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# The French medical sales charter: ineffective




● **Don't rely on information disseminated by industry.**

Legislation that was passed in France in 2004 made the French National Authority for Health (HAS) responsible for supervising the implementation of the charter governing the activities of medical sales representatives (drug reps). This charter was jointly signed by LEEM (the association that represents the pharmaceutical industry in France) and CEPS (a French government drug pricing committee) (1,2). At the end of 2009, HAS published an initial report on its supervisory role, which is well worth examining (2).

**An ineffective charter.** As of 2007, France's General Inspectorate of Social Affairs (IGAS) has stressed that drug rep practices are not likely to improve unless the information imparted to health professionals is monitored, and so long as drug reps work under the auspices of marketing managers and have a financial interest in the volume of drugs prescribed by the doctors they visit (3).

In a report on the first three years of its supervision of the implementation of the charter, HAS pointed out that some progress has been made: drug reps are providing fewer gifts and samples, and doctors also receive fewer incentives from drug reps to participate in studies (2).

But HAS also stressed that drug companies have other opportunities to continue these promotional practices, particularly through methods not covered by the charter. These include the rapidly expanding areas of telephone or e-mail marketing, distributing "gifts" outside rep visits, "normal business relationships", some of which resemble gifts, and payments made for studies of dubious scientific value (2).

**Supervision is currently impossible.** Above all, HAS has concluded that one cannot claim to supervise drug rep visits without monitoring the content of the information imparted (2). The quality of drug rep training materials is not monitored, which "*is a problem*" (2). In summary, HAS said that there is no evidence of improvement in the content of verbal information conveyed during rep visits or in the distribution of official documents, pointing out that it is not in the interest of all departments within pharmaceutical companies to provide doctors with full, accurate information (2).

**Refreshing candour.** HAS has called for more regulations, in particular a ban on all gifts (2). It points out that it is unrealistic to expect a charter to control drug rep practices. On a more general note, it is refreshing to see a regulatory organisation like HAS clearly informing the public and politicians of its inability to adequately regulate drug rep visits.

In practice however, the most effective strategy is for health professionals to systematically refuse to see drug reps.

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**Selected references from Prescrire's literature search.**

**1-** Prescrire Editorial Staff "15 years of monitoring and one simple conclusion: don't expect sales representatives to help improve healthcare quality" *Prescrire Int* 2006; **15** (84): 154-159.

**2-** HAS "Charte de la visite médicale: mise en œuvre de la procédure de certification. Juillet 2006 - octobre 2009. Premier bilan": 54 pages.

**3-** Prescrire Rédaction "Promotion des médicaments en France: l'IGAS pour un "désarmement" des firmes" *Rev Prescrire* 2008; **28** (299): 704-705.



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