

# PRACTICE MANAGER v TEVA

## Conduct of representative

A practice manager alleged that a representative of Teva had an extremely aggressive and demanding manner. The representative had arrived without an appointment and insisted on waiting for the complainant after telling the receptionist it was extremely important she saw her that day. The representative immediately launched into a clinical discussion and said it was very important that the practice changed its prescribing pattern regarding beclometasone. Teva marketed Qvar, a CFC-free beclometasone dipropionate (DBP) inhaler for asthma. The representative was very insistent on seeing a doctor or a nurse and wanted to have a private meeting that moment. When the representative was asked to leave literature she insisted she had to see them as it was very important for the practice. The complainant told the representative that the surgery got its prescribing advice from the primary care trust (PCT) but she would not accept this. The complainant alleged that the representative was scaremongering. When asked to comment on Teva's response, the complainant stated that the representative had implied that the practice should take her advice or its patients would suffer.

The Panel noted that both parties had accused the other of being curt. The complainant was very busy and the representative had to try to achieve her call objectives. The Panel did not know what asthma products the practice currently used. However it was likely that changes in the market place, particularly regarding the availability of DBP inhalers, would lead to changes for the practice.

Clearly it was of concern that the complainant had been annoyed by the representative's manner and that according to the complainant the impression given was that the practice would have to follow the representative's advice or patients would suffer. There appeared to have been something of a clash of personalities on the day. However it was not possible to determine where the truth lay. On the basis of the parties' submissions the Panel did not consider that there was sufficient evidence to show that on the balance of probabilities the representative had failed to maintain a high standard of ethical conduct. The Panel ruled no breach of the Code.

A practice manager complained about the conduct of a representative of Teva UK Limited. Teva marketed Qvar, a CFC-free beclometasone dipropionate (DBP) inhaler for asthma.

### COMPLAINT

The complainant alleged that the representative's

manner was extremely aggressive and demanding. The representative had arrived without an appointment and insisted on waiting for the complainant after telling the receptionist it was extremely important she saw her that day. The representative immediately launched into the clinical reasons and said it was very important that the practice changed its prescribing pattern regarding beclometasone. The representative was very insistent on seeing a doctor or a nurse and wanted to have a private meeting that moment. When the representative was asked if she would leave literature she insisted she had to see them as it was very important for the practice. The complainant told the representative that the surgery got its prescribing advice from the PCT but she would not accept this.

The complainant had been a practice manager for 7 years and had a lot of experience with representatives but had never come across one so aggressive and demanding. The complainant alleged that the representative was scaremongering and could have frightened a less experienced receptionist.

When writing to Teva the Authority asked it to respond in relation to Clauses 2, 9.1 and 15.2 of the Code.

### RESPONSE

Teva explained that the representative in question had called to see the complainant to introduce herself and discuss the changes currently happening that might affect patients under the care of the surgery eg guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) to prescribe CFC-free BDP by brand and the announcement by GlaxoSmithKline that Becotide and Becloforte (both contained BDP) would be discontinued in 2007. The representative had previously discussed Qvar with the senior GP of the practice, who by the end of the conversation was in favour of Qvar.

When the representative entered the surgery she asked the receptionist if she could meet the practice manager as she had an important issue to discuss with her. The receptionist asked the practice manager if she would see the representative and then asked the representative to take a seat and wait. After a short period the practice manager saw the representative; her first question was 'What have you got to tell me that is so important?'

In response the representative explained about the MHRA guidance as well as GlaxoSmithKline discontinuing Becotide. The representative also tried to tell the complainant that she had already met the senior GP and that he expressed an interest in Qvar.

Before the representative could finish, the practice manager interrupted her and stated that this was a clinical matter, that it was up to the doctors and that it had nothing to do with her. The representative tried to explain why it was important for her to know about these issues as she would most probably be coordinating them, but she was interrupted again and asked if she was there to sell a medicine. The representative replied 'Yes as I am a sales representative selling Qvar' but also explained that she was there to let the complainant know about issues affecting the use of Qvar. The practice manager then told the representative that all this had nothing to do with her. The representative replied that she felt it was important for the complainant to know about it and explained the reasons why.

The representative submitted that the practice manager was direct and curt which made her feel uncomfortable. However, the representative considered that she had remained calm and professional during the conversation. The complainant did not tell the representative that she was unhappy, would complain to the company or bar her from the surgery. At the end of the conversation the representative courteously handed the complainant a diary which she accepted and thanked her for. The representative said goodbye and left the surgery.

Teva explained that its current code of conduct training for representatives included dedicated sessions within initial training courses, area meetings and national sales meetings. Every representative was issued with a copy of the Code and a copy of Code in the Field.

Each representative had signed to say that they had read and would abide by the Teva code of conduct which included complying with the ABPI Code.

In January, February and April 2006 Teva had run dedicated sessions on the ABPI Code at national sales meetings.

Teva submitted that on-going training continued for representatives on a 1:1 basis with the area sales manager. The representative in question had received six field visits, the last of which was on 15 November and at no time did she behave inappropriately or give the area sales manager cause for concern to think that she might do so. At all times the representative had behaved in a professional manner and had always remained within the Code. The area sales manager was surprised to receive this complaint as Teva had never received any complaint regarding the representative's conduct.

Teva submitted that on this occasion the discussions were important as they related to patient care. Recently it had been recognised that CFC-free BDP inhalers could be confused if prescribed generically and therefore the MHRA had recommended that all prescriptions for CFC-free BDP should be written by brand. Details were provided.

Teva agreed that any changes to prescribing habits within a surgery had to be requested by the

physicians. However as the MHRA recommendation affected all CFC-free BDP prescribing it was usual practice to discuss the matter with the practice manager, as they must also be comfortable with the need to follow the recommendations. Usually this was well received and the importance was accepted. This was even more important in the current climate as GlaxoSmithKline had announced that it would discontinue its BDP medicines, Becotide and Becloforte, by September 2007.

The representative in question wished to discuss the above issues with the practice manager and Teva was very disappointed in the practice manager's response especially as she could have declined to see the representative at any time.

Teva submitted that this was an isolated incident in which there had been a misunderstanding between two individuals that had led to a customer feeling that Teva had not met its high levels of customer satisfaction and it took this very seriously. To this end, Teva would shortly conduct revision sessions for the representative on the Code and an additional training session to assess and review her selling skills; any deficiencies would be remedied.

Teva submitted that these steps would improve and increase its levels of compliance and ensure that it delivered customer services of a high standard to meet expectations.

In conclusion Teva submitted that it appeared that there was some misunderstanding but its representative behaved professionally in discussing issues that were important for patient care which included the MHRA's recommendations and GlaxoSmithKline's discontinuation of BDP products. This was an isolated incident and did not represent a breach of Clause 2 of the Code.

Teva did not accept that its representative was scaremongering because it knew that there was confusion in prescribing CFC-free inhalers and in this case it was very important that the products were prescribed by brand as Qvar should be prescribed at 50% of the dose of CFC-BDP and Clenil (HFA-BDP). Teva therefore submitted that this complaint did not represent a breach of Clauses 9.1 or 15.2 of the Code.

Teva submitted that it abided by both the letter and the spirit of the Code for all customer facing members of staff, to this end it invested a great deal in training and development to ensure that its representatives conducted themselves in the highest professional manner during all interactions with customers. Teva also recognised that the customer's perception was paramount and it prided itself in delivering first class customer service at all times.

Teva hoped that its actions would satisfy the complainant of its commitment to customer service and it would continue to take every effort to ensure that its staff behaved in a professional manner and complied with the Code.

## FURTHER COMMENTS FROM THE COMPLAINANT

The complainant stated that she had no issue with a representative calling in to the practice without an appointment to leave information for the doctors, but she took issue with the manner in which the representative in question conducted herself. On arriving at the practice, the representative informed the receptionist that she had an important issue to discuss with the complainant. The receptionist thought that the representative was quite curt and her manner suggested that it was imperative for her to talk to the complainant there and then.

The representative immediately launched into a clinical explanation of her medicine to which the complainant had to stop her because she was not clinical or in a position to make any decisions regarding the prescribing policy of the GPs. The representative then wanted to discuss the matter further in a meeting room which the complainant considered inappropriate for the reasons stated above. The complainant was very busy and this was an unplanned meeting for which she did not have the time.

The complainant was sure the representative was very enthusiastic and knowledgeable about her medicine and was anxious to inform the doctors about it but her manner was not appropriate. The complainant considered that the representative had taken the attitude that the practice had to take her advice or its patients would suffer.

The complainant noted that the practice was visited by a number of representatives to give information about their products but advice regarding changes of medicines was given to the practice by the local primary care trust and the information it got from representatives was 'interesting' rather than 'important'.

The complainant stated that she had seen many representatives over the last seven years as a practice manager and this was the first time she had encountered this type of behaviour. Perhaps an acknowledgement that the representative's manner was inappropriate and further customer training would resolve this issue.

## PANEL RULING

The Panel noted that the parties' accounts differed; it was difficult in such cases to know exactly what had transpired. A judgement had to be made on the available evidence bearing in mind the extreme dissatisfaction usually necessary on the part of an individual before he or she was moved to actually submit a complaint.

Both parties had accused the other of being curt. The complainant was very busy and the representative had to try to achieve her call objectives. The Panel did not know what if any CFC-free products the practice currently used. However it was likely that the prescribing of CFC-free BDP would lead to changes for the practice. The MHRA had issued guidance on the matter, GlaxoSmithKline had announced the withdrawal in 2007 of Becotide and Becloforte, the dosing of the two CFC-free BDP products were different and the senior GP at the practice had, according to the representative, expressed an interest in Qvar.

Clearly it was of concern that the complainant had been annoyed by the representative's manner and that according to the complainant the impression given was that the practice would have to follow the representative's advice or patients would suffer. There appeared to have been something of a clash of personalities on the day. However it was not possible to determine where the truth lay. On the basis of the parties' submissions the Panel did not consider that there was sufficient evidence to show that on the balance of probabilities the representative had failed to maintain a high standard of ethical conduct. The Panel ruled no breach of Clauses 15.2 and 9.1. It thus followed that there was no breach of Clause 2.

<b>Complaint received</b>	<b>11 December 2006</b>
<b>Case completed</b>	<b>2 March 2007</b>