

**Proposal Survey :  
'Implications of indirect sponsorship'**



**Background (1):**

MedTech Europe, the European association of medical device companies and national associations, recently voted not to allow direct sponsorship of healthcare professionals anymore to participate in a scientific event organized by healthcare professionals. The main rationale of this decision is to stop the interactions (benefits in kind) between the industry and **individual** healthcare professionals, to allow the healthcare professional to make an unbiased decision regarding product choice

**Background(2):**

As a result, from 01.01.2018, the corporate member companies of MedTech Europe that decide to sponsor congresses, will do so indirectly, through a hospital or a scientific association. The hospital or scientific association will receive an “educational grant” from the company and then choose which healthcare professionals will benefit from this sponsorship; it is no longer the company that will decide who will be sponsored to participate in a scientific event organized by healthcare professionals. Again, the rationale here is to break the direct link between industry and an individual health care professional.

## Reactivation of the WG compliance

- **To insure a homogeneous approach of corporate and non corporate members on introducing the ban and the complicated Belgian situation beMedTech decided to reactivate the activities of the WG compliance on this TOPIC.**
- **The members of the WG are fully in favour of the ethical principals in our and MTE code but detected possible practical issues in the application of it due to the Belgian situation.**
- **To have a clear view on the vision of their members the WG decided to launch a non-binding survey.**

**Belgian situation:**

The implementation in Belgium of the ban on direct sponsorship, implies certain adaptations in the current legal and ethical framework, such as the submission of an Mdeon visa. As the FAGG/AFMPS does not accept that Mdeon visa are submitted by an HCO only, it has to be done in a combined application.

This combined application may have some implications for the company providing the educational grant to the hospital. Some implications represent a cost or a burden, some represent an opportunity.

## Implications of the Belgian situation:

### LIABILITY

In case there is a deviation in the real made expenses and the expenses in the approved VISA procedure, both, the HCO and the considered company shall be liable.

Example:

A surgeon had due to an urgent intervention to reschedule his flight. There were only business flights available and the HCO booked the ticket.

The company was never involved in the changes of the flight, but still remains liable for the 'non visa' conform booking.

### COSTS

Due to the combined procedure the costs for the visa application for the companies will increase drastically.

Example: a company is inviting 10 HCP's from 10 different HCO for the same congress.

Actual cost: only 1 visa application.

Via the combined application the cost will be 10 times the visa application

## Considerations on the Belgian situation:

### COMMUNICATION

A concerted effort in ceasing direct sponsoring could improve the image of the industry, if this is well explained.

### COST SAVINGS

As indirect sponsoring proves to be time-consuming and costly, a company could also decide to stop with indirect sponsoring. If (and only if) they decide to do so, many resources internally are freed up that can be invested somewhere else

## Please reply on each statement with YES or NO:



1. I accept this situation where indirect sponsoring is complex, time consuming and costly because my company is fully behind the ban on direct sponsorship.

2. I accept this situation for one year and wait for the foreseen evaluation with the federal agency after one year because my company is fully behind the ban on direct sponsorship.

3. I ask beMedTech to negotiate with MTE for a temporary exception on the ban till the authorities accept the initially foreseen V1BIS procedure. The V1BIS procedure is a not joint application. The hospital receives the grant, makes the visa application and is liable for the procedure, not the company.

4. I ask beMedTech to negotiate with MTE for a permanent exception on the ban as there is a good legal framework for direct sponsorship upstream (via the Mdeon procedure) and downstream via betransparent.be ,both options (direct and indirect) should be possible, similar to the pharma industry.

## **Practical information:**

- Final survey will be sent out end March
- One answer per company
- Survey closed on 26/4
- Results will be presented and discussed on General Assembly on 9/5