

### 4.3 Guidelines for sales representatives

<http://www.drugpromo.info/read-reviews.asp?id=3>

There is surprisingly little discussion in the literature about attempts to regulate the behaviour of sales representatives. This suggests that, compared to print and broadcast advertisements, sales representatives' activities are more difficult to document and study. That also makes them more difficult to regulate.

In Australia the Australian Pharmaceutical Manufacturers Association has a code of conduct covering sales representatives. Roughead et al. (460) look at whether sales representatives in Australia conform to this. Although the code does not state what kind of information sales representatives must provide, it does insist that their presentations be current, accurate and balanced. Roughead et al. recorded and analysed meetings between sixteen sales representatives and seven GPs. These included 33 presentations of prescription medicines. They found that omission of risk information was common, and that adverse reactions and interactions were mentioned only in statements that minimised the risk of the product being detailed. Thirteen of the 16 presentations included at least one inaccuracy, and four mentioned unapproved indications. This is a really useful study and a simplified version of the method could form the basis of a system for routine monitoring of the quality of representatives' presentation. A fuller account of the study is available in (15910).

In France a network of volunteer general practitioners and specialists monitor the activities of sales representatives. After s/he is visited by a sales representative, each doctor completes a questionnaire on whether the indications and dose regimen given by the sales representative matched the Summary of Product Characteristics (as they are required to); whether contraindications, precautions for use, interactions and adverse effects were mentioned by sales representatives; and the arguments and incentives used. The completed questionnaires are analysed and a summary published in La revue Prescrire. Prescrire International (16600, 16630) has discussed these findings in English. This is discussed further below (in 'Monitoring/countering promotion').

At the practice level, Becker et al.'s ethnographic study (21620) found that practices with policies and guidelines about when sales representatives could visit appeared to find interactions with them more useful and less intrusive.

**CONCLUSION:** Studies of promotion by drug company representatives suggest that the guidelines and regulations that should control them are not effective.

## DRUGPROMOTION DATA BASE

<http://www.drugpromo.info/>

### Who Developed The Website and Database?

The development of this website was co-ordinated by the WHO Department of Essential Drugs & Medicines Policy and Health Action International Europe. The information in the database is published under the technical responsibility of Dr Joel Lexchin, a drug promotion expert from Toronto. A number of other drug promotion experts were involved in the design of the database, namely Dr. Peter R. Mansfield (Healthy Skepticism, Australia), Barbara Mintzes (Canada) and Charles Medawar (Social Audit, United Kingdom). Zulham Hamdan, Universiti Sains Malaysia, designed and maintains the website.

## 6. Dissemination and implementation of clinical guideline

Royal College of Paediatrics and Child Health

Standards for Development of Clinical Guidelines in Paediatrics and Child Health  
2 nd edition To be reviewed by December 2004 November 2001

[http://www.rcpch.ac.uk/publications/clinical\\_docs/StandardsCG.pdf](http://www.rcpch.ac.uk/publications/clinical_docs/StandardsCG.pdf)

Any guideline report should contain a dissemination strategy together with a summary of the key elements to be considered when reviewing the national guideline for local use. Clinical guidelines are currently being produced at an increasing rate not only across the world but also in the U.K. The guidelines, quite often, are produced at a national level and subsequently implemented at the local NHS trust level. The developers of the guideline do not always bring about the implementation of the guidelines.<sup>17</sup>

The development process often demands substantial resources. Failure of its implementation, therefore, entails colossal wastage of money unless equivalent attention is given to encouraging health care professionals to use the guidelines and to bring about a change in their behaviour.

Passive dissemination of information is not sufficient to bring about a change in behaviour.

<sup>18</sup> Health professionals must be aware that a guideline exists (dissemination), decide to adopt it and then regularly use it (implementation).<sup>19</sup> A more active process is required to encourage this change.

A systematic review by Grimshaw & Russell in 1993 <sup>20</sup> concluded that despite the development of clinical guidelines, performance can only be improved if guidelines are developed, disseminated and implemented in an appropriate manner and as a part of this process they must be rigorously evaluated. This section aims to address these issues and provide an outline of key components of the implementation strategy that need to be considered. The information has been gathered from an extensive review of the literature and current evidence in this area.<sup>21 22</sup>

17 **Bauchner H** (2001) *Changing physician behaviour*. Archives of Disease in Childhood. 84. 459-462

18 **Freemantle N, Harvey E et al** (1997) *The effectiveness of printed materials in improving the behaviour of health care professionals and patient outcomes*. The Cochrane Library, Oxford: Update Software

19 **Pathman DE, Konrad T et al** (1996) *The awareness-to-adherence model of the steps to clinical guideline adherence. The case of pediatric vaccine recommendations* Med Care 34 (9) 873-889

20 **Grimshaw JM, Russell IT** (1993). *Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations*. Lancet 1993; 342:1317-21.

21 **Palmer C and Fenner J** (1999) *Getting the message across: review of research and theory about disseminating information within the NHS*. London: Gaskell

22 **The Clinical Guidelines Education Team** (Eds) *Implementing Clinical Guidelines: a resource for the health care team* (2001). London: Ballière Tinda

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Susan L.Coyle – Annals of Internal Medicine 2002 136(5) : 396-402

#### **-The effects of pharmaceutical firm enticements**

on physician prescribing patterns:

Orlowski JP, Wateska L . Chest. 1992 Jul. 102(1): 270-3