

EX-CONTRACTOR v GSK

Allegations regarding representative calls

CASE SUMMARY

This case was in relation to allegations about representatives falsifying and duplicating calls within the customer relationship management (CRM) system at GSK.

The Panel initially ruled no breach of the Code as it considered that the entire matter did not fall within the scope of the Code. The complainant appealed this decision and the case was referred to an independent referee who concluded that one aspect of the complaint fell within the scope of the Code. In accordance with Paragraph 8.7 of the Constitution and Procedure, one aspect of the original complaint was referred back to the Panel for its consideration.

The outcome under the 2021 Code was:

No Breach of Clause 2	Requirement that activities or materials must not bring discredit upon, or reduce confidence in, the pharmaceutical industry
No Breach of Clause 5.1	Requirement to maintain high standards at all times
No Breach of Clause 17.2	Requirement that representatives must maintain high standards of ethical conduct in the discharge of their duties and comply with all relevant requirements of the Code
No Breach of Clause 17.4	Requirement that representatives must ensure that the frequency, timing and duration of calls, together with the manner in which they are made does not cause inconvenience and that the wishes of individuals on whom representatives call and the arrangements in force at any particular establishment must be observed

**This summary is not intended to be read in isolation.
For full details, please see the full case report below.**

FULL CASE REPORT

A complaint was received from an ex- contractor about GSK.

COMPLAINT

The complaint wording is reproduced below:

“I am complaining about Hospital reps in the [named] division falsifying and duplicating calls, and that both their manager and the sales directors were all aware of it despite me reporting it to them with evidence. My GSK [sic.] was also involved and [they] did a data run and found that one hospital rep had a third of [their] calls duplicated and took this evidence to [a] director who said [they would] investigate. No apparent investigation was done, as again in Jan this year I reported the same rep was duplicating [their] calls again. After telling the ethics and governance [employee], [they] also reported and showed the evidence to both the old and current [named director-level role], and both said they would investigate internally. This hospital rep is still working as a GSK headcount and receiving financial reward for [their] false call rate, as is manager who was aware of [their] team all false call reporting. I have attached the timelines and details for my case against GSK which I am aware you will not be adding to this case, but do show how GSK are aware.”

When asked to provide details of any commercial, financial or other interest in the matter of complaint or in the company concerned, the complainant stated “I was contracted to GSK via [third party] and believe I have been singled out and a victim of whistleblowing due to the nature of my complaint.”

Before writing to GSK, the case preparation manager advised the complainant that the company would likely be able to identify them from the information provided. The complainant confirmed that the “timelines and details for [their] case against GSK” referred to in the complaint could be shared with GSK.

When writing to GSK, the PMCPA asked it to consider the requirements of Clauses 17.2, 17.4, 5.1 and 2 of the 2021 Code.

GSK'S RESPONSE

The response from GSK is reproduced below:

“GSK was extremely disappointed to receive your letter dated 21st September 2023, in which the PMCPA informed us of a complaint from an ex-employee of GSK regarding the above. The PMCPA has asked us to consider clauses 17.2, 17.4, 5.1 and 2 of the ABPI code of practice (the code).

The complainant alleges irregularities about the logging of promotional calls on the GSK internal system (double counting) and a failure to act when these irregularities were flagged.

GSK takes its responsibility of abiding by the letter and the spirit of the code and all other relevant UK rules and regulations very seriously and following the complaint, we

have conducted an internal review. GSK contends however that this complaint is out-with the jurisdiction of the Code and should not be referred to the PMCPA Panel. The issues raised relate solely to internal operational and Human Resource matters which are not within the scope of the code. GSK has provided more rationale for this position below.

Background

As part of GSK's [named] sales team, GSK has an arrangement with [third party] to provide contract sales staff. The two employees in question are internal GSK staff while the complainant was a member of the [third party] team. GSK provided briefing to the entire team including the [third party] staff members about the ways of working and rules to follow including a specific and clear reference to the requirements of clause 17.

Scope of the Code

GSK note that, in the introduction to The Code of Practice on page 6 of the 2021 Code, it is made clear that: 'The Code covers the promotion of medicines for prescribing to both health professionals and other relevant decision makers. It also includes requirements for interactions with health professionals. In addition, it sets standards for the provision of information about prescription only medicines to the public and patients, including patient organisations.' More detailed information is provided further down this page, but this does not widen the scope to include internal operational or human resource matters.

GSK also note that Clause 1 of the Code provides detailed information about its scope. Clause 1.1 of the Code is clear that it applies to the promotion of medicines to members of the UK health professions and to other relevant decision makers and to a number of areas which are non-promotional, including information made available to the public.

In the complaint form, the allegation made is of falsified record keeping such that calls are being recorded in duplicate in order to gain financial reward. This allegation is of course of concern, but the complainant has not made any allegation that these behaviours impact on the promotion of prescription only medicines to health professionals or other relevant decision makers or on the provision of any information. GSK contend that neither the method of internal documentation, nor any deviation from this, is subject to any requirements of the Code. Furthermore, GSK can confirm that at the time covered by the allegation, there were no financial incentives linked to call rate in this team.

GSK note that clause 17.4 requires Representatives to ensure that the frequency, timing, and duration of calls on health professionals and other relevant decision makers, together with the manner in which these calls are made, do not cause inconvenience. The complainant alleges that calls were falsified to show higher calls than were actually made. They do not allege or provide any evidence to suggest that call rates were of a frequency, timing, or duration to cause inconvenience. GSK contend that, even if proven to be true, the allegations of falsification of internal documentation would have had no impact on the promotion of medicines to health professional and are out of the scope of the Code.

GSK note that Clause 17.2 of the Code requires Representatives to maintain a high standard of ethical conduct in the discharge of their duties and comply with all relevant requirements of the Code. GSK note that this is in the context of the scope of the code as detailed in its introduction and Clause 1. Whilst the detailed allegations about the conduct and behaviour of GSK employees provided in the complainant's statement of events would, had they been proven to be true, be of concern, these behaviours relate to internal processes and interpersonal interactions. No allegations are made that these behaviours impacted upon any promotional or non-promotional activity with health professionals or other relevant decision makers. GSK contend, therefore, that the behaviour referred to is a matter for internal investigation and resolution and is not within the scope of the Code.

Furthermore, given GSK's contention that the allegations made in the complaint fall out of the scope of the code, Clauses 15.1 and 2 are also out of scope.

GSK firmly believe that this complaint is outside of the scope of the Code and should not be referred to the PMCPA Panel.

Should the Case Preparation Manager determine otherwise, GSK denies breaches of all the clauses listed, with the rationale for each provided below.

Clause 17.2

The complainant alleges that two members of the GSK field team falsified calls on the system. The PMCPA has asked us to consider clause 17.2 in this regard. Upon receiving the letter of complaint from the PMCPA, GSK undertook a review of our internal process, the relevant briefings provided to the field teams and the data related to the promotional calls logged by the two individuals named by the complainant, including the number of calls.

Following the internal review, GSK has not uncovered any evidence suggesting the absence of a high standard of ethical conduct by either employee.

When the potential issue of double counting calls was raised by the complainant, the Manager of the two employees carried out an informal review. This identified some confusion in the employees' minds about how to accurately record some calls in our Customer Relationship Management (CRM) system with the use of multiple pieces of promotional material. This was addressed at the time in the form of an email communication sent to the entire team to further clarify how to record calls, in the instance when multiple interactions are held with the same HCP on the same day (e.g., a 1:1 discussion followed by participation in a group meeting). However, no untoward behaviour was identified, and multiple calls recorded on the same day for the same HCPs were explainable by the advice the team had been given on what and how to log calls. On examining the totality of the two employees' interactions with all HCPs on their respective engagement lists, the average call rates are well within what GSK would expect of a representative doing their job as required.

In addition, the activity planning briefing for Trimester 2 of 2022 (which corresponds to the timelines of the complainants' allegations) provided to the representatives makes

very clear that all interactions must be in line with the ABPI code and in particular, the aspect about the number of calls on average when planning calls. GSK operates with a culture of trust in our representatives but reinforces our values one of which states: 'doing the right thing with integrity and care because people count on us.' Despite this, representatives' managers monitor their activities on an ongoing basis to maintain high standards. With respect to the measurement of representatives' activity, we contend the briefing makes clear that representatives over-counting calls will not get credit for this. The briefing given to the representatives regarding the Sales Force Incentive (SFI) clearly links SFI to the delivery of outputs including market growth and a change in market share and is in no way linked to call rates.

While the evidence provided by the complainant alleges that the two GSK employees falsified and duplicated calls on the GSK reporting system, they have provided no evidence of any issues with how the employees discharged their duties and in particular with respect to how they interact with HCPs in a way that breaches the code. In the absence of any further evidence, GSK is reassured that the GSK employees have maintained a high standard of ethical conduct in the discharge of their duties and complied with all the relevant requirements of the code. We therefore deny a breach of clause 17.2.

Clause 17.4

The PMCPA has asked GSK to consider clause 17.4. We note that the wording of the supplementary information about clause 17.4 states that the number of calls made by a representative on a doctor or other prescriber over a year should not normally exceed three on average.

[GSK provided a file displaying] the total number of calls for each employee over the course of 2022 and 2023 to date. GSK have calculated the average number of calls taken across the different HCPs on their list and have worked out that employee 1 had an average of 2.49 calls in 2022 and 1.0 calls in 2023 so far. It is important to note that [details of personal circumstances of employee 1]. The average number of calls per HCP for employee 2 was an average of 2.38 in 2022 and 2.37 in 2023.

While there are some HCPs who were called on more frequently than others, this is due to two reasons:

- the representatives in question either working collaboratively with HCPs in leadership positions within the healthcare system on project work (e.g., medicines optimisation projects, design, and execution of educational initiatives) or
- that the HCPs speak on behalf of GSK about GSK products. They would therefore receive a detailed briefing from their 'Speaker Business Owner' (the employees in question) prior to each presentation as part of good governance and these would have been logged as an interaction.

GSK contends therefore, that the call rates for both employees are well within the requirements of the code. We also contend that it is counter-intuitive for the complainant to allege falsification and over-counting of call rates when the evidence shows that the two employees' call rates are well within acceptable limits of the code and not higher than would be expected. We therefore deny a breach of clause 17.4.

Clause 5.1

As explained above GSK denies breaching clauses 17.2 and 17.4. We therefore also deny a breach of clause 5.1.

Clause 2

As described above, GSK have carried out an informal internal review of the call rates reported by the two GSK employees and have found no cause for concern. Both staff members have not breached the rules in terms of average call rates per year and neither is there any evidence of them having falsified any of their reporting or any unethical behaviour in discharging their duties. Furthermore, GSK had given clear briefing to the teams about the rules to follow in carrying out their jobs therefore we contend that there is no systemic issue in our processes. We do not believe therefore that the behaviour of our two employees has brought discredit upon or reduces confidence in the pharmaceutical industry. GSK therefore deny a breach of clause 2.

Summary

GSK takes its responsibilities in abiding and adhering to all UK rules and regulations including the code very seriously. We contend that, for the reasons laid out above, this case should not be referred to the PMCPA panel. Should it still be referred, then GSK has provided details of why we contend there have been no breaches of any of the clauses of the code we were asked to consider.”

INITIAL PANEL RULING

The Panel noted that an ex-contractor alleged that hospital representative sales staff within the respiratory division had been falsifying and duplicating sales calls to health professionals within the customer relationship management “CRM” system at GSK. The complainant stated that they had reported this internally, but no investigation had been carried out and the activity had continued to happen. The complainant referred to the representatives receiving financial reward for the false call rates.

The Panel firstly had to decide whether or not the matter was subject to the Code. Clause 1.1 made it clear that the Code applied to the promotion of medicines to health professionals or other decision makers and to certain non-promotional activities.

The Panel noted GSK’s submission that the behaviours alleged did not impact the promotion of prescription only medicines to health professionals or other decision makers. GSK further submitted that the behaviours alleged related to internal processes and interpersonal interactions and that this did not impact on any promotional or non-promotional activity with health professionals or other relevant decision-makers. In the Panel’s view, when a complaint concerned an internal matter, it did not automatically mean that the matter was out of scope – certain internal matters were potentially within the scope of the Code.

Whilst the complainant alleged that GSK failed to investigate this issue when raised, GSK submitted that an informal review showed that there had been some confusion with sales representatives recording their interactions with health professionals where the interaction

involved multiple pieces of promotional material. This was addressed with the representatives by way of email instructions to clarify how to record such interactions, for example, if there was a one-to-one discussion followed by participation in a group meeting, this would warrant a double entry. The Panel considered that this explained the double entries that were recorded in the screenshots provided by the complainant. Furthermore, GSK's internal review concluded that no untoward behaviour was identified, and the multiple entries recorded in the CRM system were justified given the advice the team were given on how to log calls and interactions with health professionals.

The Panel noted that the complainant bore the burden of proof and did not consider that they had demonstrated that the subject matter of complaint fell within the scope of the Code. The complaint concerned an internal administrative matter that appeared to have been rectified by the company. There was no evidence before the Panel that the matter at issue affected matters within the scope of the Code, such as the frequency and manner of calls on health professionals, as set out in Clause 17.4, or that such behaviour was in any way incentivised by the company. The Panel therefore determined that the subject matter of the complaint fell outside the scope of the Code and ruled **no breaches of Clauses 2, 5.1, 17.2 and 17.4** of the 2021 Code.

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The parties were informed of the Panel's decision, and the complainant appealed the Panel's ruling that the matter was outside the scope of the Code to an independent referee.

FURTHER INFORMATION FROM THE COMPLAINANT ABOUT THE SCOPE OF THE COMPLAINT

The complainant provided the following reasons for their appeal, reproduced below:

"With reference to alleged duplicating and falsification of calls:

When the potential issue of double counting calls was raised by the complainant, the Manager of the two employees carried out an informal review. This identified some confusion in the employees' minds about how to accurately record some calls in our Customer Relationship Management (CRM) system with the use of multiple pieces of promotional material.

- Both GSK Hospital representatives in question have been with GSK for [more than 10 years] and [more than 10 years] respectively, and GSK would like you think that both these representatives were unfamiliar, confused with the CRM system in reporting calls.
- The email communication from their manager to clarify how to record their calls, was sent out 28th February 2023- [named employee 1], 1 of the 2 representatives in question, was not included in that email as [details of personal circumstances of employee 1]. No evidence of any communication with [employee 1] to ensure [their] confusion in accurately recording [their] call after 20 years with GSK, has been produced.

- *They do not allege or provide any evidence to suggest that call rates were of a frequency, timing, or duration to cause inconvenience.*
- In the call report included in this Appeal, 25/11/22 we see an example of calls made under Face to Face (F2F) NOT meeting, [employee 1] sees same customer F2F at 10.34am and then again at 1:52 pm. First call was submitted in the CRM system on 25/11/22, second same day F2F call was submitted in the CRM system on 28/11/22. There had also been calls for this same customer on 23/11/22 submitted 26/11/22, after the last call was even made. There was also a call reported 15/11/22 on this same customer, 4 calls in 1 month. Were these calls solicited or unsolicited? All these calls are reported as F2F not Meeting, which is different to the rules GSK laid out.
- In another call (report included in this Appeal) [employee 1] reports a call on 13/9/22, F2F with a customer at 1:37pm, very specific time; then [they report] on the same day another call with the same customer at 1:38pm, 1 minute apart, both these calls were submitted to the CRM system on 14/9/22.
- [Employee 1], 8/7/22 first call on same customer was made at 11.47am F2F, then again 8 minutes later at 11.55am, again F2F, neither reported as a meeting. Submitted 3 days later, both calls 11/7/22
- [Employee 1], 6/12/22 F2F call with same customer 12:45pm and another F2F call 1.06pm, 12:45pm submitted on CRM 14/12/22, 1.06pm call was submitted on 7/12/22. Neither call was submitted as a Meeting
- [Employee 1], 22/11/22 F2F calls on same customer at 1.03pm and 2.43pm, 1:03 pm submitted on 26/11/22 whilst 2:43pm was submitted on 22/11/22
- [Named employee 2], second representative in question on 14/6/22 recorded a web call with same customer at 1:30pm and 2:30pm, submitting on 7/7/22 and 11/7/22, neither recorded as Meeting, both Web Calls.
- Different customer of [employee 2], 14/6/22 Web call 1pm and 1:30pm, submitted 29/6/22 and 7/7/22 respectively. Not recorded as a meeting but as web call.
- Different customer of [employee 2] on 14/6/22 1:30pm and 2:30pm, submitted 7/7/22 and 11/7/22 respectively. Again, no meeting, counts as F2F in recording on CRM system.
- [Employee 2], 19/7/22 F2F call on same customer at 12:41pm then 5 mins later at 12:46pm. Both submitted on 19/7/22 and neither was recorded as a meeting.
- Also email sent to same customer as above, 2 calls and email delivered to same customer in 1 day.

From a code perspective this suggests call rates that were of a frequency, timing and duration, could cause inconvenience to the HCP. All these contacts were recorded as face to face, non were recorded as meetings, so the nature of the call is questionable as how can you see multiple people at the same time without it being a meeting?

Several calls were submitted into the GSK CRM reporting system days/weeks later than date of call, and times vary. For 2 representatives that have worked for years with GSK, and have recorded calls into a CRM system throughout their time with GSK, why would they be confused about how to record their calls? If the manager, as stated by GSK monitors his representatives calls why was this not picked up and addressed sooner?

In GSK response Enclosure 4, it states -12th September 2022-"I was focusing on f2f data" which corresponds to why no meeting attendees were recorded, only F2F.

Secondly in Enclosure 4 from GSK it states – 27th September 2022 "error capturing media which is now resolved." If this was the case how can this error be responsible for all the calls post 27th September leading to 2023? These calls were done deliberately and with the representative's complete knowledge and awareness.

20th September [named employee 3] of GSK, complainant's manager, advised that [they] did a 4 month run on the [named region] Hospital teams calls, [they] discovered [employee 1] had highest number of duplicate calls, 1/3 were duplicated in that 4 month period. This was confirmed in an email to Hospital [named region] team Manager [named employee 4] from [employee 3] on 31st January "few months ago 39 instances of double calls on the same day, approx. 26% of activity- 9 instances in the last 3 months approx. 5 % of the calls" In complainant's team run by [employee 3] "5 out of 441 calls (duplicated) – 1%"

So why was [employee 3]'s team who uses same CRM system has such low duplication rates compared to a very established hospital team? My team's incentives were around sales and growth of market share.

Clause 17.2 – No allegations are made that these representatives behaviour impacted upon any promotional or non-promotional activity with HCP's or other relevant decision makers (GSK response)

[Employee 1] (GSK employee) sent the complainant (contracted to GSK) an email regarding a customer and GSK promotional material, which directly impacts on the HCP.

9th August 2022 – "Hi [complainant], with my cultural lens, I think [named health professional] would not be receptive to any challenge on the HPA SITT data...."

I am not of the same culture as both [employee 1] and [named health professional], and the data in question was relevant to both my role and promotional material. [Employee 1] could have said "in my opinion" "with my knowledge of the customer", but [they] deliberately chose to use the word culture to stop me from using this promotional material, making [their] behaviour unacceptable and potentially racially discriminative towards both myself and the HCP. This is against the code of practice, and GSK were aware of [employee 1]'s email and comment and did nothing to address this. GSK have denied that their representatives have behaved in such a manner, being fully aware of this situation and comment.

On examining the totality of the two employees' interactions with all HCPs on their respective engagement lists, the average call rates are well within what GSK would expect of a representative doing their job as required.

I have attached an alternative report for [employee 1] and [employee 1's] call rate which shows that there appears to be a discrepancy between what GSK have recorded and what shows on the call report. Which figure is correct? [Employee 1] was known as a high achiever and [reference to professional achievement] which means [their] bonus and salary would have been connected to [their] performance measures.

My question for GSK and the PMCPA, is how long was this "confusion" on call duplication going on? If the manager looks at calls entered the system, why was it not found until I discovered it? Were the duplicate calls removed from the system and not included in [employee 1]'s end of year reviews, bonus, and salary increases?

I submit that both [employee 1], [employee 2] and their manager [employee 4] were aware of the extra calls, this enabled all to reach financial rewards and so no one said anything until I rocked the boat.

It was not until after [details of personal circumstances of employee 1] 6 months after my first raising of this duplicating of calls, that [employee 4] sent out this email to the rest of [their] team about how the calls would be recorded and give them clarity.

"coordinated with governance and this is the process we must follow:

- * *Scenario 1 – You see a HCP earlier in the day and have a call, they then attend your meeting:*
 - o * *Record both interactions in Veeva*
- * *Scenario 2 – You have a 1:1 with a HCP before a meeting starts and the conversation and GSO is materially different to the one in the meeting they then attend.*
 - o * *Record both interactions*
- * *You have a 1 to 1 with an HCP and they then attend your meeting, the nature of the content discussed does not vary and the only GSO is derived from the meeting.*
 - o * *Record them in the meeting only"*

All this relates to meetings, and none of the calls duplicated were related to meetings, this clearly shows that the calls were wrongly entered and were incorrect. This would lead the customer to have promotional material given, where in fact it was not, so customers were potentially missing out, being given the same information more frequently than they would like, and the promotion of the product was being potentially misleading.

As the [job title] for the area, I was aware of those accounts, including hospitals, that were losing business, high potential and needed protecting. GSK have stated that the hospital reps did not have incentives around call rates and were based around market growth and movement.

An email from [employee 1] January 2023 (before [details of personal circumstances of employee 1])-

Complainant- "Your main focus at the mo is [named county]?"

[Employee 1] "Very busy with adding speakers to the bureau and feel do not have the time" "This is one of the things I am focussing on as it's a business priority"

There was no mention of his priorities being around Market share growth or movement.

As you will see from and email from [employee 4], [employee 1] only had 38% of [their] time in priority accounts, so how could [they] grow the business if [they] was not in priority accounts? Also, there was number of calls next to each hospital, so why state this in numbers and calls if it was not a priority and therefore an incentive?"

FURTHER RESPONSE FROM GSK

GSK's response to the complainant's appeal is reproduced below:

"We are writing in reference to the Appeal to the recent case AUTH/3826/9/23 that was ruled as a No Breach by the Prescription Medicines Code of Practice Authority (PMCPA). After careful consideration and thorough internal review, we would like to confirm that GlaxoSmithKline (GSK) stands by our response submitted on 20th October 2023.

We believe that our initial response comprehensively addresses the concerns raised and provides all necessary information and context relevant to the case. As we previously proposed, the issues raised relate solely to internal operational and Human Resource matters which are not within the scope of the Code. The new enclosures provided by the complainant have not demonstrated that the matter falls within the scope of the Code and at this time, we do not have any additional information or further comments to add to our original submission.

We appreciate the opportunity to present our position and remain committed to upholding the highest standards of ethical conduct and compliance with the ABPI Code of Practice."

FURTHER RESPONSE FROM THE COMPLAINANT

The complainant provided the following response to GSK's comments above:

"I am not surprised at the GSK response, but I still strongly believe that both GSK and employees within the company have breached the code of practice.

[Employee 1] used "cultural lens" comment to deter me from doing my job, and chose [their] wording to make a cultural bridge between me and the customer. The customer did not choose that wording, and would not have done professionally.

Multiple calls that are face to face on the same day, some only minutes apart; if this was true then this is an excessive calling, unsolicited, in one day.

Employees who have been working for GSK for more than 10 years not knowing how their CRM system works is unlikely, especially as training is available and could be in place as part of their personal development plan. A third of calls looked at were double

recorded, and the rep in questions was a top performer for [their] call rate. Has GSK provided call rates BEFORE the time of reporting this? Can they provide evidence of [employee 1]'s sales figures compared to [their] call rates? Can they explain why this rep used potentially discriminative wording in an unprofessional way? And have no consequences as a result?

GSK are aware of these claims, as they were highlighted as they were happening, by myself.

I am happy for this to be reviewed by an independent referee, and await their decision.”

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The independent referee decided that one aspect of the complaint fell within the scope of the Code. In accordance with Paragraph 8.7 of the Constitution and Procedure, the original complaint was referred back to the Panel for its consideration.

PANEL RULING

The Panel noted the decision of the independent referee meant that:

- insofar as the complaint related to how representatives recorded their calls on the CRM, that aspect was outside the scope of the Code;
- insofar as the complaint related to the number and frequency of calls made to health professionals, that aspect of the complaint fell within the scope of the Code.

The Panel noted that it had now reconvened solely to consider the original complaint and the original response in relation to the implied allegation about frequency and number of calls; the issue of whether the original complaint was within the scope of the Code and the attendant arguments submitted by the parties about the scope of the original complaint were not before it for consideration.

The Panel considered the original complaint in relation to an implied allegation that calls recorded in the CRM system may have occurred and caused inconvenience to health professionals in relation to their timing and frequency. The Panel noted that the complainant bore the burden of proof and had to establish their case on the balance of probabilities. Noting that the original complaint appeared to be focused on an allegation that representatives were falsifying and duplicating calls by inaccurately recording them in the CRM system, the Panel did not consider the complainant had demonstrated the extent to which the CRM records reflected actual calls upon or interactions with health professionals; nor had they demonstrated whether any interactions that might have taken place caused inconvenience, taking into account frequency, timing and the wishes of individuals. **No breach of Clause 17.4** was ruled.

The Panel, therefore, considered that there was no evidence that the representative/s had not maintained a high standard of ethical conduct in this regard or had failed to comply with all relevant requirements of the Code as required by Clause 17.2. The Panel ruled **no breach of Clause 17.2**.

Taking all of the above into account, and given that there were no breaches ruled, the Panel ruled **no breaches of Clauses 5.1 and 2**.

Complaint received **18 September 2023**

Case completed **24 March 2025**