



FPM response to the PMCPA consultation on its Constitution and Procedure

In August 2026, the Prescription Medicines Code of Practice Authority (PMCPA) launched a public consultation on proposed amendments to its Constitution and Procedure (C&P).

Alongside the ABPI Code, the C&P sets out how the system of self-regulation for the UK pharmaceutical industry operates and how the PMCPA administers it. The overall objective of the proposed amendments is to create a modern, robust, and proportionate complaints process while safeguarding its transparency, ensuring all parties can participate fully, and giving effect to the overriding objective that cases are dealt with fairly and justly while protecting patient safety.

FPM submitted its response, below, on 18 September 2026.

A special thanks for their contributions to FPM members Dr Mayura Deshpande FFPM, Dr Samantha Goldman, Dr Suji Gopal, Dr Stephen Huang MFPM, Dr Sharon McCullough FFPM, Dr Caitlin Norris-Grey, and Dr Charlie Reynard.

Questions

1. Do you have any comments on proposal 1 (limitation period)?

No comments. The proposal is sensible.

2. Do you have any comments on proposal 2 (Panel observing Appeal Board proceedings)?

No comments. This is a sensible and good approach.

3. Do you have any comments on proposal 3 (companies joining self-regulation)?

The proposed sentence is too long in its current form. As such, it makes for difficult reading and interpretation. We recommend that it is split into two sentences or at



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least split with punctuation. In addition, more detailed guidance or a further explanation in an FAQ would be welcomed.

4. Do you have any comments on proposal 4 (PMCPA Chief Executive deciding regarding delay or amalgamation)?

No comments. The proposed change appears to be suitable as it would facilitate caseloads moving along at a swifter pace.

5. Do you have any comments on proposal 5 (PMCPA Chief Executive deciding regarding applicable clauses for full complaints procedure)?

There needs to be further clarity and explanation regarding proposal 5. Notably:

- There needs to be clarity as to whether the complainant will be informed that they can request the Chief Executive to review the decision (in the same letter)?
- There needs to be clarity as to what happens if the CE is also the CPM (as per paragraph 5.1)?
- There needs to be clarity as to what happens if the CPM believes that all clauses are irrelevant, and what happens in this case?

6. Do you have any comments on proposal 6 (expanded abridged complaints procedure)?

The covering document says that “The PMCPA will instead publish guidance which reflects the principles in that list and include the links to published completed abridged cases”. We would want assurances that detailed guidance will be published before the changes take place.

7. Do you have any comments on proposal 7 (PMCPA Chief Executive deciding regarding applicable clauses for abridged complaints procedure)?

No comments. The proposal makes sense.

8. Do you have any comments on proposal 8 (companies leaving self-regulation)?

No comments. We agree with the proposal.



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9. Do you have any comments on proposal 9 (expanding the scope of the PMCPA's scrutiny powers)?

No comments. The proposal makes sense.

10. Do you have any comments on proposal 10 (allowing other members of the PMCPA to deputise for the Chief Executive where there is a conflict of interest)?

No comments. The proposal is straight-forward.

11. Do you have any comments on proposal 11 (applying the PMCPA unreasonable behaviour policy to case management directions)?

No comments.

12. Do you have any comments on proposal 12 (clarifying that the procedural error paragraph applies to cases that are not appealed)?

No comments.

13. Do you have any comments on proposal 13 (clarifying that the procedural error paragraph also applies to decisions not to set aside)?

The proposal would read more clearly if it was reworded as “Decisions related to setting aside will be referred to an independent referee at the request of any party”.

14. Do you have any comments on proposal 14 (clarifying that discretionary decisions are not procedural errors)?

No comments.



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15. Do you have any comments on proposal 15 (case preparation manager's power to delay matters if they are being investigated by another UK regulatory authority)?

No comments.

16. Do you have any comments on proposal 16 (correction of a typo in the abridged complaints procedure)?

No comments.

17. Do you have any comments on proposal 17 (clarification that Appeal Board decisions are final)?

No comments.

18. Do you have any comments on proposal 18 (clarifying that the Appeal Board can request a specific scope audit before a full audit)?

No comments.

19. Do you have any comments on proposal 19 (publishing interim case reports in wider circumstances)?

Whilst we have no comments on the proposal, it would be beneficial and helpful if a PMCPA email alert was issued when an interim case report has been updated, to enable ongoing learning.

20. Do you have any comments on proposal 20 (advertising sanctions)?

No comments. The proposal is needed.

21. Proposal 20 (Paragraph 15.7) - Do you have any recommendations on which publications or media channels would be most relevant?



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Print media does not seem as relevant in this age. Publishing in online versions of core physician/pharmacist/nursing journals would seem appropriate (e.g. BMJ/PJ/Nursing Standard).

The suggestion of multiple channels may increase costs and may not be necessary. A move to digital could prompt a rethink of the nature of the adverts too. For example, a reduction in the details of the case clauses might be acceptable. Making the advert eye-catching, with a simple statement of the matter and a link to the case report could be effective.

22. Do you have any comments on proposal 21 (sending copies of the text [rather than a copy] of sanctions advertisements)?

No comments. The proposal makes administrative sense.

23. While we are not currently pursuing the 'takedown' approach for the reasons outlined, we would appreciate your thoughts on the concept of a bespoke approach to personal social media activity whereby, if the company ensured that the post/interaction was 'taken down' within 48 hours, the PMCPA would not proceed with the complaint, regardless of its merits.

The proposed takedown approach does not appear appropriate in its current form. A 48-hour period is still a significant length of time for non-compliant content to remain publicly available, meaning any potential harm or impact may already have occurred. For that reason, it seems inappropriate that there would be no consequences where content that should not have been published, remains live for up to 48 hours and is then simply removed.

Any takedown approach focuses on removing content after the event rather than preventing the breach in the first place. In practice, the damage may already have been done by the time the content is taken down.

24. Aside from the PMCPA's proposals, do you have any other comments or feedback in relation to the Constitution and Procedure?

FPM supports the work that the PMCPA undertakes. We support the mission of ensuring that cases are dealt with fairly and justly, whilst protecting patient safety.



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We are pleased to see the progress the PMCPA has made over the past few years in tackling the case backlog, reinstating their Code training, and clearly communicating the guidance that they have issued.

In relation to complaints, as awareness of the Code requirements relating to social media increases, and companies and individuals become more mindful of their online activity, the nature and volume of social media-related complaints may change over time. At the same time, the increasing use of artificial intelligence and other emerging technologies is likely to create new and potentially complex compliance issues.

As the governance environment continues to evolve, we welcome the PMCPA's continued focus on ensuring that any changes to its processes remain proportionate, practical and aligned with its overarching objectives. In doing so, it will be important to consider whether new procedural requirements could have unintended consequences or create incentives for their use in ways that do not ultimately advance patient safety, public confidence, or the effective operation of the self-regulatory system.

We would therefore suggest that PMCPA procedures should be sufficiently flexible and future-proofed to enable it to respond effectively to evolving technologies, communication channels and types of complaint, rather than focusing disproportionately on issues arising from social media.