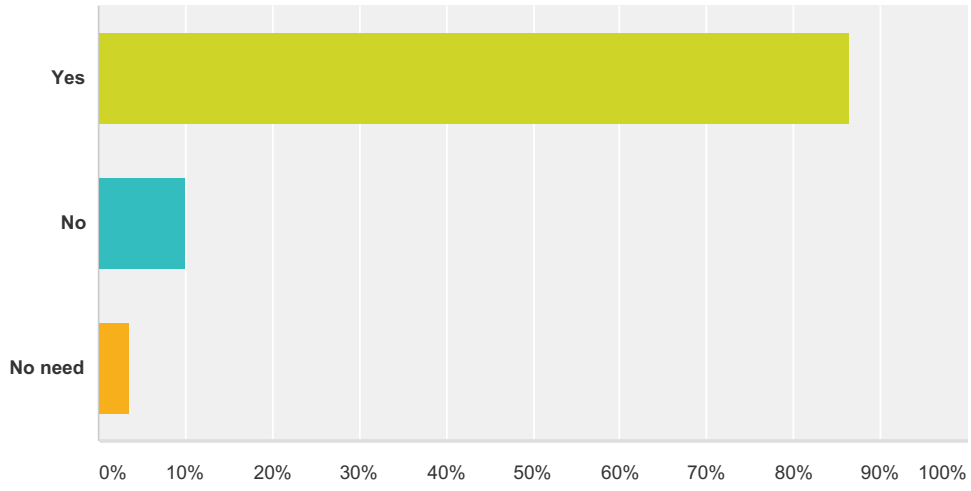
#	Feel free to provide some additional insights here	Date
1	Certainly in the past, and in some pockets less in the public eye.	2/12/2014 9:20 AM
2	I think a lot of the behaviour currently under scrutiny is from the past and standards across Pharma have improved in recent years.	2/11/2014 2:38 PM
3	Too interested in maximizing profit and seemingly unaware that some lesser/none-profit making input in certain areas of drug development, e.g. infectious diseases that largely don't affect the developed world and drug development for children, could do a lot to improve their image.	2/11/2014 2:26 PM
4	Much less than previously. The spotlight and focus over the last 10 years or so, and all the CIAs has made a difference.	2/11/2014 1:58 PM
5	The biggest issue is clinical trial transparency and how clinical trial data is hidden or manipulated for marketing purposes. Of course, this is not a frequent event but it still happens. Please see: http://www.publications.parliament.uk/pa/cm201314/cmselect/cmsctech/104/104.pdf	2/11/2014 1:44 PM
6	It is noticeable that it tends to be smaller pharma companies (but not all of them) who are perhaps a little hazy on best practice in some areas.	2/4/2014 8:04 PM

7	Limited disclosure was rife (thankfully not now). This really was driven by competition bringing everyone down to the lowest common denominator.	2/4/2014 6:28 PM
8	In my experience, it's the smaller biotechs which tend to be less knowledgeable/willing to instil compliance processes; some have very little awareness of the basics of GPP. All of my medium/large pharma clients have had armies of pubs managers and compliance people for a while now, with all of the accompanying policies and SOPs that their teams and their agencies are expected to adhere to.	2/4/2014 3:53 PM
9	As a writer, I've been forced by pharma companies to put sub-standard references in medical education material just because these are the references that show up their drug in the best light. Very questionable, not acceptable.	2/4/2014 2:48 PM
10	and obviously in the past	2/4/2014 2:46 PM
11	Becoming less and less but as a medical representative I saw questionable behaviour not only from pharmaceutical companies but also healthcare professionals. Due to tightening of the PMCPA/ABPI regulations ethical behaviour has increased and prescriing bias due specifically to personal or practice rewards has decreased.	2/4/2014 11:58 AM
12	Historically yes, but most pharma individuals I have worked with have been squeaky clean. With a few (dis)honourable exceptions!	2/2/2014 4:53 PM
13	Intentions or business goals may blind stakeholders and present circumstances or conditions that can be misinterpreted.	2/1/2014 3:58 AM
14	Much less so now than previously, most of my clients have been very concsientious regarding their responsibilities.	1/31/2014 6:47 PM
15	Pharma is a profit business. All profit businesses weigh the effects of the cost of implementing ethical behaviour against the cost of non-compliance with ethical standards. This is natural for any corporation, especially those responsible to shareholders who demand profit.	1/31/2014 5:15 PM
16	I read and hear about some big pharmas conducting themselves in a nefarious manner, but I have not seen nor heard of such activities with any of the departments or individuals in big pharma for which I have worked as an employee or as a freelance medical writer. Some of the small biotechs are guilty of questionable behaviour.	1/31/2014 4:44 PM
17	As guidelines have evolved, many companies have changed their approaches and processes, and some of the "sins of the past" are becoming more of a footnote than a current practice	1/31/2014 3:43 PM
18	Much less than previously.	1/31/2014 3:38 PM
19	More so in the past	1/31/2014 2:50 PM
20	I used to work in the industry and I would say that many of the misdemeanors that medium and big pharma have been caught out on are due more to negligence (eg. Over-optimistic interpretation of the rules, lack of education, faulty regulatory oversight) rather than overt disregard	1/31/2014 2:41 PM
21	Yes, but more so in the past. In the past 10 years a lot has moved to a much more compliant behavior and I strongly believe industry is by now working much more ethical and compliant.	1/31/2014 1:29 PM
22	Things have changed since 2009.Thus confused as to when the pendulum will swing back to normal position. Is teh Govt overdoing things	1/31/2014 1:13 PM
23	I have never been party to or experienced "questionable" behaviour. What the industry is guilty of is not speaking up and responding to its critics	1/30/2014 2:40 PM
24	Given the enormity of the industry and the paucity of serious violations, the relativity is rarely.	1/30/2014 1:42 PM
25	In my experience, as a medical writer working across global publications programmes, pharma companies continue to do whatever they can get away with in terms of spinning their data and bending authorship rules, while paying lip service to how everything has changed for the better since the bad old days of not publishing negative studies and using ghostwriters. Similarly, many of the "thought leaders" in the medcomms field (eg, GAPP) who loudly proclaim how ethical everything is now in terms of not ghostwriting, and pubs being driven by science not marketing, were the same individuals happily ghostwriting marketing-driven publications until about seven years ago. My point is that there are a lot of amoral people in pharma companies and medical writing agencies whose only interest is in making money. They will adhere to rules if forced to, but will not take proactive steps to eliminate unethical practices.	1/30/2014 12:49 PM
26	I think most pharma employees try to do the right thing, but especially at the smaller companies, they are often unclear as to what the right thing actually is	1/30/2014 10:27 AM
27	I think this is now usually unwitting and due to individual ignorance rather than any institutionalised desire to be unethical. Day to day, I believe that there is a willingness to comply with guidelines at all levels and, in terms of what med comms do, a desire to take advice from agencies.	1/30/2014 9:45 AM
28	I get the feeling that some pharma companies are just so big they get caught up in their own bureaucracy and do not realise what is actually happening.	1/30/2014 9:43 AM

29	Some companies clearly continue to contribute to practices that are not necessarily within the spirit of GPP2...for example, funding of supplements and use of medical writers with no transparency of financial support	1/30/2014 9:24 AM
30	The situation has certainly improved from when I started in med comms 15 (ish) years ago, to the extent that some pharma companies are paralysing themselves and preventing any, even openly (and ABPI permissible) communications. But at a global level, pharma still seems rather unbothered by its role (e.g. requesting publications to be started before consultation with, or even identification of, the lead author)	1/29/2014 8:06 PM
31	Things have improved over the years.	1/29/2014 5:20 PM
32	Historically, yes and there is published evidence to support this view. Currently, there are compliance processes in place at global level that mimimize risk of unethical behaviour - in some ways the control and paperwork goes too far and is detrimental (slowing down the communication of research). However, just because I don't see it doesn't mean that it doesn't happen. The challenges lie in driving good practices by local affiliates, particularly in Asia.	1/29/2014 5:19 PM
33	Depends if you are referring to now or in the past. I think 'questionable behaviour' is more rare today, or at least 'deliberate questionable behaviour' is rare - though there are still sometimes potential situations related to lack of knowledge/understanding, so internal education is key.	1/29/2014 5:17 PM
34	'Currently' being the main element. There are still some smaller companies trying to push the barriers and work out how to change the rules. The larger companies have probably gone as far as it is to go in terms of conservatism wrt interpreting legislation/guidelines.	1/29/2014 5:16 PM
35	On the whole everyone I meet and work with in Pharma has patients' best interests at heart and is aware that compliance is there for a very good reason. However, you do occasionally encounter someone who finds the rules cumbersome and is looking for a way round them becuase they think they'll be able to do their job better as a result. What people like this tend to be missing is the bigger picture perspective of the potential impact of their desire to do what they think is best even if that is contrary to the rules, so I see this as an issue of training (and sometimes of company culture). Very occasionally the behaviour of such individuals can lead to very unfortunate consequenses, but this certainly isn't endemic or even approaching common in my experience. Most of the other things Pharma are sometimes villified for are more down to a slow response to fixing historical problems or poor communication / engagment in relevant discussions.	1/29/2014 5:10 PM
36	My understanding is that questionable behaviour is becoming less frequent.	1/29/2014 4:53 PM
37	A lot is made of historical behaviour which has been much more regulated in recent years, but the perception lives on, particularly in the general public	1/29/2014 4:36 PM
38	My lack of confidence in the behaviour of the Pharma industry, especially its desire for excessive profit places medical writers and others who work for it in a questionable ethical position. We "small fry" writers lack the power to change the ethics of the industry we serve. We need its financial support. Therefore, we seldom challenge its ethical outlook.	1/29/2014 4:20 PM
39	This is not easy to answer with total knowledge. We can never be certain, and only 'aware' if we encounter a situation. Also, are you thinking of the past or a snapshot of the present?	1/29/2014 4:18 PM
40	There is a huge variation between companies about what is and isn't compliant.	1/29/2014 4:16 PM

Q6 Do you think Pharma can realistically do more to improve it's reputation or not?

Answered: 200 Skipped: 0



Answer Choices	Responses	
Yes	**86.50%**	173
No	**10.00%**	20
No need	**3.50%**	7
Total		**200**

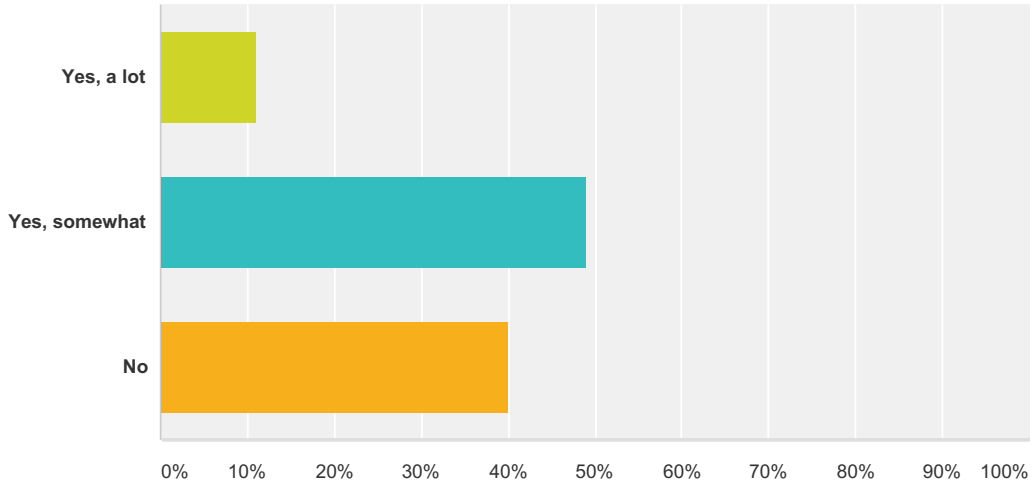
#	Feel free to provide some additional insights here	Date
1	Ultimately, they are there to sell drugs / products, and this has a hand-in-hand effect of providing a wider breadth of education for healthcare professionals about these and additional treatments. Shifting the focus towards the education effect - INTERNALLY and with agencies - would provide this as a knock-on effect down the chain and with speaker-level HCPs. This is across all pharma companies I've worked with.	2/12/2014 9:20 AM
2	Positive PR	2/11/2014 2:26 PM
3	Yes, but the Sunshine act is not the way to do it. As an industry we are trusted less than banks and petrochemical companies. Transparency and open access to data are more effective ways to improve our reputation.	2/11/2014 1:53 PM
4	Transparency and maybe more education of the general public about the lengthy and costly procedures required to produce a drug.	2/10/2014 5:39 PM
5	Failure to try to improve pharma's reputation is guaranteed to worsen it: it is the usual case that any effort is better than none.	2/4/2014 8:04 PM
6	It will take time but the industry is a lot healthier now.	2/4/2014 6:28 PM
7	Show more vocally and visibly the processes and practices that drive their business today	2/4/2014 3:53 PM
8	No apostrophe required in 'its' - sorry I can't help it - I'm an editor!!	2/4/2014 3:03 PM
9	GSK has started in not linking sales performance to salary and renumeration but more needs to be done to link company performance to health economy outcomes.	2/4/2014 11:58 AM
10	Difficult because the media fixates on scandal. But they could do more to publicise good practice, and improve behaviours themselves rather than waiting for regulation. GSK is a great example with their response to all trials.	2/2/2014 4:53 PM
11	Yes,and it can do it and still make money	2/1/2014 12:55 PM
12	I think its more about good PR now as the changes to improve things are already in place.	1/31/2014 6:47 PM

13	For too long Pharma has told people how ethical they are only for another scandal to break. I feel that the public see Pharma as a mostly positive thing or at worst a necessary evil. The cynics will always see big bad Pharma as evil, despite charity donations (seen as only for tax breaks), patient association work (seen as a tool for lobbying) etc. Pharma is good, not BadPharma ;)	1/31/2014 5:15 PM
14	Most of my clients have been focusing on improving their reputation(s).	1/31/2014 4:04 PM
15	Example would be having a more coordinated approach to the Sunshine Act.	1/31/2014 3:38 PM
16	Transparency and collaboration as appropriate with medical associations, academia, etc.	1/31/2014 3:28 PM
17	Pharma is a popular media target- and an easy one. It's unlikely there is much that can change the reputation- until the media move on to something else	1/31/2014 2:50 PM
18	I think as long as the companies are for-profit, there will always be a perception of conflict of interest and some cynicism.	1/31/2014 2:44 PM
19	A lot of my clients are on CIAs which involve very strict and compulsory training and they could work with the reg authorities to get that info out to the public in a credible way	1/31/2014 2:41 PM
20	To a great extent, reputation in the public arena is driven by airtime provided by vocal critics. Public opinion does not always reflect an accurate assessment of the environment, and critics are not likely to credit Pharma for efforts taken in transparency and balance. Nor does the push for even greater transparency and data sharing recognize the scientific limits on interpretation, and the risk to the public with misinterpretation. We can always try to improve our behavior, but I doubt that improved behavior will ultimately change reputation.	1/31/2014 2:04 PM
21	One big problem is money. A lot of changes suggested by pharma-reformers (anti-pharma) would be very expensive to implement. Who is going to pay for it? Will the pharma industry make less money (therefore less incentive to developnew drugs), or will taxpayers fund the changes either by higher drug prices or direct funding of independent organisations to conduct trials etc? If pharma is expected to pay for independents to conduct/analyse trials, then by definition they are not independent.	1/31/2014 1:29 PM
22	However, very difficult to do so.	1/31/2014 1:29 PM
23	Hard to know how - and certianly not via further regulation - I think that would be self-defeating as even the current sitaiton seems to be causing a negative sense of concern (if not paranoia), which ultimately may cause practices to become less transparent, rather than more open.	1/31/2014 12:48 PM
24	As per John Clare at ISMPP, there is a need to publicly stand up to detractors and put across another point of view	1/31/2014 10:49 AM
25	Yes , by speaking up in its own defence and providing the evidence. In an analysis of clinical trial reporting published in the BMJ a couple of years ago it showed that companies were about 40% compliant. The analysis was riddled with holes, our compliance rate was 98%, we ran our own analysis but we were not able to respond. That figure of 40% or approx is still bandied around and my blood boils whenever I see it!	1/30/2014 2:40 PM
26	No more DTC	1/30/2014 1:42 PM
27	The only way the industry's reputation will improve is if it takes proactive steps to behave morally and ethically, rather than waiting for external parties to highlight dodgy practices. Unfortunately, I don't see this happening, because the individuals involved are generally focused only on short-term financial parameters. By the way, there shouldn't be an apostrophe in the "it's" in the question.	1/30/2014 12:49 PM
28	But it's a commercial business so there are always going to be profit driving motives behind decisions.	1/30/2014 10:58 AM
29	I think that the Pharma industry has been painted as the big bad wolf for too many years and the apparent openness of some companies (e.g. opening databases etc) is seen by many as being expedient to head off legislation	1/30/2014 10:52 AM
30	The best way to improve its reputation is to provide great transparency into the process by which trials are conducted, data analysed, and papers written and published. The problem is that this will involve giving up a degree of control. Given that a phase III trial is already a substantial financial gamble, I can see why they are reluctant to bite this bullet. (And to prove I really am an editor, you don't want an apostrophe in "it's" in that question) :-)	1/30/2014 10:27 AM
31	I think more publicity regarding the restrictions that pharma already works within is essential. If there was better public understanding of this, negative opinion would be reduced. I also think that pharma could do more to show where improvements in patient management come from, the societal impact of these, etc. In my area of expertise, oncology, people have a misconception that charitable organisations such as Cancer Research UK are responsible for breakthroughs and that pharma exploits these; and that overpricing is responsible for lack of access to novel therapy in the UK when other countries fund these drugs. Both government and researchers make much of the need to fund cancer research to develop more and more sophisticated drugs, but ignore the fact that this comes at a cost.	1/30/2014 9:45 AM
32	Yes, it can and needs to be seen to be ethical, fair, not hiding data, etc. Although the bad examples will stay with the industry for a long time, so it will take time to change its reputation	1/30/2014 9:43 AM

33	More transparency. More unrestricted educational grants. Stick to the rules wholeheartedly rather than looking for workarounds. (No apostrophe in 'its')	1/30/2014 9:31 AM
34	Definitely. For example, why not have a consensus on application of Transfer of Value? We are all interpreting this differently, and it will lead to a lot of confusion in the wider community.	1/30/2014 9:24 AM
35	Communicating much more about its activities in all of the media available - there is still a reluctance in pharma companies to have an online presence that involves interacting with the public and (heaven forbid) allowing the public to talk back	1/29/2014 8:06 PM
36	In my experience of working with pharma companies during the past 15 years, they have come a long way in being open about their relationships with physicians. I have not ticked the 'no need' option because I think there is a need to change old-fashioned perceptions outside the industry.	1/29/2014 5:20 PM
37	More official push back on criticism	1/29/2014 5:20 PM
38	Yes, but not through PR. Working with critics like Ben Goldacre to find solutions that benefit all parties will be the best approach.	1/29/2014 5:19 PM
39	They could, but they won't. If you wanted a fast solution, a company could agree to let an independant company (eg Cochrane) audit their process/delivrables and produce an independant report, but the risks are too high and I think pharma don't trust academia to do the right thing there either. Eg, if 5% of studies are not published because there was a GCP issue and the data considered unreliable or they've been submitted/rejected and the publication process is ongoing, I don't think pharma trust academia to report that is the appropriate way. In some respects pharma might argue that academia doesn't have the knowledge about pharma processes to contextualise any audit findings appropriately.	1/29/2014 5:16 PM
40	Openess, engagment, responsivness, less defensive, quicker implementation of solutions	1/29/2014 5:10 PM
41	Like Caesar's wife, the pharma industry has to be above suspicion - no easy solutions	1/29/2014 4:53 PM
42	The biggest problem is Pharma's unwillingness to stand up for itself and highlight the good it does, as well as being a commercial organization. It needs to worry less about improving its reputation and more about people's understanding of what it does and why it needs to make money. If it does things wrong then it needs to apologise and fix the problem but it doesn't need to be an apologist for its own commercial drivers or success. In reality as soon as its faced by a polemicists like Ben Goldacre (who has his own agenda not unrelated to his career) it just rolls over. Its quite tiresome to watch and the agonising about trial data transparency is just one aspect of this.	1/29/2014 4:51 PM
43	Individual pharma companies are behaving better. In general, the following actions would improve the reputation of pharma: 1. Do more work on orphan diseases and key health problems of Africa, Asia and Latin America 2. Publish ALL clinical results 3. Recognise the toxic impact of an excessive focus on profits and consider what purposes pharma should be serving 4. Make sure that all writing is actually done by the people who are listed as authors 5. Stop the payments to doctors for attending conferences and prescribing drugs	1/29/2014 4:20 PM
44	Pharma generally sloooow to react and still not ahead of the game.	1/29/2014 4:18 PM
45	They have to find a way to make all trial results public, but I don't think publishing in journals is the most sensible way.	1/29/2014 4:16 PM

Q7 Has your day-to-day work been affected by the US Sunshine Act and Open Payments system?

Answered: 200 Skipped: 0



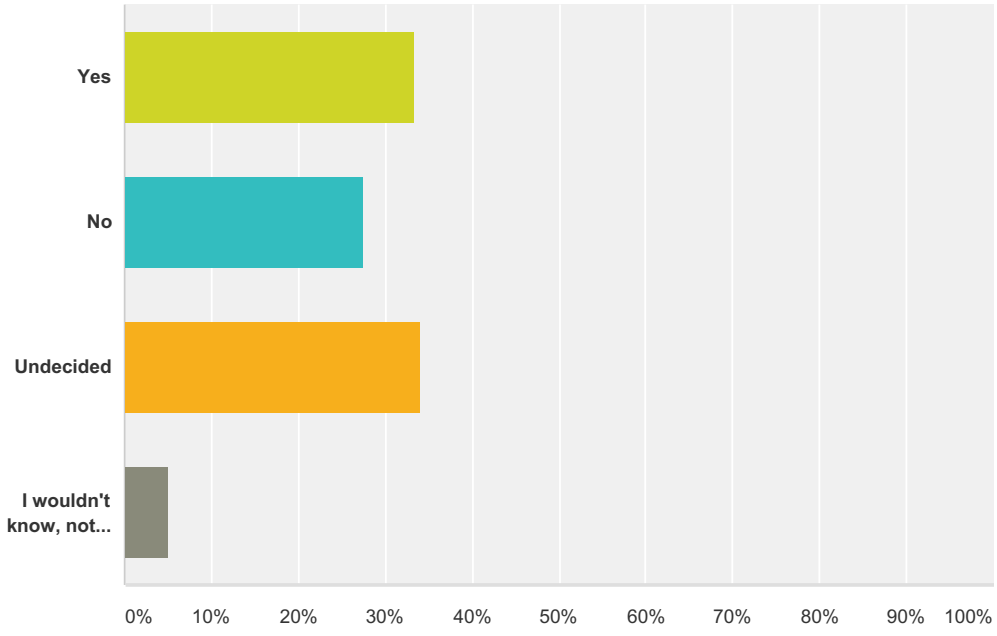
Answer Choices	Responses	
Yes, a lot	**11.00%**	22
Yes, somewhat	**49.00%**	98
No	**40.00%**	80
Total		**200**

#	Feel free to provide some additional insights here	Date
1	On occasion. It's another form to complete, another process to be added to the list.	2/12/2014 9:20 AM
2	Not yet.....	2/11/2014 10:12 PM
3	I work with very few US authors.	2/11/2014 2:38 PM
4	When working on a former US-based product we struggled to work with authors (clinicians) from certain US universities as they were limited as to how much support/medical writing they were permitted to receive.	2/11/2014 1:34 PM
5	There has been a spike in inquiries about Sunshine Act, who is affected, what is required, etc, and it is this, rather than documenting transactions that are covered by the Act, that have been time-consuming.	2/4/2014 8:04 PM
6	Not yet but work of colleagues has	2/4/2014 2:46 PM
7	Clients are looking to us for advice and all we had was the ISMPP recommendations which were of little or no use. Recent ISMPP meeting was much more useful	2/2/2014 4:53 PM
8	And will be more so in the future. I work with OLs and they are significantly ignorant of the potential implications for the new rules. They will learn and then things will change more rapidly.	2/1/2014 12:55 PM
9	There is reluctance to invest time and finances (Pharma and thought leaders) due to not having a clear understanding of the Act and a level of insecurity.	2/1/2014 3:58 AM
10	Since I began freelancing just over a year ago my publications work has only involved European authors. However, I need to ensure that I'm fully aware of what is going on because I can see Europe or at least Pharma rolling out compliance measurements across the board to satisfy Sunshine requirements. I may pull out of publications work and focus on MarComms altogether.	1/31/2014 5:15 PM
11	Overall, there far less exchange of money between physicians and sponsors (big pharma or small biotech companies).	1/31/2014 4:44 PM

12	Only in as much that the client has now to inform their advisors and authors of transfer of value considerations and that if this is not handled carefully they risk potentially losing them (so our business could suffer as a result - so far this has come close but hasn't happened). Incidentally, our policy is hands-off since clients own legal groups must interpret the SA and develop their own policy	1/31/2014 2:41 PM
13	My position is that publication support, however, is not a value transferred to the external author.	1/31/2014 2:04 PM
14	clients have been looking at ways to track their requirements for the sunshine act via our technology product	1/31/2014 2:01 PM
15	We need to report now medical writing costs as TOV.	1/31/2014 1:29 PM
16	Not yet, but anticipate it will be	1/31/2014 10:49 AM
17	Not yet, it's too early to assess the implications.	1/30/2014 11:05 PM
18	Honoria reporting has chilled speech and participation and reprint purchases reduced	1/30/2014 1:42 PM
19	Over the past few months, we have had a lot of US-based authors refuse to continue working with agency writers, since ISMPP's disastrous recommendations about calculating TOV were widely adopted by pharma companies.	1/30/2014 12:49 PM
20	Additional time/systems required to administer payments Additional time spent on trying to resolve issues with some physicians not understanding the new environment	1/30/2014 10:52 AM
21	Clients are now avoiding using US opinion leaders where possible because the paperwork is such a nightmare.	1/30/2014 10:50 AM
22	I do mainly publications work, where payment for services has been a no-no for many years.	1/30/2014 9:45 AM
23	In many of our activities (ad boards, meetings, pubs) the sunshine act needs to be considered; whether US advisors/KOLs/etc will be invited and if so it takes time to ensure they know that any honoraria/writing support will be declared. In some cases i have had clients actively avoid using/choosing US advisors. From an agency point of view we also spend time collating this data for our clients for their records = more on projects required	1/30/2014 9:43 AM
24	Some authors currently working with are now reluctant to continue with existing projects and are reviewing their roles for the future	1/30/2014 9:32 AM
25	Much more tracking and reporting required	1/30/2014 9:30 AM
26	We have had experience of US physicians pulling out of publications due to the Sunshine Act, mainly seems to be affecting review articles	1/30/2014 9:25 AM
27	We are starting to see US medical experts backing out of contribution to reviews, taking their names off posters etc. Much of this is driven by their respective institutions not allowing them to accept transfer of value for medical writing support	1/30/2014 9:24 AM
28	At the moment, the impact has been fairly administrative (e.g. recording the duration of attendance at meetings and which meals the delegates had); but the level of writing support that we are asked to provide has not yet changed	1/29/2014 8:06 PM
29	I avoid choosing US physicians now wherever possible	1/29/2014 5:20 PM
30	Additional complex and time consuming ToV reporting activities. Potential loss of US authors is on the horizon. It may impact on the types of publications that we can develop (e.g. systematic reviews).	1/29/2014 5:19 PM
31	Mainly only related to authors concerns about TOV being reported for medical writing support for pubications	1/29/2014 5:17 PM
32	Mostly lots of training (not paid for by pharma) about each individual company's requirements	1/29/2014 5:16 PM
33	I don't work with many US physicians with my current clients, but the client companies are collecting the relevant data, so we're getting involved in signing up to / understanding their collection processes and systems ready to contribute as required	1/29/2014 5:10 PM
34	hadn't heard of it until I saw your agenda.	1/29/2014 4:24 PM

Q8 Do you think that medical writing is a transfer of value (TOV) as defined by the US Sunshine Act?

Answered: 200 Skipped: 0



Answer Choices	Responses	
Yes	**33.50%**	67
No	**27.50%**	55
Undecided	**34.00%**	68
I wouldn't know, not relevant to me	**5.00%**	10
Total		**200**

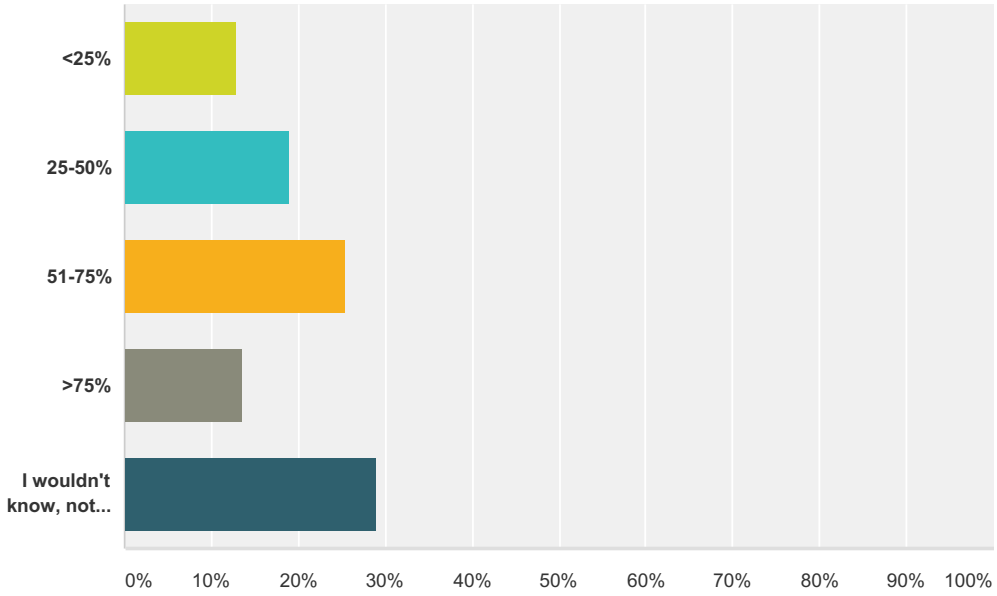
#	Feel free to provide some additional insights here	Date
1	It is certainly a transfer of value - it involves payment for a service! However, it is not (entirely) sought for by the HCP, nor paid for by them. While it is for their assistance, is it really on their behalf?	2/12/2014 9:20 AM
2	I struggle between the concepts of "cost" and "value". We know how much it costs to help prepare a publication, but what is its value, and who is it valuable to? A citation is of value to a physician, but how do you place a cost on that? Is a publication in the NEJM worth more? Probably, but it doesn't necessarily cost any more.	2/11/2014 1:58 PM
3	Yes it is, but it appears that some companies are treating TOV differently depending on if the medical writing came from an external agency (declared), or via an internal writer (not declared). Whilst I don't agree with this rationale, it seems that the Act has been interpreted in many ways by different companies. I have insight from med comms agency side and from Pharma, and it's unclear.	2/11/2014 1:53 PM
4	DOn't know	2/11/2014 1:35 PM
5	I regard medical writing as part of the clinical trial process, but this therefore does not cover reviews.	2/4/2014 8:04 PM
6	Yes, but most of the value is to the industry - not the external authors	2/4/2014 6:28 PM

7	At the very least, med writing has value in that it frees up time for clinicians to do other things. One of our authors recently cited 'my own chronic work overload' as the reason for the huge delay between trial end and publication. Had he not received MW support, this manuscript would not have been written at all. In that sense, the TOV could be calculated as time spent x clinician's hourly rate. They are getting time back by using MWs - surely invaluable to busy folk!	2/4/2014 2:43 PM
8	Depends on why it has been commissioned and how it will be used.	2/4/2014 11:58 AM
9	I do believe that authors benefit from medical writing services, but I believe that the pharma company benefits far more than the authors. If the authors are assigned a TOV, it should only be a small percentage of the full cost.	2/3/2014 7:21 PM
10	Probably, but assigning a meaningful value is impossible. The approach set out by ISMPP and taken by Pfizer and AZ is completely specious. Cost to pharma is completely separate from value to author, which could be essentially nothing to an established professor, or thousands in research grants to a young physician named on a pivotal trial manuscript	2/2/2014 4:53 PM
11	Looking forward to becoming more informed on this point on 12th Feb!	1/31/2014 6:47 PM
12	The publication provides a value to the Author in terms of prestige and potential for future success but the writing does not specifically add value in my opinion. If medical writers did not wrote the paper, it would still be written, the physicians would make sure that they or their staff wrote it for them instead.	1/31/2014 5:15 PM
13	Yes, because it is now being treated as such by many pharma companies.	1/31/2014 3:38 PM
14	No- medical writing is a task dedicated to communicating scientific information- which is an obligation, not an option	1/31/2014 2:50 PM
15	Our position is that publishing is an integral part of the research process and therefore any all services related to the research process are covered under the research contract. There is a great deal of effort that goes into any clinical trial and I think separating out medical writing alone as a TOV is a--for lack of a better word at the moment--"self-centered" approach from med comm agencies who are understandably focused on medical writing but haven't thought broadly enough about everything that happens in a clinical trial. For example, if medical writing is a TOV, then why isn't statistical design and analysis? The cost of the drug/device? The assistance provided in negotiating all appropriate regulatory and IRB approvals? The provision of the (perhaps professionally translated) informed consent form and patient information materials? All of these are considered covered under the clinical trial contract but publishing the results isn't? Come on....	1/31/2014 2:44 PM
16	If you put yourself in the place of the author and ask yourself what is the motivation for working with pharma and taking their assistance for publications you either might never do or want to do but don't want to invest time in then it becomes an easy answer	1/31/2014 2:41 PM
17	The attempts to declare it so do not take into account the attitude of the suggested recipient of this value transfer. I can give you a gift that I may highly value, but is of little real need or value to you, The academic author with 100 publications is not going to imrpove his reputation or academic standing with one more manuscript, and in fact identifying that manuscript with a Pharma company may even cause some damage to his or her reputation (see question 6). We may even further damage that reputation if we then post on a public site that we transferred a $5,000 value to that author through that publication.	1/31/2014 2:04 PM
18	BUT…The author does work that should also be assigned a "value". If you can pay a physician for reasonable expenses related to manuscript preparation (e.g., steering committee trip) than you should reimburse for their time in reading/writing/researching for a manuscript. So, is there value in medical writing? Yes. But other duties also impart value and it all cancels out and should NOT be tracked.	1/31/2014 1:02 PM
19	Yes, if it is decreed to be. But certainly should NOT be taxable.	1/31/2014 12:48 PM
20	IMO it is the pharma company that makes the financial investment in a publication and seeks to gain a return on it. I accept that a publication record can be beneficial to a KOL's career, but there must come a point at which additional publications have little influence on the author's financial position, and a plethora of industry sponsored articles could even be construed as damaging to reputation, In any case, the indirect financial gains that an author is likely to reap are likely to arise through speaker fees etc that will in any case be captured under the Sunshine Act. Having said this, I feel resigned that if some pharma companies report publication data as a ToV then this will determine the decision of the CMS who will expect and account for all such data, sadly. I would also echo what someone commented at ISMPP EU 2014: there is (ought to be) a big distinction between value and cost.	1/31/2014 10:49 AM
21	But to what extent is unclear.	1/30/2014 4:42 PM
22	Company has decided it is, but because we fund editorial support to execute our pub plan, I'm not sure if this should be reported as TOV. On the other hand, reporting just expands on the disclosures we already include in publications.	1/30/2014 1:43 PM
23	I think it probably is, but it's not one-way. TOV calculations need to take into account the value given by the author to the company.	1/30/2014 12:49 PM

24	I think this is down to who get the benefit, The company is investing money into the publication (e.g. a review) for an output - so it benefits them. The authors don't need yet another review to their name etc. In terms of publishing clinical trial results - the benefit is solely to the company - its a necessary hurdle for registration and marketing of their product	1/30/2014 10:52 AM
25	It frees up doctors to do other activities, potentially increasing their income while keeping their apparent activity the same, and in the US that increases their chances of tenure, etc. I think it's inarguable.	1/30/2014 10:27 AM
26	Because it is providing a service that the expert would have to do themselves. IMO, if it is not a TOV, then we would end up calling it ghost-writing, wouldn't we?	1/30/2014 10:03 AM
27	I like the Shire position, which is that the value in the publication is to the company, not the individual author	1/30/2014 9:59 AM
28	My instinct is No, but I can see how it could be viewed as such because what we do obviously has value. I think the question is, if it is viewed as TOV, how is it calculated both overall across a writing project and then per individual author.	1/30/2014 9:45 AM
29	Technically it is a service provided to them by the pharma company. I wonder how many advisors would have time to write their own slides/manuscripts/ etc without medical writing support, so is it just part of the package with working with pharma?	1/30/2014 9:43 AM
30	But it's not clear as to how this should be assigned across an author group	1/30/2014 9:41 AM
31	Whilst I do think the physicians receive a 'benefit' from a medical writer being involved and this benefit should be fully disclosured as to the amount of support a publication has received from a medical writer, I do not think that reporting this as an actual 'cost' or TOV is the best answer to address the issue of transprency. It seems to me that this has been a knee-jerk reaction to a perceived problem in the industry and will cause more problems than it tries to solve.	1/30/2014 9:25 AM
32	I see medical writing support as a cost to the pharmaceutical company not an item of value to the physician. Provision of support should be declared, but I don't think this is the place to do it.	1/29/2014 5:36 PM
33	It is classified as such in my experience	1/29/2014 5:20 PM
34	Yes, but I don't think a monetary value should be placed against it. The value will be different based on the circumstances of the author. Putting arbitrary monetary values against names is not transparent or helpful - indeed it may drive authors to work with less reputable companies who do not disclose this information. Authors may be asked to pay tax on money they have not received. Why does the CMS not just list papers next to the payments on their website - then the audience can decide on the value of a publication to an author. A top-tier paper will be worth more to a career than one in a low ranking journal but will be classified as the same monetary value.	1/29/2014 5:19 PM
35	I don't believe that it would have been mentioned in the CMS Final Rules if it wasn't regarded as a TOV (referred to as payments for medical research writing and/or publication). Although it refers to 'payments' and not 'TOV', which could be the cause of some debate.	1/29/2014 5:17 PM
36	I answered for original research. I think it is a pharma obligation to get their studies published. When their not published, the community looks to pharma, not the PI, to ask why. However, I DO think it would be a TOV for review articles.	1/29/2014 5:16 PM
37	I was at ISMPP and was very interested in the polar opposite views of Shire vs AZ and Pfizer, but I think the question raised about *value* vs *cost* is a very relevant one. I still think the decision could go either way and we're not going to know what CMS think for sure until there have been some test cases. I think there are a lot of negative consequeses to it being considered a TOV, so if that is how it works out, these need to be addressed	1/29/2014 5:10 PM
38	Unsure. If a physician had to pay for the kind of work a medical writer does then it would clearly have a cost. But how many physicians would actually pay if the service were not offered essentially 'for free'?	1/29/2014 4:53 PM
39	I dont know.	1/29/2014 4:24 PM
40	Presumably a TOV if it doesn't directly benefit a patient.	1/29/2014 4:18 PM
41	As defined by the US Sunshine Act, it may be - but it should not be. The case could be made that the time a clinician saves by not having to do all of their own medical writing can be put toward e.g. patient care. A fundamental separation could be made between activities that are essential to medical practice, such as transparent communication of clinical data in a robust, peer-reviewed public forum (i.e. medical writing) - and those that are not strictly essential (e.g. presentation at a symposium), in the way that CME activities are separated.	1/29/2014 4:12 PM

Q9 From what you have seen, what proportion of pharma companies do you think are currently intending to report medical writing as a TOV under the US Sunshine Act and Open Payments system?

Answered: 200 Skipped: 0



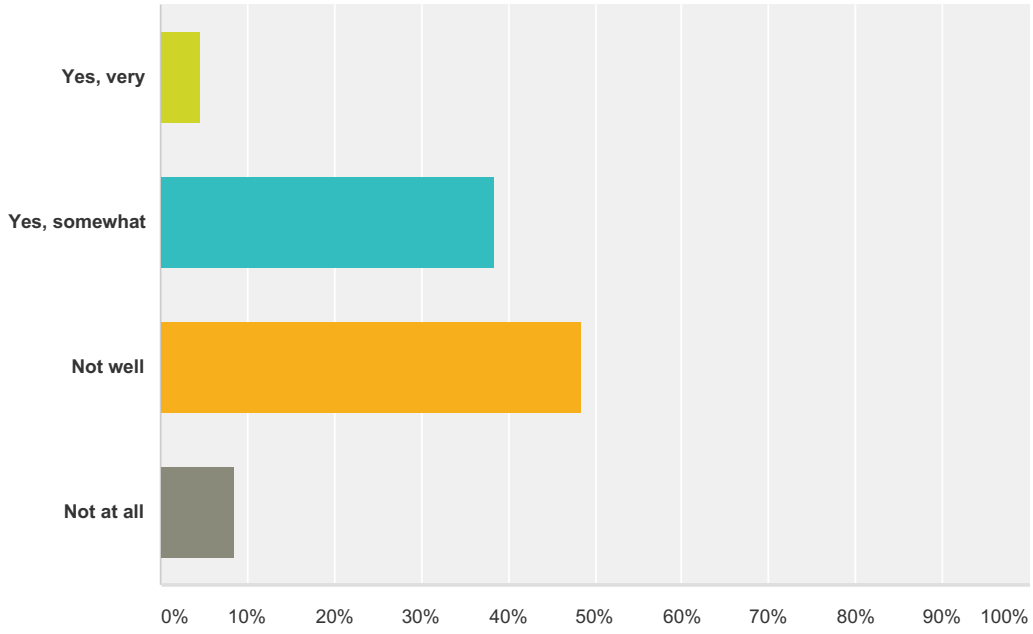
Answer Choices	Responses	
<25%	**13.00%**	26
25-50%	**19.00%**	38
51-75%	**25.50%**	51
>75%	**13.50%**	27
I wouldn't know, not relevant to me	**29.00%**	58
Total		**200**

#	Feel free to provide some additional insights here	Date
1	All companies I work with, to my knowledge.	2/12/2014 9:20 AM
2	I work with European-based companies at the moment. Some (EU-based) pharmaceutical med comms managers don't even appear to have sunshine act implications on their radar - or GPP, for that matter.	2/11/2014 3:16 PM
3	Think the major pharmas will - some smaller companies and biotechs possibly not	2/11/2014 2:48 PM
4	No idea	2/11/2014 2:38 PM
5	Only judging from what was said at ISMPP	2/11/2014 2:26 PM
6	Another example is where the pharma company may have agency or other support via a local affiliate that is not declared, because they are not an applicable manufacturer, but where there is a declaration from the global organisation. This causes confusion with authors because some items count as TOV, others don't. Plus there is an added complexity of how to ensure consent to disclose is sought and agreed upon, and that there is agreement from the author on the sharing of information on TOV between countries but within the same pharma organisation.	2/11/2014 1:53 PM

7	Don't know	2/11/2014 1:35 PM
8	Disregard the second part of the answer above. Sunshine is relevant to me, but I haven't a clue what proportion intend to report it. I have first-hand knowledge of only one company's intentions with regard to Sunshine so ticking any of the % answers would be meaningless.	2/5/2014 9:43 AM
9	It is hard to say since I only have a small sample size.	2/3/2014 7:21 PM
10	I think it is too early to tell. I suggest it is prudent to assume that they all will	2/1/2014 12:55 PM
11	From talking to Pharma people they are very reluctant to add med writing as a TOV, however, to err on the side of caution I can see more and more Pharma adopting it as a TOV.	1/31/2014 5:15 PM
12	None of my big pharma or biotech clients have ever mentioned this issue. I have heard from some people in the medical device company talk about it.	1/31/2014 4:44 PM
13	That's a pure guess.	1/31/2014 2:44 PM
14	I think the companies that have decided not to report a TOV are brave and I hope that they can stay the course and make the others change their mind. It seems like a lot of extra paperwork/time/effort which is taking them away from their other tasks.	1/31/2014 2:01 PM
15	It is relevant to me, but I still don't know!	1/31/2014 1:29 PM
16	While this is very relevant to my position, I don't think I would be able to make this kind of estimate. I know only about one company's position - and it continues to shift.	1/30/2014 9:20 PM
17	It's not that it's not relevant to me - it is - but more that I don't have a clue about the proportion	1/30/2014 8:22 PM
18	Rationale has been its a service of value that is retained by company and not transferred - company owns the content in eyes of FDA so why is its preparation value transferred?	1/30/2014 1:42 PM
19	None of my clients have given any such indication: I don't know whether they plan to or not.	1/30/2014 1:07 PM
20	I suspect the figure may be higher in US	1/30/2014 10:52 AM
21	Actually, I really don't know. Also it isn't relevant to me in CME.	1/30/2014 10:03 AM
22	None of my clients I have mentioned this	1/30/2014 9:45 AM
23	I don't have any sense of this, either from clients or from account managers and directors	1/30/2014 9:31 AM
24	Many companies are still trying to decide precisely what their position is.	1/30/2014 9:27 AM
25	Even if they are not considering medical writing as a TOV and therefore are chosing not to report it, they will be collecting the data, should they be forced to if the guidelines become stricter.	1/30/2014 9:25 AM
26	Some definitely won't, but they seem to be the exception	1/30/2014 9:24 AM
27	Difficukt to say as I only work with one in this respect	1/29/2014 5:20 PM
28	Actually the real answer is I have no idea and have seen nothing but speculation on the subject - as to whether that speculation is accurate - who knows?	1/29/2014 4:51 PM
29	don't know	1/29/2014 4:24 PM

Q10 From what you have seen so far, do you consider US-registered physicians to be well informed about the US Sunshine Act and Open Payments system?

Answered: 200 Skipped: 0



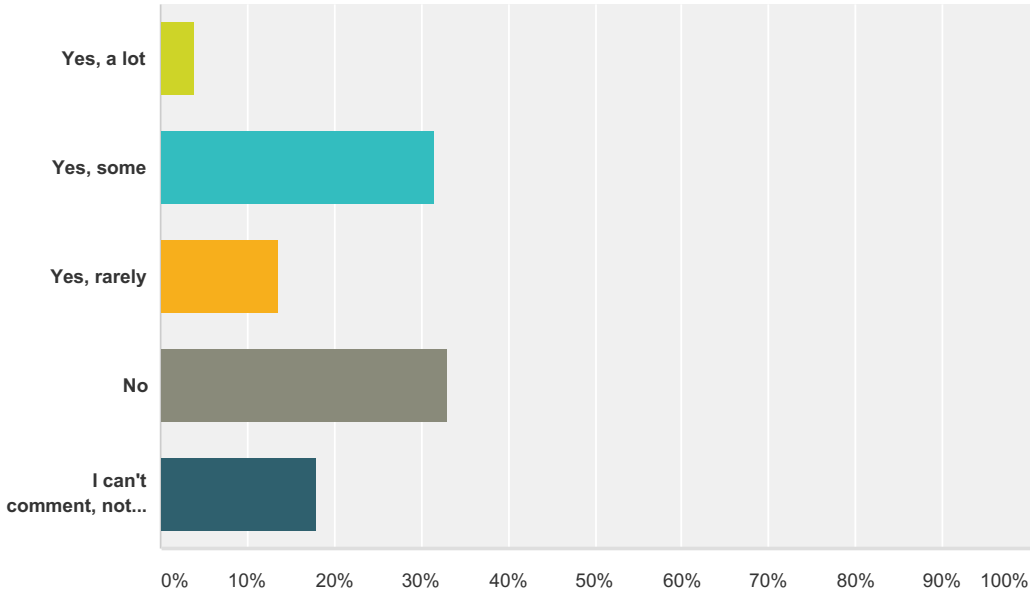
Answer Choices	Responses	
Yes, very	**4.50%**	9
Yes, somewhat	**38.50%**	77
Not well	**48.50%**	97
Not at all	**8.50%**	17
Total		**200**

#	Feel free to provide some additional insights here	Date
1	Wouldn't know	2/11/2014 4:24 PM
2	I think the potential tax implications will motivate them!	2/11/2014 3:16 PM
3	No experience of this.	2/11/2014 2:38 PM
4	I would have liked to say I don't know here as I have no idea. Badly phrased question.	2/11/2014 2:26 PM
5	Whilst you'd think that you'd have to have been under a rock for the last couple of years to have not heard of all this debacle, it would appear to be a surprise to some authors. And is causing upset, disquiet, some withdrawals and a lot of confusion.	2/11/2014 1:53 PM
6	Lots of confusion, many physicians choosing to err on the side of caution and refuse all assistance.	2/11/2014 1:34 PM
7	I get the impression that word is getting round, mainly 'unofficially', although some have mentioned advice from the AMA which has caused them to do some research. Some university medical schools seem to have been on the case from the start and have been alerting faculty members to the Sunshine Act and the need to track their interactions with pharma very clearly.	2/4/2014 8:04 PM

8	Not well however awareness is starting to increase of late.	2/1/2014 2:56 PM
9	I believe that some top-tier KOLs are very aware but mid-range and lower tier persons are confused.	1/31/2014 5:15 PM
10	Confusing for authors involved with multiple pharma companies.	1/31/2014 3:38 PM
11	No idea, none of the US authors I work with have ever mentioned it. Doesn't mean they don't know about it, though.	1/31/2014 1:29 PM
12	I'm actually not sure to which extend they are really informed.	1/31/2014 1:29 PM
13	The authors are all confused.. They also think this will have tax implications and scared in many cases to work with industry	1/31/2014 1:13 PM
14	Certain aspects are, such as a consulting fee or other fee paid to them directly, but other less straightforward fees or services are not understood.	1/31/2014 1:01 PM
15	Not sure. Would have responded don't know if that was an option here	1/30/2014 9:24 PM
16	there wasn't an option for 'don't know', which I would have selected. We work with a handful of US physicians and their concern is medical writing support in general, which has become a problem over the past few years (some still consider it ghost writing, no matter what you tell them) - they don't like us 'interfering' with their words but are happy enough for us to draw figures, renumber references and, at a push, write methods (yawn)	1/30/2014 8:22 PM
17	Actually, no idea! but there wasn't an option for that	1/30/2014 6:32 PM
18	They have no clue	1/30/2014 1:42 PM
19	Enough for some physicians to say that they will not write papers as they don't want the hassle	1/30/2014 10:52 AM
20	I don't know - option not available	1/30/2014 10:32 AM
21	I don't know, we don't do much work in the US currently. I only answered this question because it won't let me leave it blank!	1/30/2014 10:27 AM
22	Most know about it and do not receive too many questions on it.	1/30/2014 9:43 AM
23	I have no knowledge of this	1/30/2014 9:31 AM
24	There's a lot of misunderstanding, and part of this is driven by the legislation not being clearly worded. It's open to a lot of different interpretation. Our failure as an industry to have a consensus, and not acting quickly, is not helping. It's disappointing that ISMPP didn't take a proactive lead on this.	1/30/2014 9:24 AM
25	I suspect US-registered physicians who are not working in the US are not as bothered about the Sunshine Act as they ought to be; in general, I think the doctors don't know what impact it will have on them and are waiting to be told, rather than doing the telling (for example, I have so far heard only one doctor saying that he would not want writing support as a result of the Act)	1/29/2014 8:06 PM
26	The 'yes, somewhat' isn't what I wanted to say, but there was no option for my preferred choice, which was 'Don't know', as I've not had direct dealings with US-registered physicians in recent years.	1/29/2014 5:20 PM
27	There are when you tell them the details	1/29/2014 5:20 PM
28	Very varied ... some proactively ask whether eg medical writing is considered a TOV. Others have no clue.	1/29/2014 5:16 PM
29	I really need a 'don't know' answer here!	1/29/2014 4:53 PM
30	Again the questions aren't terribly useful - there should be an option for 'no idea'	1/29/2014 4:51 PM
31	no idea, am not based in US	1/29/2014 4:24 PM
32	don't know	1/29/2014 4:21 PM
33	no knowledge on this issue, which should be an option above	1/29/2014 4:20 PM
34	There is considerable uncertainty and concern among US physicians as to the implications of the Sunshine Act - to the extent that some have withdrawn from authoring manuscripts where external medical writing support was planned, for fear of how the TOV would look on their records.	1/29/2014 4:12 PM

Q11 Do you know of US-registered physicians declining to work with or to receive support from Pharma in any way, specifically as a result of the US Sunshine Act and Open Payments system?

Answered: 200 Skipped: 0



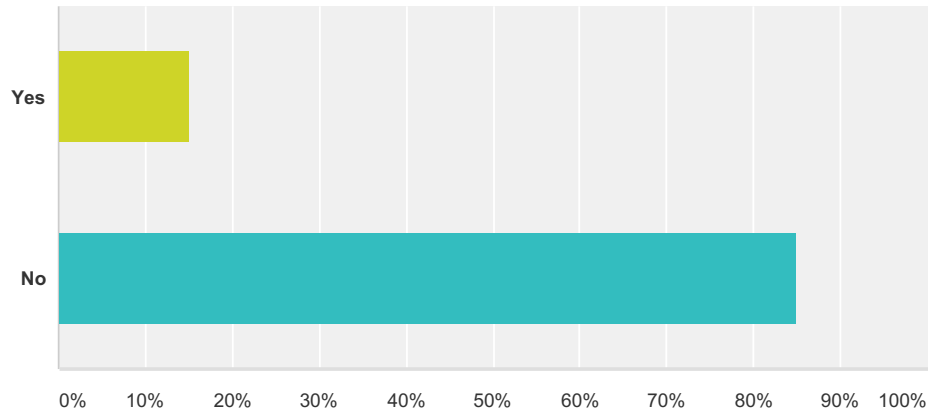
Answer Choices	Responses	
Yes, a lot	**4.00%**	8
Yes, some	**31.50%**	63
Yes, rarely	**13.50%**	27
No	**33.00%**	66
I can't comment, not relevant to me	**18.00%**	36
Total		**200**

#	Feel free to provide some additional insights here	Date
1	Again, only from what I have heard at meetings and not from personal experience.	2/11/2014 2:26 PM
2	Misunderstandings about what the Transfer of Value may mean for them in terms of tax - whilst we may attempt to reassure them that this will not amount to a declaration, we are not the IRS.	2/11/2014 1:53 PM
3	Seems to depend on reporting procedure. Using the 'research' reporting bucket seems to be more accepted than the 'general' bucket, as the value is assigned to the institution rather than the individual.	2/2/2014 4:53 PM
4	No, but I do know of some who must now be paid via their institution not directly	2/2/2014 10:14 AM
5	Not yet but it will happen. Also doctors will produce their own ways of dealing with these issues. Look at www.whopaysthisdoctor.org and see that this is not only regulators or politicians pushing these issues, doctors are also concerned	2/1/2014 12:55 PM
6	I know of one physician who has already been investigated by a Senate committee who feels that certain activities are no longer worthwhile engaging in but only because this physician feels that they are still under a watchful eye.	1/31/2014 5:15 PM

7	But it nearly happened due to poor communication of the company's interpretation of the SA	1/31/2014 2:41 PM
8	See answer above - they may be but haven't mentioned it.	1/31/2014 1:29 PM
9	When it is related to publications some physicians have balked. Other areas, such as honoraria for participation in an ad board or fees for being CTI is direct payment and accepted by physicians as a Sunshine Act reportable activity.	1/31/2014 1:11 PM
10	But it has been the institution that has put a blanket ban in place in my experience. One institution specifically stated their faculty could not work with pharma if they used professional writing or med comms agencies. But ok to work with pahrma directly.	1/31/2014 1:01 PM
11	Although by anecdotal evidence only	1/31/2014 12:48 PM
12	Not yet, but expecting this	1/31/2014 10:49 AM
13	I expect this will settle down over time as this reporting becomes the norm	1/30/2014 1:43 PM
14	See answer to Q7 above.	1/30/2014 12:49 PM
15	It's really kicking in for US CME...	1/30/2014 10:03 AM
16	Meaning that I know of no physicians who are refusing to work with Pharma in any way. We have encountered numerous physicians who have withdrawn from projects or changed their working relationship with the Pharma company once they understand that company's interpretation of TOV.	1/30/2014 9:27 AM
17	Only one that I know of so far	1/29/2014 8:06 PM
18	For publications support	1/29/2014 5:17 PM
19	Third party reports, but nothing direct from me	1/29/2014 5:16 PM

Q12 Are you aware of medical societies worrying about funding problems arising directly from Pharma withdrawing support from their events as a consequence of the US Sunshine Act and Open Payments policy?

Answered: 200 Skipped: 0

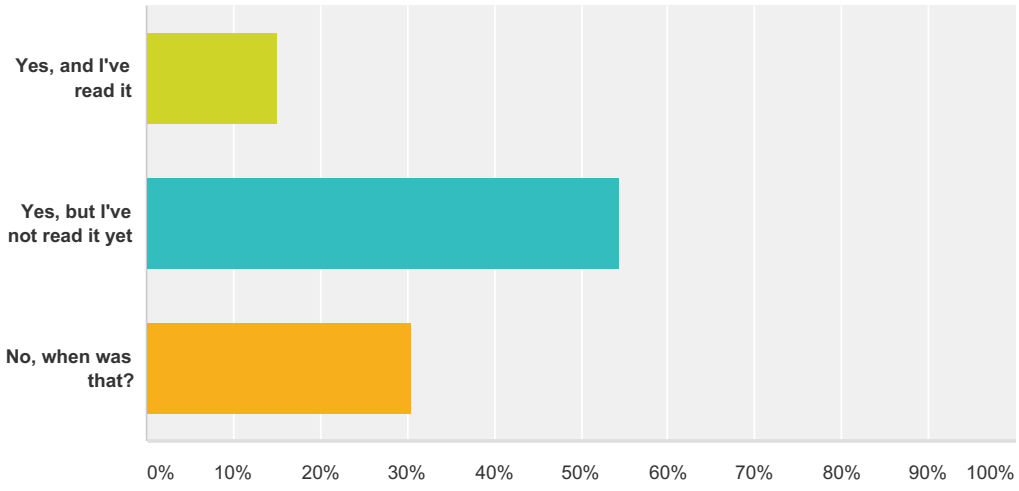


Answer Choices	Responses	
Yes	**15.00%**	30
No	**85.00%**	170
Total		**200**

#	Feel free to provide some additional insights here	Date
1	We don't work with these organisations or much directly with US.	2/12/2014 9:20 AM
2	But they should be!	2/4/2014 6:28 PM
3	Not yet	2/1/2014 12:55 PM
4	Not yet.	1/31/2014 3:38 PM
5	Medical societies have a racket- they managed to exempt CME- so it is okay to give medical societies money-	1/31/2014 2:50 PM
6	It is already happening and restricting KTLs being secured for pharma event speaking invitations ... anecdotal comments received from pharma.	1/31/2014 1:32 PM
7	I'm not aware but I'm sure there are.	1/31/2014 1:02 PM
8	Not yet - although again, this has been mentioned as a possibility and a cause for concern	1/31/2014 12:48 PM
9	Actually, "can't comment"	1/30/2014 6:32 PM
10	Not yet	1/30/2014 3:46 PM
11	But I can see why the anxiety is there	1/30/2014 10:52 AM
12	I doubt that they can see that far (European medical societies).	1/30/2014 10:03 AM
13	I am sure they are, however this is not something I have encoutered so far.	1/30/2014 9:25 AM
14	Not aware of any issues but am convinced there will be some.	1/29/2014 10:13 PM
15	Not aware of htis but I would expect it to be a growing issue.	1/29/2014 5:20 PM

Q13 Are you aware that a new ABPI code has been published?

Answered: 200 Skipped: 0

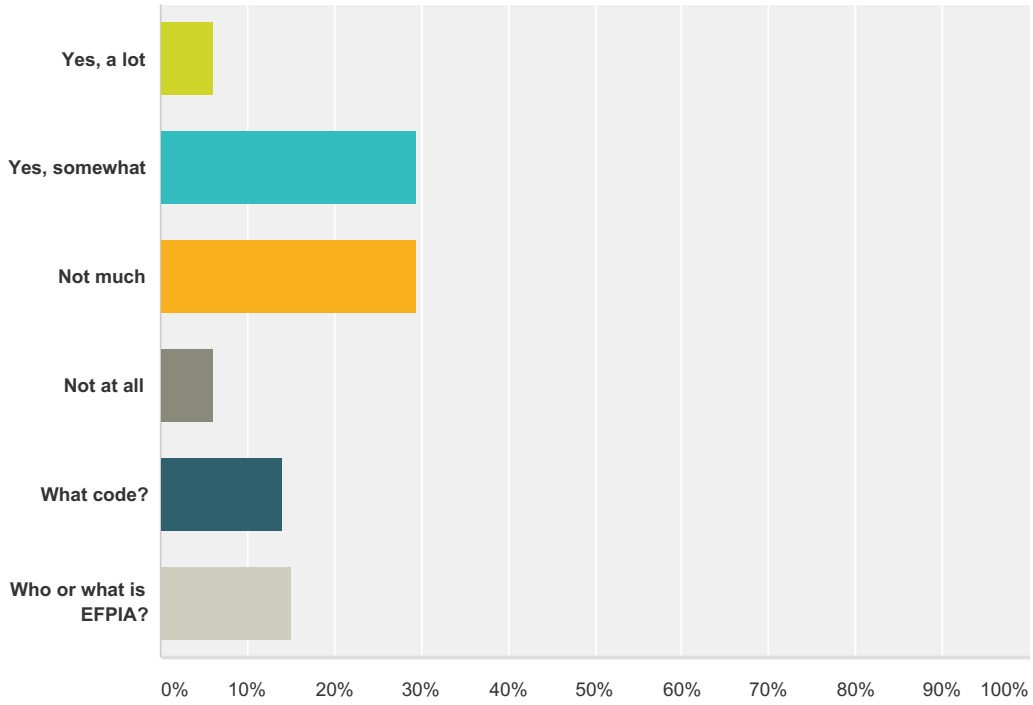


Answer Choices	Responses	
Yes, and I've read it	**15.00%**	30
Yes, but I've not read it yet	**54.50%**	109
No, when was that?	**30.50%**	61
Total		**200**

#	Feel free to provide some additional insights here	Date
1	I imagine there haven't been any huge changes, as per usual. And that the passages relating to event specific information are as woolly as ever - and open to interpretation and misinterpretation.	2/12/2014 9:20 AM
2	I have not read it but have read the summary of changes.	2/11/2014 2:38 PM
3	Not having ABPI training has never impacted on my work and even when clients have asked about it and I inform them I'm not qualified they work with me anyway.	1/31/2014 5:15 PM
4	Disclosure: I work for a medical device company, which isn't covered as an option under your choices above.	1/31/2014 2:44 PM
5	As I work in the US in haven't picked up on this - but this is a poor excuse and maybe reflects poor communication within my own Anglo- American agency	1/31/2014 2:41 PM
6	I don't know what ABPI is.	1/30/2014 7:19 PM
7	It's on my to-do list (blush blush)	1/29/2014 8:06 PM
8	The ABPI website currently shows the second 2012 edition.	1/29/2014 5:19 PM
9	I wasn't until saw this question and looked on their site!	1/29/2014 4:24 PM

Q14 Do you anticipate that your day-to-day work will be affected by EFPIA's Disclosure code?

Answered: 200 Skipped: 0



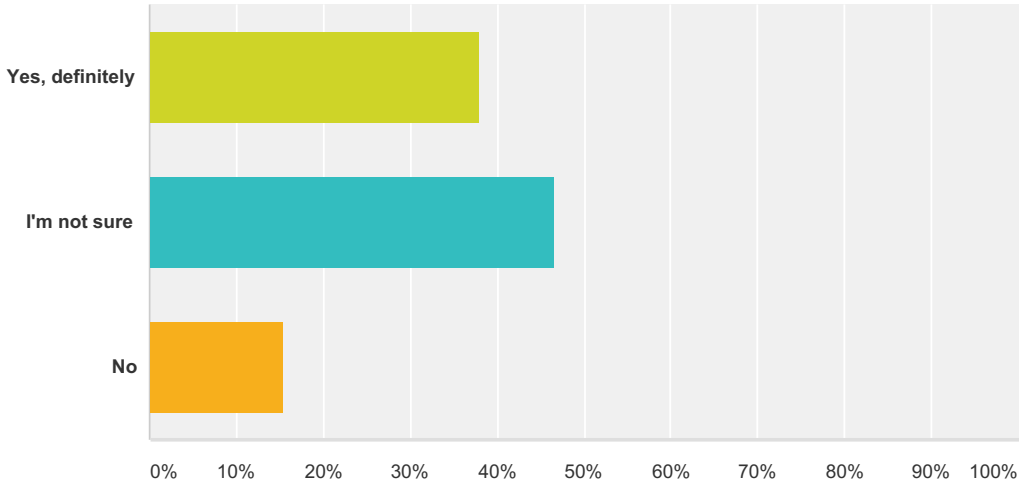
Answer Choices	Responses	
Yes, a lot	**6.00%**	12
Yes, somewhat	**29.50%**	59
Not much	**29.50%**	59
Not at all	**6.00%**	12
What code?	**14.00%**	28
Who or what is EFPIA?	**15.00%**	30
Total		**200**

#	Feel free to provide some additional insights here	Date
1	As above really.	2/12/2014 9:20 AM
2	The focus is so much on the US Sunshine Code that EFPIA is not registering much so far.	2/4/2014 8:04 PM
3	I know it exists...	2/4/2014 6:28 PM
4	Now will research this.	1/31/2014 3:38 PM
5	Disclosure: I work for a medical device company, which isn't covered as an option under your choices above.	1/31/2014 2:44 PM
6	Currently my accounts are US based	1/31/2014 2:41 PM
7	Do you mean the data sharing thing?	1/31/2014 1:29 PM

8	My work is restricted to the US	1/31/2014 1:02 PM
9	We are already disclosing this information for countries such as USA, France, Belgium - this just makes it universal	1/30/2014 10:52 AM
10	Basically, I can't think what the code says so cannot answer the question but the survey wouldn't let me complete without ticking a box	1/30/2014 9:27 AM
11	I think the industry is at the beginning of a massive upheaval, which may mean that there is less demand for agencies to support primary publications, at least for a while - until people begin to realise that we do offer value and that the price is worth it in terms of getting publications finalised quickly and being well written	1/29/2014 8:06 PM
12	Yes, but I know little about this code due to the noise surrounding Sunshine	1/29/2014 5:19 PM
13	There could be even more pushback from HCPs about having information about payments and TOVs made public - after all, unlike the US, it is not law in most European countries. HCPs themselves are not subject to the industry codes of practice some some will undoubtedly question why they should personally be affected by it. Also, data privacy issues will likely arise (which is law).	1/29/2014 5:17 PM

Q15 As a simple general point, do you think more "Sunshine" however it is brought to bear on physicians and other healthcare professionals, is a good thing or not?

Answered: 200 Skipped: 0



Answer Choices	Responses	
Yes, definitely	**38.00%**	76
I'm not sure	**46.50%**	93
No	**15.50%**	31
Total		**200**

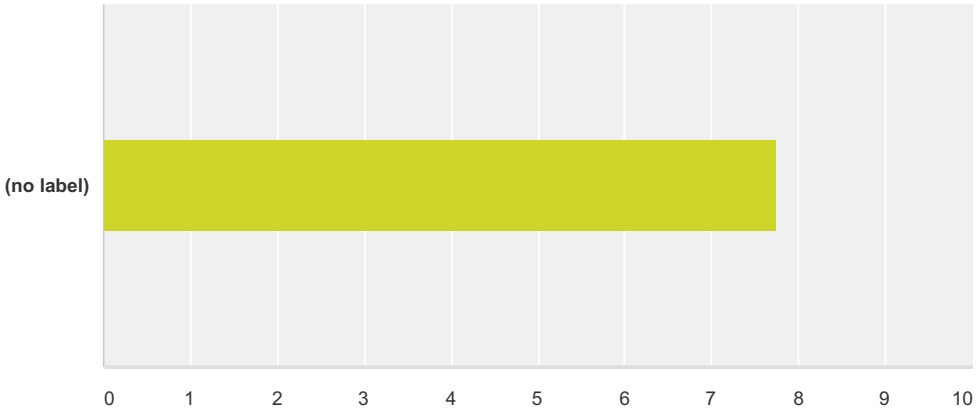
#	Feel free to provide some additional insights here	Date
1	The vast majority of HCPs I have come into contact with over my years in this industry believe in the education their presentations spreads, and relish the professional interaction at advisory boards - and are scathing and occasionally downright angry over colleagues who have taken advantage and are known for their take, take, take mentality which propagates a bad reputation for all HCPs and pharma companies.	2/12/2014 9:20 AM
2	It would depend how consistently it is applied and whether the HCPs fully understand it.	2/11/2014 4:24 PM
3	Anything that increases transparency is good. However, needs greater clarity so that there is consistency across companies and also across member states as 'Sunshine' rolls out across Europe.	2/11/2014 2:48 PM
4	Would ratehr say "Yes, probably"	2/11/2014 1:58 PM
5	With the introduction of the sunshine act, the risk of falling foul (inadvertently) of regulatory guidelines has increased, and with it the risk to academic and professional reputation. This may lead to less input from physicians and healthcare professionals altogether, or less definite opinions being voiced.	2/10/2014 5:39 PM
6	It depends who is viewing the resulting sunburn.	2/4/2014 8:04 PM
7	Nothing wrong with being open and transparent....	2/4/2014 11:58 AM
8	Although it is probably going to deter a lot of medics from med:pharma interactions.	2/3/2014 12:03 PM
9	Transparency is great, but if we arrive in a postion where receiving payment from Pharma is stigmatised then that will be to the detriment of research and therefore patients.	2/2/2014 10:14 AM

10	Pharma has come a long way since the days of 5-star week-long retreats for physicians and family members who sell their products and that is excellent. However, I feel that this regulation has to stop somewhere as it will only stifle innovation and make an already unwieldy system even worse. Ironically, it also opens up the possibility of Pharma mistakenly committing a breach of rules and then been seen to be BigBadPharma again...	1/31/2014 5:15 PM
11	In the past, I have seen too much exchange of money between companies and physicians. Some physicians have misused this practice.	1/31/2014 4:44 PM
12	Transparency is always good - but this law is too muddled.	1/31/2014 3:38 PM
13	I like the concept; it's the execution that's the killer.	1/31/2014 2:44 PM
14	Too early to tell - the dust won't settle for about 2 years which is time I think I will take all pharma to get their act together with readjustments to interpretation arising from test cases of the system as well as full understanding and feedback by HCPs	1/31/2014 2:41 PM
15	I not comfortable with the phrasing "more 'Sunshine' hoever it is brought to bear	1/31/2014 2:04 PM
16	Why do physicians need to report their salaries? We don't ask lawyers to do that or construction workers. It seems to me like a violation of privacy that doesn't help to identify less-than-ethical physicians. The general public does not understand research dollars or that speaking about a drug often helps provide needed education. Perception is not reality, and disclosing this type of information builds false perception.	1/31/2014 1:02 PM
17	There is no easy answer to this question, the act is still to be tested so time will tell. Undoubtedly disclosure is a good thing, however the act could go so far as putting barriers between pharma, agencies and HCPs - I worry that if enforced too literally that none of these parties will feel it is in their interests and the general public will see no impact at all.	1/30/2014 11:05 PM
18	How about some "Sunshine" on the Super PACs to reveal all funding sources on election campaigns?	1/30/2014 9:20 PM
19	perhaps I should have said yes, because transparency is good, but it seems so complex, people don't fully understand it (probably physicians most of all), it is taking time out of doing a good job for all parties concerned, which are not good	1/30/2014 8:22 PM
20	Probably good to identify physicians who are doing a great deal of promotional activity, because some are definitely in it just for the money. I don't think Sunshine reporting in publications is going to benefit anyone except the accountants.	1/30/2014 7:19 PM
21	It should be re named the "The Sunsine Act of Unintended Consequences". It will have benefit for patient care or medicine	1/30/2014 2:40 PM
22	Reword question .... Answers don't dovetail -- it's good but there should be a classification of KOLs that get exempted	1/30/2014 1:42 PM
23	Transparency is a good thing, but by going about it in this way, I believe it will actually have the opposite effect. US doctors do not want a ToV associated with their names so are refusing to work with medical writers (or have this support acknowledged) - this will have an impact on whether papers are developed at all, the quality and timing of papers if they are developed and the transparency of any support provided. Doctors seem to feel that this is demonizing their work with pharma, which is generally done in a very compliant and transparent way at the moment. The Sunshine Act will make it harder for timely release of clinical trial data as the doctors generally don't have time to write everything from scratch or to co-ordinate review with all other authors.	1/30/2014 11:54 AM
24	I think that it is good to have a clear view of the relationship between experts and industry (bearing in mind this does not apply in most other sectors), but I think a better way of looking at the 'benefit' question needs to be developed	1/30/2014 10:52 AM
25	There will be unintended consequences, but secrecy is not going to get us anywhere	1/30/2014 10:27 AM
26	However - there's going to have to be a word limit on disclosures soon, due to lack of space!	1/30/2014 9:59 AM
27	Yes, but how it has been executed, and the guidance provided has been shoddy.	1/30/2014 9:52 AM
28	I think making physicians think about what money they receive from pharma is a good idea - after all, pharma is portrayed as the bad guy, but physicians have always had the right to refuse pharma money. This might also change public opinion of what goes on. However, if it forces both physicians and pharma away from educational activities, that is a major issue. I have worked with societies who struggle for funding due to the lack of pharma involvement, mainly because of a lack of successful drug development. If pharma interprets Sunshine in a way that means that they reduce sponsorship of societies because there is no point running educational events at congresses, ultimately physician education suffers, meaning that society suffers	1/30/2014 9:45 AM
29	I think it all contributes to the openess, and therefore the reputation of the industry. If doctors disclose their involvement then pharma has to as well	1/30/2014 9:43 AM

30	It's likely that the information will be taken out of context, so it could well lead to knee-jerk reactions rather than actually focusing on areas that could be reformed or improved. It is already cause some counter-intuitive decisions to be made - eg, get a top KOL on board as a member of scientific committee and chair for an event, but then not be able to use them as a speaker for that event due to the potential perception that you would then be paying them too much honorarium - there-by depriving the audience of hearing an excellent presentation from a leader in the field.	1/30/2014 9:21 AM
31	There is no harm at all in making pharma and physicians think a bit more about how they can work together for the good of the patients rather than for their own financial gain	1/29/2014 8:06 PM
32	More transparency is always a good think; however, guidelines need to be implemented accurately and consistently for them to be useful	1/29/2014 5:36 PM
33	The intention is good and it is no doubt having a positive impact but there are unintended consequences - just read the following question after writing this - comment was made without a prompt	1/29/2014 5:20 PM
34	But it must not be at the expense of wasting time and money to slow down or reduce the quality of publications as these (unlike some other activities) are essential. ToV reporting wastes time and money that could be spent on getting data out in a timely fashion.	1/29/2014 5:19 PM
35	See my answer to question 16 .... unintended consequences. We've already seen medical bodies arguing that eg reprints and text books shouldn't be considered TOV because they are worried pharma will stop doing or docs will stop accepting and actually pharma funding medical education 'tools' is a good thing.	1/29/2014 5:16 PM
36	I think the principle of trasparency and openness is important and pharma should be working to implement it in the most positive ways possible, rather than being seen to be resisting and dragging their feet. However I also think there is a high risk of unintended consquenses in the practical approach taken, which need to be addressed in a collaborative way with regulators, HCPs and professional bodies	1/29/2014 5:10 PM
37	Don't fully understand question. If you mean greater transparency concerning transfers of value between industry and individuals, then yes - this is only a good thing.	1/29/2014 5:09 PM
38	Think its a wast of time and simply pandering to special interest groups- honestly if physicians decision making is really influenced by being paid honoraria to speak or advise then I think we have bigger things to worry about than registering the payments. But its one of those things that governments like because it makes it appear that they are doing something constructive	1/29/2014 4:51 PM
39	As long as it is limited to what the physician receives. Adding medical writing and other costs, which adds up to 10x what the physician actually receives, is nonsense.	1/29/2014 4:25 PM
40	Transparency is a necessary condition for ethical behaviour in pharma	1/29/2014 4:20 PM
41	Transparency is a good thing, but innocent transactions could be misconstrued or spun into something bad	1/29/2014 4:18 PM

Q16 How much do you agree with the statement "Sunshine inevitably brings unintended consequences"? 0 = not at all 9 = absolutely

Answered: 200 Skipped: 0



	0	1	2	3	4	5	6	7	8	9	Total	Weighted Average
(no label)	1.00% 2	0.00% 0	1.00% 2	2.50% 5	6.00% 12	13.50% 27	14.50% 29	26.50% 53	14.00% 28	21.00% 42	200	7.75

#	Feel free to provide some additional insights here	Date
1	There are arguments for both sides of this. To use a cliché, "to get an omelette you need to break eggs". It might not be a perfect system right now, but a start had to be made somewhere.	2/12/2014 9:20 AM
2	This has yet to be seen. Tax implications, lay-press misconceptions and further knee-jerk, politically led legislation could follow.	2/11/2014 3:16 PM
3	From what little I've heard, the implementation of the Sunshine Act appears to be being taken to extreme lengths which seem to be totally unnecessary, time wasting and money wasting.	2/11/2014 2:26 PM
4	Some institutions have banned medical writing support - not sure if this is tied to Sunshine, but it certainly causes issues in getting data published. also, what if an author withdraws due to Sunshine - surely that means that we are breaking GPP, because the author list would then be less appropriate. The worst case scenario is that it becomes impossible to get data out in a timely manner because misunderstanding of the act results in withdrawal of authorship and data are not published accordingly.	2/11/2014 1:53 PM
5	See above.	2/3/2014 12:03 PM
6	I think it will lead to a decrease in doctor pharma collaboration that will lead to a reduction in research of new therapies	1/31/2014 4:39 PM
7	See above.	1/31/2014 1:02 PM
8	ToV fro publications and the many potential implications is an obvious case in point	1/31/2014 10:49 AM
9	Tax implications of previously undeclared income. HCPs may not work with Pharma on some projects. Less research may get published. More bad publicity for Pharma.	1/30/2014 3:46 PM
10	I think ISMPP's advocacy worked against us here. Had the question of whether writing support is a TOV not been raised to CMS, it could have been a non issue	1/30/2014 1:43 PM
11	Chilled speech reduced education	1/30/2014 1:42 PM

12	The lack of clear guidance on exactly what should be reported and how means that every company is interpreting it differently. Because of this, doctors who work with multiple companies are finding that each is doing something different, which is difficult to justify to them as they are all supposedly reporting the same thing for the same law. Until the Act has more specific guidance that can be clearly explained to doctors, with the implications of any ToV reported also made plain, there will be problems with reporting and understanding the process across the board.	1/30/2014 11:54 AM
13	Some unintended consequences inevitable but that doesn't mean they must be negative. Only time will tell whether this causes more problems than it solves. I suspect the main issue will be people trying to circumvent the rules.	1/29/2014 10:13 PM
14	More US physicians are declining to be involved in the development of manuscripts that are lower tier (e.g. secondary publications and reviews) and I would avoid using US physicians for global speaking opportunities wherever possible and also for any secondary manuscripts/reviews unless essential.	1/29/2014 5:20 PM
15	It was not intended to damage science and medicine, but drive marketing out of the system. This could have been achieved in a different way - a register of publications next to the names of the physicians. The current solution being adopted by companies (out of fear) is not fit for purpose and will create even more unintended consequences.	1/29/2014 5:19 PM
16	Public misunderstanding about the role of industry in educating physicians and therefore assuming that all payments (other than research) are tainted. Authors declining writing support - slowing publication timelines. Industry support to attend events (CME or otherwise) impacts physician education. If education paid for from own budgets, reduces budget for provision of patient care. Lots of reasons.	1/29/2014 5:17 PM
17	I think it's inevitable to an extent, but a thoughtfull approach should make sure the worst of the possible consequenses could be avoided	1/29/2014 5:10 PM
18	As with many regulations, the process involved in activation are at most not taken into consideration or are not raised as an issue through lack of knowledge and awareness of what is involved. This leaves the onus and responsibility of additional process and admin work, time and effort on the healthcare organisations and HCPs they are seemingly looking to support. All parties need to work more closely to work through cost effective, efficient and practical solutions.	1/29/2014 4:48 PM
19	Perhaps politically popular to introduce this part of the Act, but badly thought-through.	1/29/2014 4:18 PM

Q17 This one is optional but I'm keen to see what you suggest. Whether or not you are joining us on 12 February, what questions would you like to put to the panel and to other members of the audience? (we will be aiming to produce some sort of FAQ document for general access after the meeting)

Answered: 50 Skipped: 150

#	Responses	Date
1	Please ensure that questions and responses address US speakers or participants in events (or publications) which impact a range of countries, and try to avoid a UK focus. Please remember that just because the room is full of UK company representatives in a UK setting with UK speakers this does not equal a UK business focus! I am mostly interested in honorarium payments, logistics costs and any 'spend' related to speaker engagements at live events; medical writing as transfer of value does come into this, but less so, obviously, than in publications.	2/12/2014 9:20 AM
2	What in reality will be the impact of the Sunshine Act and the EFPIA's Disclosure Code on the dissemination of research data and advancement of science and medicine? Will patients ultimately lose out? How will the med comms industry need to adapt to survive? What is the alternative?	2/11/2014 10:12 PM
3	While I consider that balance and transparency in data reporting by the pharmaceutical and med comms industries are vital, I do not agree that medical writing support should be considered as a transfer of value. The main problem for me is how a writing support TOV is 1) defined and 2) perceived.	2/11/2014 3:16 PM
4	How important do you feel the Sunshine Act will be in future pharma communications, both short-term and long-term? What benefits does the Sunshine act offer for med comms service suppliers? Should the med-comms industry start highlighting or educating the importance/relevance of the Sunshine Act to pharma clients? Why? Or should they leave this for the pharma companies to discover in their own time?	2/11/2014 2:25 PM
5	Where does data protection and privacy laws sit within this debate?	2/11/2014 1:58 PM
6	As funding may now fall away, will this affect the number of international meetings and diminish or improve the quality of speakers attending and topics discussed?	2/10/2014 5:39 PM
7	Question to those companies that do not believe medical writing support for a physician who authors a paper or other publication is a TOV: given how important it is for physicians to have papers published, both on a personal and academic faculty level, who do you think is gaining benefit when a pharma company or its agent writes a paper for them?	2/5/2014 9:43 AM
8	What does the panel think the physicians can do to cope with the different interpretations and values placed on mss support and other ToV items/activities by each pharma company that they work with? Most of them actively look to work with more than one company so that they are seen to be non-partisan.	2/4/2014 3:53 PM
9	Regardless of what our clients think does the panel consider medical writing to be a TOV?	2/4/2014 2:27 PM
10	none at the moment	2/4/2014 2:25 PM
11	How can we ensure that there is consistent interpretation of the code by all parties?	2/4/2014 11:58 AM
12	Precisely how are companies reporting this transfer of value (eg, under "Compensation for services other than consulting" or "Research")? If companies are reporting the TOV under Research, is medical writing support required to be included in the original contract, or are research contracts being revised to include this?	2/3/2014 7:21 PM
13	Perhaps the profession should not have asked the question (med writing support = transfer of value) ? Thoughts?	2/3/2014 6:56 PM
14	Are we going to far now with compliance - at the risk of continuing medical education meetings for clinicians.	2/3/2014 1:25 PM
15	Are there any situations in which a med comms company would be responsible for ensuring the Sunshine act is adhered to, rather than a pharma company?	2/3/2014 12:03 PM
16	What is the rationale for considering that there is any meaningful link between the amount of money pharma spends on publication support and the value of that support to an author?	2/2/2014 4:53 PM

17	What will the majority of doctors do about disclosures?	2/1/2014 12:55 PM
18	A clear definition of ToV - to include medical writing support, or not?	1/31/2014 8:12 PM
19	Will Pharma expect agencies to have a 'Sunshine Expert' who can advise them on projects or act as a compliance gatekeeper within the agency?	1/31/2014 5:15 PM
20	Anything that can be done to classify medical writing as a valuable service to aid in the publication of information rather than as a gift to greedy physicians?	1/31/2014 2:50 PM
21	It is totally unclear when and if the US reg authorities will feedback on the success or otherwise of the SA - currently the feeling on the ground is that each pharma must make up its own mind on how to interpret it so when will guidance come on how they are all doing and will there be sanctions against those who have a more relaxed interpretation than others?	1/31/2014 2:41 PM
22	What implications does the EFPIA Disclosure Code have, if any on physician's work with consensus groups, advisory boards or steering committee initiatives relating to med comms? What impact will these new guidelines have on physicians' involvement in speaking as part of pharma sponsored symposia or stand alone meetings? GSK announced major changes to payments to physicians at the end of last year. What impact will this have and to what extent do you see other companies following suit?	1/31/2014 2:38 PM
23	Most of the Sunshie act provisions have little direct impact on publications activities, but concerning the concept of transfer of value, what efforts have been made to assess this value from the perspective of the external author receoving publicaitons support, his or her institution? And if an institution does affirm that a value is transferred, on what basis do they make that determination? Also Quid pro quo. If a value is transferred to the recipient, i.e., the external author, has that author provided a reciprocal value to the Pharma company? Has the recipient, in effect, "paid for" the item of value received?	1/31/2014 2:04 PM
24	What do the panel believe may be good examples in the future or new potential medical education initiatives adopted today, that may materialize from the restrictive TOV behaviour being adopted by US pharma in relation to Sunshine act?	1/31/2014 1:32 PM
25	What can bodies like ISMPP or other organization do to advocate teh good things coming out of industry/academia collaborations	1/31/2014 1:13 PM
26	Sunshine really does seem to be very likely to have unintended consequeces on the whole field of medical publishing, and ultimately (and ironically) may end up impacting negatively on the publicaiotn of clincal data and transparency! How can we best and most effectively continue lobbying in order for good sense to prevail?!	1/31/2014 12:48 PM
27	Does anyone have any experience setting up Sunshine Act training for pharma clients. If so, what legal steps have you taken?	1/31/2014 12:45 PM
28	Why have ISMPP (or the pharma industry collectively) not adopted a poloicy position against ToV for pubnlications along with a chesive argument to support this position?	1/31/2014 10:49 AM
29	I would like to hear from the med comms agencies what proportion of doctors (from the US or other countries) are declining medical writing / editorial assistance, and whether this is impacting on the timeliness with which papers are being completed (or not).	1/30/2014 11:39 PM
30	The key questions would all relate to clarity for how the act will affect industry in Europe. Do we envisage a world where US KOLs will refuse to participate even in Europe funded education because of the act? Will the sunshine act result in a two tier medical education system for CME activities - one for Europe and one for the US? Given the reciprocity between the ACCME and EACCME is it short sighted not to list the EACCME as a recognised accrediting body within the confines of the act ? - to not do so makes a mockery of the reciprocity.	1/30/2014 11:05 PM
31	Not joining	1/30/2014 10:25 PM
32	what are other countries in Europe doing? how will pharma based in Europe (with or without a US office) be affected now or in the future? a simple crib sheet for medcoms companies would be helpful - ISMPP slides are a start and there is a BMJ article but you have to pay for it and medcoms agencies (especially smaller agencies) don't have journal subs	1/30/2014 8:22 PM
33	Which pharma companies consider medical writing services as a TOV?	1/30/2014 3:46 PM
34	How frequently should FMV be reassessed?	1/30/2014 1:43 PM
35	Why didn't the medcom societies and professionals get out in front of this like ACCME and seek an exemption and why did Ismpp task force produce a statement that kills it's own constituents' business??	1/30/2014 1:42 PM

36	There are companies sitting on the fence at the moment about the Sunshine Act for publications: who is driving the debate and how do we as agencies participate in this	1/30/2014 10:52 AM
37	Are pharma companies willing to face up to the loss of control that comes with greater transparency?	1/30/2014 10:27 AM
38	What is the likelihood of a Sunshine-like law being introduced in the UK/EU? How are US med comms companies/groups/societies responding to Sunshine?	1/30/2014 9:45 AM
39	What are the take-home messages from the Sunshine Act that all medical writers should be aware of?	1/30/2014 9:32 AM
40	Is there a succinct guide to how it will affect EU meetings and businesses?	1/30/2014 9:31 AM
41	Reporting medical writing services as a transfer value could lead to doctors being taxed as a benefit in kind. This would deter all but the most altruistic from taking part in pharma-sponsored medical education activity. Eventually, newer institutions/processes may emerge to separate $ from content development, but in the short to medium term many doctors might well stop participating in important educational activities.	1/30/2014 9:25 AM
42	My perception is that the people talking most about the Sunshine Act are either pharma/med comms industry people or professional societies. How much have the individual healthcare professionals being saying on the topic? And what have they been saying? Do physicians see medical writing support as a transfer of value (and, if so, what value)? Have they thought about the alternatives if they are unwilling/unable to accept medical writing support (e.g. because they don't want to appear in public to be funded by pharma or their institute has declared that they cannot accept such support)?	1/29/2014 8:06 PM
43	There seems to be very little consistency in the way that different companies are viewing and valuing medical writing support. What are the likely consequences of that? Some companies are currently not reporting medical writing as a transfer of value. Do you think this is likely to encourage others not to do so or will all companies end up having to report it? What are the implications if an agency medical writer is a co-author on a paper (eg. a systematic review) with one or more external US physicians? Is it still a transfer of value in this case?	1/29/2014 5:36 PM
44	Will we see a decline in writing support and a negative effect on agencies and freelancers as a result of Sunshine (decline in agreement for support by US physicians) - and will we see more of an effect in the US versus ROW if there is one? My take is that although writing support may decline in some areas (not only due to Sunshine but also due to other regulatory and ethical requirements) we are already seeing an increase in workload relating to compliance with regulations and this wil likely exceed the aforementioned declineleading to a greater overall workload - would the panel care to comment.	1/29/2014 5:20 PM
45	I'd like to know how we ended up here (I don't know the background detail) - was the idea of a publications register not put to the CMS? Have any of the companies chosen to think about this issue and risk backing a sensible solution rather than reacting with potentially damaging solutions or taking a position of denial?	1/29/2014 5:19 PM
46	EFPIA transparency code - will companies have to report information on activities undertaken by their affiliates in other countries, e.g. does a German company have to report payments/TOVs provided by their afiliate in Spain for activities involving German healthcare professionals? Where does EFIA stand on whether medical writing support is a TOV? If a US HCP speaks at an industry sponsored EACCME accredited meeting that offers reciprocal ACCME, AMA or AAFP credits, does this fall within the Open Payments CME exemption?	1/29/2014 5:17 PM
47	I'd be intersted to learn more of how physicians feel about sunshine (and indeed how much they're aware of it) and what we can do to help inform and educate and help them manage the potential consequenses they may be concerned about	1/29/2014 5:10 PM
48	Not joining on 12 February. But my (somewhat loaded) questions are: - How much value is our community realistically creating by getting involved in this debate? - Why should we not leave interpretation of any 'sunshine' laws exclusively to colleagues in legal and compliance roles within 'applicable manufacturers'?	1/29/2014 5:09 PM
49	would like to attend but cant make the date. how will this affect UK medical writers and UK med ed?	1/29/2014 4:24 PM
50	1. Is your firm publishing all of its clinical test results? 2. How can pharmaceutical companies and communication agencies increase their trust of each other? 3. Is it realistic to create differential pricing for Africa; and how might corruption be controlled if some purchasers resold the lower priced drugs in the developed world? 4. How can the profit motive be controlled when shareholders want increased returns on their investment? 5. Should investigation of new compounds be carried out by non-profit agencies? 5.	1/29/2014 4:20 PM