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| Text  Description automatically generated | **Best Practice for ToV Disclosure****29th Jul 2021** |

**SCOPE AND PURPOSE**

The purpose of this document is to provide practical guidance on how to achieve effective and full ToV disclosure. However, the document is not comprehensive and does not alter any obligations set out in the IPHA Code of Practice for the Pharmaceutical Industry or the relevant legislation.

**INDIVIDUAL LEVEL DISCLOSURE FOR HCPs & HCOs**

For HCP ToVs the *aim* is for 100% individual level disclosure. However, for HCO ToVs 100% individual level disclosure *is mandatory*.

* For HCPs: the processing of individual ToVs to individual HCPs may be carried out on the basis of Legitimate Interest (LI), consent or any other legal basis. However, IPHA **endorses** the use of LI as the legal basis. Companies that wish to use
* LI as the legal basis for ToV reporting must follow the requirements set out in the ‘*Minimum mandatory requirements for Privacy Policies (legitimate interest)’* document, a copy of which can be downloaded from [www.ipha.ie](http://www.ipha.ie)
* consent as a legal basis for ToV reporting are recommended to include the consent request **within**1 the contract rather than separate from it. Companies should make the provision of consent **simple and convenient** (e.g. tick box, mouse click), introduce the concept of consent early in the communication process and advise HCPs of the benefits of transparency.
* For HCOs: companies **must** achieve 100% individual level disclosure. The contract should state that disclosure is a mandatory aspect of the provision of the contract.

**UNIQUE IDENTIFICATION FOR HCPs & HCOs**

As outlined in the IPHA and EFPIA Codes, members must ensure that *each Recipient is identified so that there is no doubt as to the identity of the HCP/HCO benefiting from the ToV*2. Failure to uniquely identify HCOs and HCPs will be considered a significant issue by the IPHA Prescription Medicines Division Strategy Board. Thus, it is strongly recommended that for all ToVs each member

* + uses the relevant Medical Council/Pharmaceutical Society of Ireland/Nursing and Midwifery Board of Ireland/Dental Council of Ireland registration numbers for HCPs,
	+ uses the ‘payee’ name as it appears on the financial transaction for HCOs *(together with any other required identifier if the payee name is not unique)***or**
	+ develops its own unique identifiers.

**INFORMING KEY STAKEHOLDERS**

For all HCO ToVs

* + where the payee name includes the name of a hospital, institution, HSE, etc. OR the payee is employed by one of the aforementioned organisations OR the ToV is destined for use within one of them then members must ensure that the aforementioned organisation’s senior management is informed of the ToV, together with the payee name and name of the individual(s) who signed the contract on behalf of the HCO.

For all HCP ToVs

* + members must inform the HCP of the exact ToV amount that will be made public on transferofvalue.ie, in advance of the publication of the data.

1 GDPR legislation which came into effect in May 2018 necessitates that the request for consent to disclose is presented in a manner which is clearly distinguished from the rest of the contract. This does NOT however mean that there must be two separate documents (one for consent and the other for the remaining elements of the contract). The request for consent to disclose can be part of the contract, so long as the HCP is required to agree specifically to the consent clause (this could be a check box or signature line beside the request to disclose etc.).

2 REF: Question Preamble – 4 of the document titled ‘EFPIA Code on Disclosure of ToV from Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations (EFPIA HCP/HCO DISCLOSURE CODE) Frequently Asked Questions’.