



Medicines
Australia

Better health
through research
and innovation

Want to formalise an activity which you have with a medical practice or a healthcare professional?

The Medicines Australia Code of Conduct caters for a variety of interactions between pharmaceutical companies and healthcare professionals. The Code, at Section 5, also requires that any services, remuneration, collaboration or activity provided between a pharmaceutical company and a healthcare professional be adequately documented and defined.

The template that can be used to formalise any supported medical practice activity between a pharmaceutical company and a medical practice or healthcare professional. This template is designed to support pharmaceutical companies meet their Code compliance, but it is a suggested template and not mandatory.

[insert Company name] Supported Medical Practice Activity Agreement

[Company name] defines ‘supported Medical Practice activities’ as *[insert definition]*.
Company support cannot be provided to underwrite a commercial business or generate income for the practice or institution.

This agreement is entered into as of *(day)* of *(year)* (“Effective Date”), by and between *[Institution/Medical Practice]* (“Recipient of company supported medical practice activity”)

And *[Company name]*.

This agreement sets forth the terms and conditions under which the recipient of the medical practice activity will be supported by *[insert Company name]*.

Period of Support

The company supported medical practice activity will be provided for *(insert period of support & instalment/milestones of payments if required)*.

Supported Medical Practice Activity Outline

Activity & any reviews required: *[insert a brief outline of the planned activity]*

Outline the support to be provided to the medical practice by *[Company name]*: *[insert a brief description of support to run the program/activity]*

Outline the recognition to be gained by *[Company name]* under this agreement: *[insert info]*

Dates/Location/s of support:

Publications

[Enter your company’s publication requirements].

Payment [enter your company's requirements to be able to provide payment].

**Please note payment may only be made to the practice/institution and not to an individual*

Confidentiality

[Enter your company's confidentiality requirements].

Disclosure

[Enter your company's disclosure requirements].

Privacy

[Enter your company's privacy disclaimer. Any patient level data that is accessible to the Company providing the financial support must be de-identified]

Disclaimer

Financial support for this medical practice activity is not conditional upon any obligation by the healthcare professional/s involved to recommend, prescribe, dispense or administer [Company name]'s product/s. This agreement must not interfere with the independence of a healthcare professional's professional practice.

[insert name of Medical Practice]

[insert your company name]

Signature

Signature

Print Name/Title

Print Name/Title

Date

Date