

COMPLAINANTS v GSK

Allegations about GSK advertisements on Facebook

CASE SUMMARY

This case was an amalgamation of two complaints about advertisements placed on Facebook by GSK. The complainants (both of whom stated they were not health professionals) alleged that the advertisements, which signposted to a GSK webinar, had appeared repeatedly in their Facebook feeds and that GSK had failed to take all reasonable steps to restrict the advertisements to the intended audience of primary care health professionals.

It was further alleged that, although the advertisements did not name a medicine, the statement that “product-related information would be discussed” gave rise to concerns about the indirect promotion of prescription only medicines to members of the public.

The outcome under the 2024 Code was:

No Breach of Clause 5.1	Requirement for companies to maintain high standards at all times
No Breach of Clause 26.1	Requirement to not advertise prescription only medicines to the public

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

FULL CASE REPORT

Two complaints were received about GSK UK Limited from contactable complainants:

1. The complainant in Case/0900/03/26 described themselves as an ex-employee of GSK.
2. The complainant in Case/0915/03/26 described themselves as a member of the public.

The two complaints were amalgamated in accordance with Paragraph 5.2 of the PMCPA Constitution and Procedure because the material/activity at issue was the same in both complaints. Neither the complainants nor GSK objected to that amalgamation.

COMPLAINTS

Case/0900/03/26

The complaint wording in Case/0900/03/26 is reproduced below:

“A sponsored ad for a GSK promotional meeting regarding COPD meant for health care professionals appeared in my Facebook feed. I am a member of the public not a health care professional.”

Further information from the complainant

The case preparation manager asked the complainant if they followed any GSK accounts on Facebook. The complainant's reply is reproduced below:

“I clicked on follow on the main GSK page today for the first time.

It was after doing so the promotional ad was received several times today.”

In their response, agreeing to the amalgamation of the two complaints, the complainant also stated:

“It was the frequency of the ads that led me to complain. I believe at least 6 times in less than 24 hours the same ad popped up.”

Case/0915/03/26

The complaint wording in Case/0915/03/26 is reproduced below with some typographical errors corrected:

“I wish to raise a concern regarding a sponsored social media advertisement from GSK promoting a COPD-related webinar titled ‘The next chapter in COPD’.

I am a member of the general public and am not a healthcare professional, have no clinical background, and no expressed interest in COPD or related conditions. Despite this, I have been shown this advertisement repeatedly over at least three consecutive days on a general social media platform (Facebook).

The advertisement explicitly states that it is intended for ‘UK healthcare professionals and other relevant decision makers’ and that ‘product-related information will be discussed.’ This strongly suggests that the content relates to the promotion of prescription medicines, albeit within an educational or meeting context.

While I understand that pharmaceutical companies are permitted to promote meetings to healthcare professionals, the ABPI Code is clear that prescription-only medicines must not be promoted to the public (Clause 26), and that companies must take all reasonable steps to ensure that promotional material is directed only at appropriate audiences.

In this case, the repeated delivery of this advertisement over multiple consecutive days indicates that this is not incidental exposure but systematic targeting. The fact that I, as a

clearly non-target audience member, continue to receive this content suggests that those steps may not have been adequate.

Companies are responsible not only for their intent but also for the outcomes of their chosen communication channels. This includes ensuring that the platform selected and the targeting mechanisms applied are appropriate to prevent exposure of promotional material to members of the public.

The use of a broad, consumer-facing platform such as Facebook, where the default audience is the general public, increases the importance of robust audience restriction. In this instance, those controls appear to have been ineffective.

There is, in my view, no justifiable reason why a member of the public should be seeing information relating to pharmaceutical industry-sponsored medical education webinars intended for healthcare professionals, particularly where such materials reference product-related information.

I would also ask that consideration is given not only to the strict wording of the Code but to its underlying spirit. The intent of the Code is to maintain a clear boundary between promotion to healthcare professionals and information accessible to the public. The use of broad-reach social media platforms for HCP-directed, product-related promotional activity risks blurring that boundary, particularly where targeting controls are ineffective.

Even in the absence of explicit product naming, the reference to 'product-related information' within an industry-sponsored webinar raises concerns about indirect promotion reaching members of the public.

I am therefore concerned that this activity may constitute a breach of Clause 26 of the ABPI Code, specifically in relation to the requirement to prevent promotion of prescription medicines to the public and to take all reasonable steps to restrict such material to appropriate audiences.

I would be grateful if this activity could be reviewed to determine whether:

- sufficient audience targeting and restriction measures were in place,
- the repeated exposure to a non-HCP audience constitutes a failure to meet the 'all reasonable steps' requirement,
- and whether this approach aligns with both the letter and the spirit of the ABPI Code."

When writing to GSK, the PMCPA asked it to consider the requirements of Clauses 5.1 and 26.1 of the 2024 Code.

GSK'S RESPONSE

The response from GSK is reproduced below:

"Thank you for your letters dated 10th March 2026 and 1st April 2026 in which you shared a complaint received by an ex-employee and an employee of a competitor company in relation to a GSK advertisement. The complainants allege that the

advertisements are not compliant, and we have been asked to consider our response in relation to clauses 26.1 (promotion to the public) and 5.1 (high standards).

GSK takes this allegation very seriously and is committed to following both the letter and the spirit of the ABPI Code of Practice and all other relevant regulations. GSK notes that GSK was not approached for inter-company dialogue regarding case/0915/03/26 where the complaint describes themselves as working for a competitor to GSK in some therapy areas. For transparency the campaign was formed of 3 sponsored social media advertisements, the 3rd advertisement has been included for completeness.

For the purposes of this response, the term 'advertisements' refers to the non-promotional advertisements on a social media platform, specifically Facebook, signposting UK healthcare professionals (HCPs) to attend a GSK-organised webinar titled 'Seeking Clarity in COPD: Can we set more ambitious care goals?' scheduled for Thursday, 16th April 2026.

The first complaint, an ex-employee reported that the advertisement is visible to them on their Facebook feed and expressed that they are a member of the public and not a HCP. They have also stated that they received this advertisement in their Facebook feed after they clicked 'follow' on the GSK page.

The second complaint believed to work for a competitor company, a member of public and not a HCP, reported that the advertisement was shown over 3 consecutive days.

Clause 26.1: Promotion to the public

GSK acknowledges the concerns raised by the complainants and has conducted a comprehensive internal review outlined below and have determined that no promotion of a medicine to the public has occurred, therefore GSK refutes the allegation of a breach of clause 26.1.

The advertisements signpost a promotional webinar organised and funded by GSK, featuring expert speakers discussing setting ambitious care goals for COPD management. Specific details of the webinar, including date, time and the names of speakers, are outlined in the advertisements. The advertisements are non-promotional and appropriately signposts the intended audience, in line with the PMCPA Social Media Guidance. The advertisements include a clear statement: 'Promotional webinar organised and funded by GSK. Product-related information will be discussed' and clearly states that the event is intended for UK HCPs in primary care at the outset. They display the text 'Join the next GSK organised and funded webinar in COPD care 2026' and a blue button to 'Sign Up' at the bottom of the advertisements. Importantly, the webinar requires registration to attend. Furthermore, the imagery on the advertisements is of the two expert speakers featured in the upcoming webinar event focused on COPD management and professional education. Importantly, the advertisements contain no reference, directly or indirectly to specific medicines, including specific names, mechanisms of action, drug classes, safety, or efficacy claims.

The Facebook advertisements aim to increase registrations for the webinar, and the registration process also allows HCPs to opt in to promotional emails from GSK. They

contain a 'Sign Up' request encouraging HCPs to 'Join the next GSK webinar' and register through an in-channel form. The form is non-promotional and contains no references directly or indirectly to specific medicine. This form is solely designed to allow HCPs to opt in to promotional emails from GSK and to enable registrations for the webinar as part of routine HCP engagement activities. In line with the PMCPA Social Media guidance the advertisements do not disseminate information directly via social media but signposts to information, in this case registration for a promotional webinar.

Accordingly, the advertisements cannot reasonably be interpreted as promoting a prescription-only medicine (POM) to the public. GSK would like to clarify that the intended audience for the advertisements are UK primary care HCPs, and numerous technical and procedural safeguards were implemented to restrict access and visibility to this group in line with GSK policies.

The first step taken to target the advertisements within the parameters of the social media channel selected - Meta (Facebook) - was to use a sponsored advertisement which does not appear on the GSK main feed; this required GSK to target a 'lookalike' audience. A lookalike audience is a targeting method provided by Meta (Facebook) that allows advertisers (GSK) to reach broader groups of users who share similar general characteristics to an initial, privacy-protected 'seed' audience known to GSK.

The seed audience is created from GSK consented data (e.g. email addresses that have been converted into one-way encrypted codes) so that individuals cannot be identified by GSK or by the platform (Meta Facebook). GSK additionally applied strict parameters—such as UK only location filters, age ranges, and minimum similarity thresholds—to minimise unintended reach. A 1% lookalike threshold was used, which is the narrowest and most restrictive audience size Meta offers.

While such controls significantly reduce the likelihood of the advertisements being shown outside the intended professional audience, no social media platform can guarantee 100% precision, as final content placement is ultimately determined by the platform's algorithm. This inherent limitation of digital platforms is recognised in our processes, and additional safeguards outlined below were implemented to ensure that only appropriate individuals can access any subsequent promotional content.

1. Access to the webinar is restricted by mandatory self-verification of HCP status at registration via an in-channel form. Registrants are required to provide and confirm professional details (e.g., work email, employer, work postcode and GMC/NMC registration number).
2. Furthermore, as an additional safeguarding measure, GSK undertakes an extra step of verifying the HCP status with their professional body. Registrants' professional information is checked against official records maintained by relevant professional bodies, ensuring all participants are verified HCPs therefore suitable to attend the webinar.

Access to the live meeting is granted only after these details are validated. This check ensures the event is limited to the intended HCP audience.

Because of the controls and evidence set out above, specifically that the public facing advertisements contained no product names, claims or promotional content, clearly identified GSK as organiser and signposted that product-related material would be discussed at the event, this is in line with PMCPA Social Media guidance. As the advertisements is delivered via paid, targeted placement, and that webinar access is issued only after mandatory HCP verification, GSK submits that no promotion of a prescription only medicine to the public has occurred and therefore refutes any breach of Clause 26.1. While we acknowledge that platform algorithms can occasionally produce unintended impressions, that technical possibility does not change the non-promotional nature of the material nor the effectiveness of the gating and verification safeguards we applied in line with our GSK policies.

Clause 5.1 – High Standards

The PMCPA have asked us to consider clause 5.1 in our response which requires activities and materials directed towards both HCPs and the public to maintain high standards appropriate to the pharmaceutical industry. GSK asserts that this clause has not been breached for several reasons.

The Facebook advertisements were reviewed and certified by GSK's ABPI Final Medical Signatory (a GPhC Registered Pharmacist), who ensured compliance with the ABPI Code before approval for publication. The approval process followed GSK's robust internal protocols, including mandatory training for signatories and documented attendance at monthly Code & Governance Forums.

The material meets the high standards outlined in Clause 5.1, as it does not contain misleading statements, omissions, or promotional claims related to medicinal products. It clearly stated that the event is intended for UK HCPs in primary care and requires registration to attend. The campaign leveraged Meta's lookalike audience targeting systems, as described above. Additional procedural controls, including mandatory verification of HCP status for webinar access, further ensures restricted participation.

The advertisement's final form examination was completed. The certification processes ensured the format met stringent standards, and the final form examination was documented appropriately.

Given the inherently higher risk associated with this activity, GSK instituted further approval steps to meet the high standards outlined in Clause 5.1 of the ABPI Code of Practice. In addition to the ABPI Final Medical Signatory review, approval, certification and examination of final form, the [senior medical employee] also reviewed and approved the final material, providing an extra layer of oversight and ensuring compliance with regulatory expectations.

Within case/0915/03/26, the complainant states that [the advertisement] was visible on 3 consecutive days and one visual was shared. As detailed above the final content placement (timing and frequency) is determined by the platform's algorithm. In set up of this campaign frequency parameters cannot be altered. Meta's delivery algorithm prioritises users with a higher 'estimated action rate' (based on the users past behaviour such as form fills, clicks or purchases, similar-user behaviour, and engagement with the advertisements themselves), aligned to privacy requirements we are unable to determine through data available in the platform what specific action led

to the complainant seeing the advertisement. The limitation of such digital platforms is recognised in our processes, and a 3rd party media agency was contracted to monitor the campaign performance and provide recommendations back to GSK. Meta uses sampled data to calculate the estimated frequency of the full campaign. For the duration of the campaign (4 weeks) the media agency did not observe drops in engagement (such as people seeing the advertisements but not clicking, clicks not turning into action and an increase in hides, reports or 'see fewer ads like this') and no recommendations from the 3rd party to GSK to amend the campaign were made. For transparency the final estimated frequency for the campaign (3 advertisements) was 5.45.

As per GSK's thorough review and monitoring of the campaign performance, the entire content of the advertisements aligns with Clause 5.1, meeting all specified high standards required for activities in the pharmaceutical industry.

Conclusion

GSK submits that no breach of Clause 26.1 (promotion to the public) or Clause 5.1 (high standards) has occurred. The advertisements contain no reference, direct or indirect, to any medicine (name, class, mechanism, safety or efficacy). It clearly identifies GSK as organiser and expressly signposts that 'product related information will be discussed' at the event. The advertisements are delivered by paid, targeted placement and all access to webinar content and any product related material is gated behind mandatory HCP verification. These measures were reviewed and certified as outlined above documented in a complete, timestamped audit trail. GSK contracted with a 3rd party media agency to monitor the campaign and provide subject matter expertise.

GSK notes that the PMCPA has previously considered complaints concerning the use of sponsored social media advertising to signpost to promotional meetings/webinars. In PMCPA case AUTH/3393/10/20, the Panel considered a sponsored social media advertisement for a promotional webinar and assessed the context, including the content of the advertisement, the intended audience and targeting, and the controls used to restrict access to product-related information. While each case turns on its facts, GSK submits that the present advertisement was non-promotional, clearly intended for UK HCPs, delivered via paid targeted placement, and supported by mandatory HCP registration and verification before access to the webinar and any product-related information.

We remain confident in our governance applied throughout this process and while we acknowledge the theoretical possibility of an occasional unintended impression due to platform algorithms, that technical possibility does not alter the non-promotional nature of the material nor the effectiveness of the multi-layered safeguards we applied to ensure we do not promote to the public."

PANEL RULING

This case was in relation to sponsored advertisements placed on Facebook by GSK, which signposted to a GSK-organised and funded promotional webinar on the management of chronic obstructive pulmonary disease ("COPD").

The PMCPA received two complaints about these advertisements. Both complainants stated that they were not health professionals and alleged that they had seen these advertisements on their Facebook feeds.

The complainant in Case/0900/03/26 stated that they were a member of the public and an ex-employee of GSK. They also explained that the advertisement had appeared several times in a day, after they had first chosen to follow GSK's main Facebook page.

The complainant in Case/0915/03/26 stated that although they were a member of the public with no clinical background and no expressed interest in COPD, they had been shown the advertisement repeatedly over at least three consecutive days. The Panel understood the complainant's allegations to be that the activity resulted in the promotion of prescription only medicines to the public and that GSK had failed to take all reasonable steps to restrict the advertisement to its intended audience. In particular, the complainant raised concerns that:

1. repeated delivery over multiple consecutive days indicated systematic targeting rather than incidental exposure,
2. companies were responsible not only for their intent but also for the outcomes of their chosen communication channels,
3. the use of a broad, consumer-facing platform, on which the default audience was the general public, increased the importance of robust audience restriction, and
4. the reference to product-related information being discussed at an industry-sponsored webinar raised concerns about indirect promotion reaching members of the public.

The complainant in Case/0915/03/26 disclosed that, while they had never worked for GSK, they believed their current employer to be a competitor of GSK in some therapy areas. However, the complainant stated that they had no therapeutic interest in this area. That disclosure had been provided to GSK in accordance with Paragraph 5.9 of the PMCPA Constitution and Procedure.

The Facebook advertisements

The complainants had each identified slightly different versions of the same advertisement which had appeared in their Facebook feeds. Although the complainant in Case/0915/03/26 referred to the title of the webinar as "The next chapter in COPD", the screenshot they attached showed largely the same advertisement as provided by the complainant in Case/0900/03/26. The content of the advertisements is described below.

At the top of the advertisements was the label "Sponsored", beneath the GSK account name. The body text of the advertisements began "This is a promotional webinar organised and funded by GSK...", with the remainder of the text truncated behind a "See more" link. Although neither complainant had provided the full version of the advertisement showing the text that was revealed by clicking "See more", GSK had provided the three different advertisements for the meeting, each with differing job codes, that it had used. All three had the next line: "For UK healthcare professionals in primary care only". The subsequent line was different in each of the three advertisements as follows:

1. "Join our expert panel and learn practical guidance on the clinical management of patients with COPD",

2. “Understanding the importance of preventing COPD exacerbations and raising the ambition in management goals for COPD matters. Join the expert panel to find out why”, and
3. “Don’t miss out on the opportunity to explore the recent real-world data findings and how a holistic approach could help enhance COPD management”.

All three advertisements then had the same accompanying image which included, in the upper portion, the statements:

- “A webinar which aims to provide a clear and transparent holistic approach to COPD management”, and
- “For UK healthcare professionals in primary care only.”

The image set out the title of the webinar in larger font: “Seeking Clarity in COPD: Can we set more ambitious care goals?”, the date and time of the event, and the photographs, names and job titles of two named health professionals described as leading experts.

The footer of the image stated “This promotional webinar is organised and funded by GSK. Product-related information will be discussed”, together with a job code and date of preparation. Beneath the image was a Facebook form headed “Join the next GSK organised and funded webinar in COPD care 2026” with a “Sign up” button.

GSK submitted that selecting “Sign up” opened a non-promotional registration form hosted within the platform. The form was headed with the title of the webinar and repeated the statements that it was for UK health professionals in primary care only and that the event was promotional and would discuss product-related information. This was followed by a prominent GSK logo and the heading “Invite: Promotional webinar organised and funded by GSK” in large font. Beneath this, amongst other details, was the statement “Explore strategies to prevent COPD exacerbations and help improve outcomes”.

The form required the registrant to select a professional role from a fixed list, and to provide a GMC or NMC registration number, along with their work postcode, name of workplace and their contact details. Its terms required the registrant to actively confirm that they were a UK health professional in primary care and included a separate optional consent to receive communications from GSK which might contain promotional information.

Advertising prescription only medicines to the public (Clause 26.1)

Clause 26.1 stated that prescription only medicines must not be advertised to the public.

GSK submitted that the advertisements were non-promotional signposts to a promotional webinar. GSK also explained that the advertisements had been delivered using Meta’s “lookalike audience” functionality which was based on a “seed audience” derived from GSK consented data that had been encrypted. GSK had also selected a 1% similarity threshold (which was the narrowest available setting), together with UK location and age filters.

GSK also submitted that access to the webinar, and to any product-related content, was granted only after registrants had declared their professional details and those details had been verified against official records held by the relevant professional bodies.

The Panel relied on the PMCPA's social media guidance, which stated that signposting could be used to invite health professionals to register for a promotional meeting, provided it:

- was sufficient to enable the viewer to determine whether the information is relevant to them and to choose to find out more,
- was appropriate for the public, and
- did not amount to promotion of a prescription only medicine, or an unlicensed medicine, to the public.

The Panel took account of the fact that the advertisements:

1. made clear that the webinar was organised and funded by GSK,
2. identified the therapy area,
3. indicated that the meeting was for UK health professionals in primary care only,
4. stated that the webinar was promotional,
5. explained that product-related information would be discussed, and
6. referred (depending on the advertisement) to aspects of COPD management including the prevention of exacerbations, management goals and real-world data.

It was an established principle that a medicine can be promoted without its name being mentioned. However, the Panel considered that the advertisements (and associated registration form) did not refer, directly or indirectly, to any medicine, class of medicine or mechanism of action. Nor were there any claims as to the efficacy or safety of any medicine. The Panel considered that the references in the advertisements to the clinical management of COPD, prevention of exacerbations and real-world data were general in nature and were not specific to any medicine or class of medicine.

The Panel acknowledged that both complainants had stated that they were not health professionals and that the advertisements had appeared in their Facebook feeds. GSK had not disputed that the content might have been seen by members of the public. However, the Panel took account of the immediate and overall impression given to a member of the public who saw the advertisements in their Facebook feed. The Panel concluded that the advertisements, and the way in which the content of the promotional webinar had been described, did not advertise a prescription only medicine. The Panel therefore ruled **no breach of Clause 26.1**.

High standards (Clause 5.1)

Clause 5.1 required that companies must maintain high standards at all times.

The Panel considered the complainants' concerns regarding the targeting of the advertisements. In particular, the complainant in Case/0915/03/26 raised concerns with the repeated delivery of the advertisement to non-health professionals and questioned whether sufficient restriction measures had been put in place.

The Panel took account of the PMCPA's social media guidance which stated that it was important for companies to consider the reach of the channel or platform being used, and the ability of the company to control who could and could not receive the information being provided. The Panel also noted that the Code included the requirement that material should only be provided or made available to those groups of people whose need for or interest in it can reasonably be assumed.

GSK submitted that the intended audience was UK primary care health professionals and that it had implemented numerous technical and procedural safeguards to restrict access and visibility.

The Panel considered that although the “lookalike audience” methodology described was likely to have restricted the visibility of the advertisements (because it limited delivery to individuals whom the platform assessed as resembling GSK’s seed audience), it was likely that the advertisements had been seen by Facebook users who were not health professionals.

The Panel also considered the frequency with which the advertisements were alleged to have appeared. The complainant in Case/0900/03/26 stated that the same advertisement had appeared at least six times in less than 24 hours while the complainant in Case/0915/03/26 stated that the advertisement had appeared repeatedly over at least three consecutive days.

GSK submitted that the frequency parameters could not be altered in the set-up of the campaign and that the timing and frequency were determined by the platform’s algorithm. GSK stated that it recognised this as a limitation of the platform and that it had contracted a third-party media agency to monitor the campaign performance. GSK submitted that, based on the monitoring of the engagement that the advertisements were receiving, that agency made no recommendation to amend the campaign.

The Panel considered that repeated delivery of advertisements for health professionals outside of its intended audience, to members of the public, could be relevant to whether high standards had been maintained. The evidence before the Panel, however, was limited to the circumstances reported by the two complainants.

The Panel noted that the complainant in Case/0900/03/26 stated they were an ex-employee of GSK and that the advertisements were received after they had taken the active step to follow GSK’s Facebook page. The complainant in Case/0915/03/26 described themselves as a member of the public working for a competitor to GSK in some therapy areas with “no clinical background and no expressed interest in COPD”.

GSK submitted that it was unable to determine what specific action had led to the advertisements being shown to the complainants. It was therefore unclear to the Panel whether any aspects of either complainant’s profile or activity had influenced the delivery of the advertisements to them.

The Panel queried the use of Facebook for the advertisements, given GSK’s submission that there was no capability to amend the frequency of delivery, or to use health professional status as a targeting parameter, unlike on some other social media platforms.

However, the Panel also took account of the following mitigating factors:

1. The statements in the advertisements that the webinar was promotional, and was for health professionals in primary care only, were very clear and prominent.
2. The advertisements made it clear that the webinar would discuss product-related information but did not refer directly or indirectly to any prescription only medicine.

3. GSK submitted it had applied the narrowest “lookalike” threshold, based on its seed audience, that was available on the platform, together with location and age filters.
4. Registration required the declaration of professional details, and those details were verified against the records of the relevant professional bodies before access to the webinar was granted, according to GSK.
5. GSK submitted that a third-party media agency had been engaged to monitor the campaign over its four-week duration and had identified no adverse engagement signals and made no recommendation to amend it.

On balance, and notwithstanding the concerns expressed above, the Panel concluded that it had not been established that GSK had failed to maintain high standards in this case. The Panel therefore ruled **no breach of Clause 5.1**.

Complaints received	6 March 2026 (Case/0900/03/26) 23 March 2026 (Case/0915/03/26)
Case completed	27 August 2026