



The Pharmaceutical Advertising  
Advisory Board

## REVIEW

Ray Chepesiuk,  
Commissioner

# A Review of the PAAB

"If you tell the truth, you don't have to remember anything."

— Mark Twain

Looking back at 2009 is far easier than looking ahead and trying to predict the future. So let's look back and see what the PAAB has been doing for its clients and Canadian patients.

Patient care should be a first priority of healthcare communications, including advertising. This was confirmed in a new PAAB mission and vision statement. The PAAB encourages industry personnel to believe that patients come first.

The PAAB believes that healthcare product advertising is different than other product advertising. Most consumers want to know that health professionals are making good decisions based on evidence. The PAAB has a staff of 15 and nine of them are highly trained professional reviewers. Most of the reviewers have healthcare experience which aids them in providing direction to advertising agency personnel who do not have direct healthcare provision experience. For a while now, the PAAB has taken a customer service oriented approach as evidenced by previous surveys and client focus groups we have done. We listened to our clients. With respect to review efficiency, we refocused our efficiency goal to include not only the maximum 10 day turnaround time (which currently averages 7.5 days over the past three months) to include a reduction of total review time. The staff have committed to this goal and we have commissioned Klick Communications to modify our e-Files submission system to allow measurement of these new parameters. We have added two reviewer positions since 2008 with no fee increase.

We haven't taken proactive steps to address consistency issues raised by clients. Admittedly, we do not get many specific examples to work on when we ask, however, we are committed to listening and improving. We have modified how we assign product reviews to reviewers to require the same reviewers to work on the same products or therapeutic areas. In the past two years, we have hired reviewers who have had industry experience and understand the psyche of pharmaceutical marketers and how to communicate with them. We will continue to do so. The PAAB Chief Review Officer is reinforcing the PAAB Quality Assurance program introduced several years ago to improve reviewer consistency. We have proactively consulted several advertising agency officials for opinions on PAAB reviewer customer service. We have also met with officials from one Rx&D member company to discuss review issues and both parties came away with a fresh view of the other with respect to how to make the review process work well. They appreciated that the PAAB is not a barrier to their marketing efforts. Please note that the PAAB can make improvements if specific cases are brought to the attention of the commissioner.

You asked for e-Files and we delivered. PAAB implemented a customized electronic file submission and review system in 2007 based on the wants and needs expressed by industry. Industry has expressed appreciation of this advance. The PAAB implemented this customized software and assumed the total cost. Nothing



was asked of industry. Pharma companies have enjoyed windfall savings because of the reduction in costs due to faxing, courier and long distance phone calls. We are looking at version 3 soon.

We have developed our Customer Experience Index to get your ongoing feedback. We remind you that the PAAB assumed the complete cost of surveying clients, inviting them to four focus groups and then implementing a customer satisfaction program based on the results. We have commissioned Isaix Technologies to implement a survey generator that sends individual surveys to users of the PAAB e-Files system. The surveys measure their evaluation of the last submission files that was accepted by the PAAB with assessments of Reviewers, Admin Staff, Managers and System.

The PAAB has increased its review fees only once in the past ten years, about four years ago. Companies pay one fee up to the fourth revision letter and the supplemental fee for more letters or large files is only 20% of the original fee. Over 80% of the files are reviewed to acceptance in three revisions or less. Over 30% go through on the first review.

Code section 6.4 covers the need for PAAB review of service oriented material that are directed to patients with the distribution being through health professionals including clinic examination and waiting room material. The PAAB responded to the industry's need to provide objective review of these materials since 1978. Physician organizations appreciate that the PAAB does this work. We look to continued support of this PAAB Code section.

***The PAAB encourages industry personnel to believe that patients come first.***

With respect to Direct-to-Consumer (DTC) materials, the PAAB has a four day turnaround maximum for DTC opinions. PAAB reviewed the first DTCARx television ad in 1990 and worked with the Rx&D DTC committee after the 1996 Health Canada DTC conference. PAAB staff are experts in DTCA/I review. We have reviewers who created this material in industry and understand consumer advertising. The PAAB has a history of a high degree of expertise in prescription and vaccine DTC advertising regulation. PAAB has

direct input from an expert patient group, Best Medicines Coalition and an expert consumer group, CARP. The commissioner has been invited to be on expert panels re DTCARx. The PAAB has enjoyed an excellent rapport with Health Canada in this area. Health Canada has intervened in the marketplace to write guidances on DTC activities including the recent fair balance issue with vaccine DTC advertising. None of the examples raised by Health Canada were due to PAAB review. Go ask Health Canada. The new guideline contains many of the recommendations put forward by the PAAB to help inform patients.

The PAAB respects competition and the level playing field concept. We have heard Rx&D members state that non-Rx&D members do not follow the PAAB Code and that is an unfair competitive advantage. You can see the PAAB client list on the PAAB website [www.paab.ca](http://www.paab.ca) to see that numerous non-Rx&D members submit advertising to the PAAB. Also, the commissioner will forward unresolved complaints to Health Canada for enforcement action. The PAAB has been effective in resolving marketing differences to avoid smearing the Canadian industry reputation for good marketing practices.

We have consulted industry extensively on code changes and we are currently conducting two surveys at a cost of \$35,000 to solicit client senior officials comments. This was done at the request of the Rx&D delegate on the board.

The PAAB first collaborated with Rx&D in 1988 to provide PAAB Code training workshops for all industry companies. More recently, we have conducted independent workshops biannually and have led the way with workshop material covering innovative practices re DTC, Internet and Social Media Marketing. In 2009, we held four national, open workshops with three of them specialized in Social Media Marketing. The PAAB will also conduct individual company or agency workshops on request for a reasonable fee.

The PAAB has a very good communication channel with Health Canada which fosters support of the self-regulation system in Canada. PAAB has worked hard to defend and improve the drug advertising self-regulation system in Canada. That is a fact.

To conclude, the PAAB does its work for Industry and Health Canada. We try to please both so that patients benefit from healthcare product advertising. We hope you believe in that, too. **CPM**