



**EUROPEAN COORDINATION COMMITTEE OF THE RADIOLOGICAL, ELECTROMEDICAL AND HEALTHCARE IT
INDUSTRY**

CODE OF CONDUCT

ON INTERACTIONS WITH HEALTHCARE PROFESSIONALS

Statement by all Company Members of COCIR

COCIR is dedicated to the advancement of medical science and the improvement of patient care.

As participants in an industry largely funded from public funds, COCIR company members recognise that adherence to the highest levels of integrity and ethical standards and compliance with all industry laws are critical.

Accordingly, the company members of COCIR adopt this Code of Conduct, which represents our collective commitment to the highest standards of integrity. It is intended to supplement and not supersede any legal requirements and individual member company codes.

**RELEASED VERSION 19 MAY 2014
EFFECTIVE ON 1 JANUARY 2015**



1. Introduction

This Code of Conduct becomes effective 1st January 2015 and governs COCIR company members' ("Members") interactions with Healthcare Professionals.

"**Healthcare Professionals**" refers to individuals (and the institutions for which they work) involved in the decision making process resulting in the procurement of Members' products or services. This includes doctors, nurses, hospital managers, and consultants employed by hospitals.

This Code applies to Healthcare Professionals in geographic Europe.

Members agree to pass on the responsibility to comply with the principles contained in this Code to their dealers and agents.

This Code is not intended to replace or supersede supranational, national or local laws or regulations or professional codes (including company codes) that may impose particular requirements upon Members or Healthcare Professionals.

2. Basic Principles

The following fundamental principles form the foundation of this Code:

- 2.1 *The Separation Principle* – A clear separation should exist between any advantages or benefits granted by Members to Healthcare Professionals and the decision making process resulting in the procurement of Members' products or services. The purpose of this principle is to prevent undue, improper advantages or benefits influencing such procurement.



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- 2.2 *The Transparency Principle* - Advantages or benefits to Healthcare Professionals should be disclosed to their institution's administration or management and also, if required, to local authorities.
- 2.3 *The Proportionality Principle* - Any consideration given to a Healthcare Professional in exchange for a service or other performance should not exceed fair market value.
- 2.4 *The Documentation Principle* - The granting of any advantages or benefits to Healthcare Professionals by Members should be documented.

3. Meetings - Organized by Members

- 3.1 *Purpose.* The meeting should have a genuine educational, scientific or business purpose as its primary purpose and there must be a legitimate reason for inviting each Healthcare Professional to the relevant event.
- 3.2 *Meeting locations.* All Member organized meetings should be conducted at an appropriate location and venue.
- 3.3 *Permitted Expenses.* Members may pay for reasonable travel and lodging costs incurred by Healthcare Professionals for attending Member organized meetings.
- 3.4 *Separation from Sales.* It is always inappropriate for Members to organize hospitality for the purpose of inducing Healthcare Professionals to enter into a business transaction. It is also inappropriate for Members to arrange hospitality contingent upon past, present or future business transactions.
- 3.5 *Guests.* It is inappropriate for Members to invite to a meeting any other person without a professional interest in the meeting, such as the spouse or guest of a Healthcare Professional. Members will ensure that their invitations will not be



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interpreted as extending to such individuals. It will always be inappropriate for Members to pay for the travel or lodging expenses for such individuals. In addition, it will be inappropriate for Members to pay for the expense of meals and hospitality for such individuals, except in the rare circumstances where such a guest appears at an event (such as dinner) despite not being invited, in which case the reasonable cost of a meal and hospitality may be borne by the Member.

4. Conferences – Organized by Third Parties

4.1 *Sponsoring Conferences.* Members may support conferences organized by third parties. They may provide financial grants to conference organizers under the following conditions:

- (a) the conference is primarily dedicated to promoting objective scientific and educational activities;
- (b) the conference organiser is responsible for and controls the selection of program content, faculty, educational methods, and materials;
- (c) the support of a conference by a Member is clearly stated in advance of and at the meeting; and
- (d) the support is not specifically granted for any entertainment or hospitality.

4.2 *Financial support.* Financial support provided by Members to Healthcare Professionals to cover the cost of conference attendance by individual Healthcare Professionals should be limited to the conference registration fee, reasonable travel and meals and accommodation relating to attendance at the event and/or reasonable honoraria for a speaking engagement. Such support shall be documented in writing and be disclosed to their institution's administration or management.



5. Hospitality

- 5.1 *In connection with Meetings or Conferences.* Members may pay for reasonable hospitality in the form of meals, drinks, receptions and entertainment (e.g. a music, sports or theatre event) in connection with the program of a meeting or conference. However, any such hospitality should be in accordance with local law, subordinate in both time and focus to the purpose of the meeting or conference.
- 5.2 *Unconnected with Meetings or Conferences.* Members may pay for business meals and drinks that take place in a setting that is conducive to business discussions and is not selected because of its leisure or recreational facilities. However, Members may not pay for any other kind of hospitality, for example in the form of entertainment as described in 5.1.

6. Consultancy

- 6.1 *Agreements in writing.* Consultancy agreements between Members and Healthcare Professionals must be in writing, signed by both parties, and specify all the services to be provided. Services may include clinical and scientific advice, speaking engagements, participating on advisory boards, advising on new product development, conducting demonstrations and writing abstracts.
- 6.2 *Separation from sales.* Consultancy agreements between Members and Healthcare Professionals should not be made on the basis of the volume or value of business generated by Healthcare Professionals or the institution with which the Healthcare Professional is affiliated or be contingent on past, present or future business transactions.



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- 6.3 *Management approval.* Consultancy agreements between Members and Healthcare Professionals must be approved by the administration or management of the institution with which the Healthcare Professional is affiliated.
- 6.4 *Fair market value compensation.* Compensation paid to Healthcare Professionals for consultancy should not exceed fair market value for the services provided.
- 6.5 *Legitimate need.* Members should only enter into consultancy agreements where a legitimate need and purpose for the contracted services has been identified in advance.
- 6.6 *Consultant qualifications.* Selection of consultants should be made on the basis of the Healthcare Professionals' qualifications and expertise to address the identified purpose.

7. Gifts

- 7.1 *Limitation on gifts.* Generally gifts are discouraged. However if given, they should be in accordance with local law, occasional and of modest value, and must never leave the recipient in a position of obligation or be perceived to affect the outcome of a business transaction or potentially expose the business to undue influence.
- 7.2 *Never cash or cash equivalent.* A gift shall never consist of cash or cash equivalent.



8. Charitable Donations

- 8.1 *Charitable Purpose & Recipient.* Members may make donations for a charitable purpose. Donations should be made only to charitable organizations.
- 8.2 *Separation from Sales.* It is inappropriate for Members to make charitable donations for the purpose of inducing Healthcare Professionals to enter into a business transaction. It is also inappropriate for Members to make charitable donations contingent upon past, present or future business transactions.
- 8.3 *Transparency.* The recipient of the donation and the recipient's planned use of the donation should be documented. Members must be able to justify the reason for the donation at all times.
- 8.4 *Evaluation & Documentation.* Members are recommended to establish a process whereby they can ensure that requests for charitable donations are evaluated separately from the Member's commercial activities and such requests are consistently documented.

9. Public Procurement

- 9.1 *Main principles.* Members value the main principles of the public tendering laws: transparency of tendering processes and fair and equal treatment of all bidders.
- 9.2 *Improper influencing.* It is always inappropriate for Members to offer, directly or indirectly, gifts or other benefits in order to improperly influence Healthcare Professionals in the public tendering process. Members shall refrain from any activities that are likely to be seen as aimed at improperly influencing Healthcare Professionals.



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- 9.3 *Technical specifications.* Members acknowledge that it is important that Contracting Authorities formulate open and objective technical specifications to afford fair and equal access to bidders.
- 9.4 *Exemptions from public tendering procedures.* Members understand that Contracting Authorities have only limited possibilities to exempt themselves from public tendering procedures. Members should not encourage Contracting Authorities to unduly seek such exemptions.
- 9.5 *Consultants, use of third parties.* Where a Member, as part of a technical dialogue or otherwise, acts as an independent consultant for the Contracting Authority, that Member shall do so only in a way that would not violate the principle of equal treatment of bidders.
- 9.6 *Notice of future tenders.* More specifically, where a Member, acting in a role of an independent consultant for the Contracting Authority, is or reasonably should be aware of the likelihood of a future tender arising as a result of the consulting services the Member provides to the Contracting Party, and which the Member intends to participate in, that Member shall request that the Contracting Authority issues an appropriate notice of any such future tender so that all potential bidders may have equal and fair notice of that tender opportunity and are aware of the role of the Member in a transparent way.
- 9.7 *Amendments to contract or scope of supply.* Members understand that during or after the tendering procedure, Contracting Authorities will have only limited possibilities to make changes to tender documentation, contractual terms or scope of supply.



10. Research Agreements

- 10.1 *Research services.* When a Member contracts with a Healthcare Professional for research services, there must be a written agreement specifying all services to be provided and a written protocol for a genuine research purpose.
- 10.2 *Research to be legitimate and documented.* The research should be legitimate scientific work. Well-defined milestones and deliverables must be documented in a detailed written agreement. Selection of the Healthcare Professional should be made on the basis of qualifications and expertise to address the identified purpose.
- 10.3 *Separation from sales.* The research support should not be contingent upon past, present or future sales of the Member's products or services to the Healthcare Professional. A condition that the research support is contingent upon the Healthcare Professional's purchase of products or services from the Member is only permissible if the said products or services are being purchased for specific use within the research or are requested as part of a tender.
- 10.4 *Management approval.* Research Agreements must be approved by the administration or management of the institution with which the Healthcare Professional is affiliated.
- 10.5 *Fair market value compensation.* Compensation paid to Healthcare Professionals for research services should not exceed fair market value for the services provided.

11. Educational Grants

- 11.1 *For defined purposes only.* Members may make an educational grant to support:
- (a) the advancement of genuine medical, clinical or technological education;



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- (b) the advancement of public education, that is, the education of patients or the public about important healthcare topics.

- 11.2 *No grants to individuals.* Educational grants should not be made to individual Healthcare Professionals.

- 11.3 *Recipient independently controls.* The recipient of the grant should independently control and be responsible for the selection of program content, faculty, educational methods, materials and any scholarship awards. However, the grant may not be used to directly fund endowments of professors, chairpersons of departments or other similar position, nor replace departmental budgets.

- 11.4 *Separation from Sales.* Requests for educational grants should not be contingent upon past, present or future sales of the Member's products or services to the Healthcare Professional.

- 11.5 *Grants must be documented.* Members should maintain appropriate documentation in respect of all educational grants made, to show that the grant was used for a genuine educational purpose.

12. Demonstration and Evaluation Equipment

- 12.1 *Limited duration.* Members may offer equipment for demonstration and evaluation to Healthcare Professionals free of charge and for a reasonable period of time, which shall normally be less than 6 months. Written approval by Healthcare Professionals' administration or management is required and should be filed alongside the appropriate documentation.



13. Independent Third Parties

- 13.1 *Use of Independent Third Parties.* Members may use Independent Third Parties for the promotion, importation and sale of their products and services to Healthcare Professionals, such as agents, distributors or consultants.
- 13.2 *Select with care.* In order to find trustworthy individuals or organizations, Members should only select and award business to Independent Third Parties that are committed to act with integrity and comply with applicable laws and regulations.
- 13.3 *Monitor and control.* Members should therefore (i) conduct due diligence on proposed Independent Third Parties, (ii) impose obligations in contracts with Independent Third Parties to comply with anti-bribery laws and the duties of the COCIR Code and (iii) monitor significant Independent Third Parties as part of a Member's regular review of relationships with them and subject significant Independent Third Parties to appropriate controls.

14. Compliance with the Code

Role of Code of Conduct Committee. COCIR has established a mechanism for anyone concerned that a Member may have breached this Code to report such concern directly to COCIR. Such concerns will be referred to senior legal or compliance officers within the relevant Member for proper investigation, handling and resolution. COCIR has established a Code of Conduct Committee consisting of one senior legal or compliance officer from each Member. The Members shall disclose to the Committee, on an aggregated basis, how concerns relating to that Member have been addressed and resolved.