CASE/0690/08/25 ***NO BREACH OF THE CODE***

COMPLAINANT v CHIESI

Allegations about a symposium

CASE SUMMARY

This case was in relation to a Chiesi-sponsored symposium which was held at a national COPD conference in 2025. The symposium was titled "Navigating the Small Airways in COPD" and comprised two promotional presentations delivered by different speakers. The complainant alleged that the symposium misleadingly implied that Chiesi's extrafine-particle inhalers' effect on the small airways would directly lead to improved clinical outcomes, including compared to competitor products, and that scientists present at the symposium (who were members of the public rather than health professionals) had been promoted to.

The outcome under the 2024 Code was:

No Breach of Clause 2 (x2)	**Requirement that activities or materials must not bring discredit upon, or reduce confidence in, the pharmaceutical industry**
No Breach of Clause 3.2	**Requirement that prescription only medicines must not be advertised to the public**
No Breach of Clause 5.1 (x2)	**Requirement to maintain high standards at all times**
No Breach of Clause 6.1 (x2)	**Requirement that information/ claims/ comparisons must not be misleading**
No Breach of Clause 6.2 (x2)	**Requirement that information/ claims/ comparisons must be capable of substantiation**

This summary is not intended to be read in isolation.
For full details, please see the full case report below.

FULL CASE REPORT

A complaint about Chiesi was received from an anonymous, contactable complainant who described themselves as a health professional.

COMPLAINT

The complaint wording is reproduced below with some typographical errors corrected:

> "Chiesi delivered an industry symposium on 10 July 2025 at the COPD UK Conference that took place in [named UK city]. The session title was "Navigating the small airways in COPD". Both speakers that spoke and presented slides on behalf of Chiesi during the

session discussed extensively around the clinical benefits of treating the small airways and presented lung deposition data around Chiesi extrafine products.

The symposium absolutely made clear that Chiesi extrafine particle products would be able to reach further into small airways and directly lead to improved clinical outcomes. There was significant focus on the particle size, deposition and clinical benefits of Chiesi products throughout the session. However there is no data linking Chiesi extrafine particle deposition directly to clinical outcomes improvement, such messaging during the symposium was not transparent and not reflective of available evidence.

It was also implied that Chiesi extrafine products would reach further into small airways than other competing molecules and products leading to greater clinical benefits but there is no evidence of such comparative benefits from study data. The large airways also contribute significantly to COPD challenges but the focus of the session was on increased emphasis on small airways to promote and distort Chiesi extrafine product benefits on small airways. Breaches of Clauses 6.1 & 5.1 & 2.

Scientists attending the conference were also promoted to during the session as they were also present within the room during the session. This is not appropriate as scientists are not UK HCPs and are members of the public considering their research interests. Scientists should have been prevented from attendance. Breach of Clauses 3.2 & 5.1 & 2"

When writing to Chiesi, the PMCPA asked it to consider the requirements of Clauses 3.2, 6.1, 5.1, 6.2 and 2 of the 2024 Code.

CHIESI'S RESPONSE

The response from Chiesi is reproduced below:

"We take alleged breaches of the ABPI Code of Practice (Code) very seriously and welcome the opportunity to respond in an open and transparent manner. We are committed to maintaining the highest standards of clinical accuracy, integrity and compliance across all our activities.

1. The Complaint

The complaint concerns a symposium delivered by two healthcare professionals on 10 July 2025 at the [named UK COPD conference] (Conference), entitled "Navigating the Small Airways in COPD" (the Symposium). Chiesi sponsored the Conference and organised the Symposium.

The complainant, a contactable healthcare professional, alleges that during the Symposium the speakers and their slides placed undue emphasis on the benefits of treating the small airways and presented lung deposition data for Chiesi's extrafine formulation products. It is alleged that the session implied a direct link between extrafine particle deposition and improved clinical outcomes, and suggested superiority over competitor products, despite an absence of supporting evidence.

The complainant further raised concerns that scientists present at the Symposium were inappropriately promoted to, given they are not UK healthcare professionals.
Clauses 6.1, 5.1, 3.2 and 2 of the ABPI Code are cited as having been breached.

1. PMCPA request for documentation and signatory details

As requested, we enclose copies of the slides presented by each of the speakers:

- Navigating the Small Airways in COPD - Triple extrafine formulation in COPD – [speaker 1], including a copy of the approval certificate;
- Navigating the Small Airways in COPD - Right Device for the Right Patient – [speaker 2], including a copy of the approval certificate.

The following signatories were involved with the approval and reapproval of the two materials described above: [details provided].

We have reviewed the allegations in the context of your request for us to consider Clauses 3.2, 6.1, 5. 1 and 2 of the 2024 ABPI Code. Our response to the allegations is below.

2. Details of how the material was used and the intended audience

The Conference was sponsored by a number of pharmaceutical companies including Chiesi [and 5 other named pharmaceutical companies], the first three of which all had industry symposia at the event.

The Symposia involved two presentations: “Navigating the small airways in COPD – triple extrafine formulation in COPD” ([speaker 1 presentation]) and “Navigating the small airways in COPD – Right Device for the Right Patient” ([speaker 2 presentation]). Each speaker was given a twenty-five-minute slot, of which ten minutes were dedicated to questions and answers.

The intended audience for the Symposium was healthcare professionals, including respiratory consultants, respiratory doctors and respiratory specialist nurses and physios. A prominent statement of “For UK Healthcare Professionals only” was displayed on the first slide of each presentation. Further details are provided in paragraph 4 c) as to the steps taken to verify that the Symposium attendees were healthcare professionals.

3. Briefing of speakers

The speakers were briefed in line with Chiesi’s standard operating procedures for Chiesi sponsored third party organised scientific congresses and events in the UK.

The briefings entailed:

a) the general briefing relating to ABPI requirements, which is contained in the speaker contract signed by each of the two speakers. This included the requirement that discussion must be fair, balanced, unambiguous and capable of substantiation;

b) email briefings to each speaker, which included the following outline of the desired content that each presentation should follow:

[Speaker 1's] brief was that [their] session should focus on:

- Small Airways disease, its importance, what it is and means, disease progression
- exacerbations, cardiovascular risk, mortality rates
- Trimbow COPD data for extrafine formulation Trimbow
- patient identification for Trimbow in COPD, and the relevance of the BTS/SIGN/NICE Guidelines, and optimising treatment through the transition from multiple inhaler therapy to single inhaler therapy
- real world evidence for Trimbow from the TriOptimise study.
- the key message of "Trimbow is the only extrafine formulation for treating COPD in both a pMDI (pressurised metered dose inhaler) and a DPI (dry power inhaler)".

[Speaker 2's] brief was to focus on:

- "Right Device, Right Patient" and patient choice narrative
- incorrect use of inhalers, device detectives, inspiratory effort and flow, adherence and monitoring
- seven pillars of small airways disease
- role of extrafine formulations in treating COPD
- COPD and small airways pathology
- lung deposition.

c) a subsequent verbal briefing was delivered to the speakers by [named senior employee], which reminded the speakers of their responsibilities to adhere to the ABPI Code in relation to the clinical content they would deliver.

Both speakers signed their contracts, including the general briefing, and confirmed their understanding of the email and verbal briefings, prior to the Symposium taking place. Additionally, the speakers were further briefed by email, and again verbally, prior to the Symposium. Both speakers confirmed their understanding of this.

4. Small airways disease, extrafine particles and clinical outcomes

The Symposium presented a balanced and factual overview of the evidence for small airways disease in COPD, together with clinical trial and real-world data for the extrafine formulation triple therapy beclometasone/formoterol/glycopyrronium (BDP/FF/G, Trimbow). Particles <2µm in size, such as BDP/FF/G and beclometasone/formoterol (BDP/F, Fostair), are appropriately described as "extrafine." This terminology is consistent with the products' SmPCs, ensuring compliance with Clause 6.1. See copies of the SmPCs for Trimbow and Fostair.

a) Allegation: Direct link between deposition and clinical outcomes

The complainant alleges that the Symposium implied Chiesi's extrafine particle products "*would be able to reach further into small airways and directly lead to improved clinical outcomes*." It is our position that this allegation is not supported by the Symposium content. Deposition data were presented in [speaker 2's] Presentation accurately and transparently, consistent with published studies (De Backer 2010; Virchow 2018).

- In the De-Backer Study, Central-to-Peripheral (C/P) ratios of 1.42+/-0.32, 1.96+/-0.43 and 1.94+/-0.69 were reported in healthy subjects, asthma patients and COPD patients respectively (De Backer, 2010).
- Furthermore, C/P ratios ranged from 1.23 to 2.02 in healthy subjects, asthma patients and COPD patients (Virchow, 2018).

Both demonstrated distribution to all regions of the lungs, but made no claims of causation between deposition and clinical outcomes. The deposition data does not make a comparison between non-extrafine particle products, nor do the slides presented at the Symposium either describe that extrafine particles *"reach further into the small airways"* or *"directly lead to improved clinical outcomes"* as alleged. Clinical outcome data were presented separately, with a clear distinction from deposition evidence, thereby meeting Clause 6.1 (accuracy, substantiation) and Clause 5.1 (high standards).

Allegation: Misleading focus on particle size and clinical benefits

The complainant further alleges that there was *"significant focus on the particle size, deposition and clinical benefits of Chiesi products throughout the session. However there is no data linking Chiesi extrafine particle deposition directly to clinical outcomes improvement, such messaging during the symposium was not transparent and reflective of available evidence".*

We firmly believe that discussing the size of drug particles is highly relevant to the choice of inhaler for reaching the small airways. Particle size is recognised as a principal determinant of deposition (Scichilone N et al, 2013). Addressing this is a legitimate scientific discourse and not a breach of the Code.

Furthermore, the description of BDP/FF/G and BDP/F as "extrafine formulations" is entirely consistent with their SmPCs.

Equally, the clinical benefits of the products were presented in the context of published trial and real-world data at that point in time, in a balanced and non-misleading way, in line with Code requirements.

The complainant is incorrect in stating the Symposium linked Chiesi extrafine particle deposition directly to clinical outcomes. Discussion of Chiesi's extrafine particles was in relation to deposition in the peripheral (as well as central) airways. The wealth of clinical trial data and real-world evidence in support of the clinical merits of the drugs was also separately presented.
We strongly believe that Clause 6 has been adhered to in both presentations in the Symposium.

b) Allegation: Implied superiority versus competitor products

The complainant claims *"It was also implied that Chiesi extrafine products would reach further into small airways than other competing molecules and products leading to greater clinical benefits but there is no evidence of such comparative benefits from study data".*
This is not correct. Deposition studies cited did not include comparisons with non-extrafine formulations, and no comparative claims of clinical benefit between extrafine and non-extrafine products were made.

Accordingly, there was no breach of Clause 6.2, which prohibits unsubstantiated comparisons.

Allegation: Disproportionate focus on small airways

The complainant describes that the focus of the session had an increased emphasis on small airways. It is correct that the Symposium focused on small airways disease - this was the scientific theme of the session. However, the symposium also acknowledged that involvement of the large airways will be present in COPD (see slide 10: “Both large and small airways play a role in COPD”)). The emphasis on small airways was justified and has been acknowledged for many years as a central feature of COPD (Singh et al, 2017 [copy provided]).

This is supported by a substantial body of evidence, including:

- Small airways are a major site of inflammation and airflow resistance affecting lung function (Corradi 2014).
- They are thought to be the primary site for the onset and progression of airflow obstruction which can lead to poor lung function, hyperinflation and impaired quality of life (Lazarinis 2024).
- The small airways account for 98.8% of the total lung volume (Hasan 2021,).
- Small airways disease affects ~93% of symptomatic COPD patients (Crisafulli 2017).

This evidence confirms the scientific relevance of focusing on small airways. Highlighting this does not distort the clinical picture but reflects current understanding, consistent with Clause 5.1 (maintaining high standards in scientific exchange).

We also note that the complainant has submitted no documented evidence (such as recordings, photographs or copies of slides) to substantiate the allegation. By contrast, we have provided contemporaneous materials, slide decks and published references which demonstrate that the symposium content was accurate, balanced and compliant with the Code.

It is for these reasons that we strongly believe that small airways disease is a clinically relevant topic of interest for healthcare professionals and can see no reason why this should not be the focus of a scientific symposium.

In light of the evidence provided, we respectfully submit that the symposium content was accurate, balanced, and substantiated. The discussion of extrafine particles and lung deposition reflected published data and terminology consistent with the product SmPCs, with clinical outcome data presented separately and without any misleading linkage. No unjustified comparisons with competitor products were made, and the focus on small airways was scientifically justified and appropriate for a professional audience.

Accordingly, the Symposium was fully compliant with the ABPI Code:

- Clause 5.1 – Chiesi maintained high standards at all times, demonstrated by comprehensive speaker briefings, adherence to SOPs, clear audience controls, and reliance on robust published evidence.

- Clause 6.1 – All claims were accurate, balanced, capable of substantiation and consistent with the SPCs.
- Clause 6.2 – No unjustified comparisons with other products were made.
- Clause 2 – The content and conduct of the Symposium did not bring discredit upon, or reduce confidence in, the pharmaceutical industry.

For these reasons, we strongly deny that the Symposium was in breach of Clauses 2, 5.1, 6.1 or 6.2.

c) Attendance at the symposia

The Symposium was designed and delivered exclusively for UK healthcare professionals. This was made explicitly clear by the prominent statement *"For UK Healthcare Professionals only"* displayed on the opening slide of each presentation, ensuring that the intended audience was unmistakable.

To maintain the highest standards of compliance (Clause 5.1), Chiesi implemented robust audience controls:

- Staff were stationed at each of the four auditorium entrances prior to the Symposium.
- All attendees were required to show their congress badges, which clearly indicated professional status.
- One individual who attempted to enter without being a healthcare professional was identified and refused entry, demonstrating that controls were actively enforced and effective.

There is no documented evidence to suggest that any non-healthcare professionals attended the Symposium. The complainant has not produced an attendance register or other proof to substantiate their allegation. In the absence of such evidence, the claim remains unsubstantiated.

On this basis, we respectfully submit that:

- Clause 3.2 – there was no promotion to the public, as only UK healthcare professionals attended.
- Clause 5.1 – high standards were maintained through proactive audience management and enforcement.
- Clause 2 – there was no activity that could bring discredit upon, or reduce confidence in, the pharmaceutical industry.

Accordingly, we deny any breach of Clauses 3.2, 5.1 or 2.

d) High Standards

We are committed to the highest standards of conduct in all interactions with healthcare professionals and in all promotional and non-promotional activities. As demonstrated in this response, comprehensive compliance safeguards were in place, including rigorous speaker briefing, SOP adherence, audience controls, and reliance on robust, peer-reviewed evidence. These steps reflect a proactive commitment to maintaining high standards at all times.

We also note that the complainant has provided no supporting materials (such as audio recordings, photographs or copies of slides) to evidence the allegations. By contrast, we have provided contemporaneous materials, slide decks and published references which confirm that the symposium content was accurate, balanced and compliant with the Code. In our respectful submission, the symposium did not fall below the standards required under Clause 5.1.

e) Upholding Confidence in the Industry

The Supplementary Information to Clause 2 makes clear that a ruling under this clause represents a sign of particular censure, reserved only for the most serious breaches which bring discredit upon, or reduce confidence in, the pharmaceutical industry.

In our opinion, we respectfully submit that the circumstances of this case do not approach that threshold. The activities in question, namely, a scientific symposium directed exclusively to healthcare professionals, conducted with clear safeguards and based on published evidence, are not comparable to the examples cited by the PMCPA as warranting censure under Clause 2. As such, it would be inappropriate, in our respectful submission, for a breach of Clause 2 to be ruled.

Conclusion

For all the reasons set out in this letter, we respectfully submit that the symposium was conducted in full compliance with the ABPI Code. There was no promotion to the public, no misleading presentation of data, no unjustified comparisons, and no activity falling short of the high standards expected of the industry.

Accordingly, Chiesi denies any breach of Clauses 3.2, 5.1, 6.1, 6.2 or 2.

We remain committed to conducting all activities transparently, responsibly and in accordance with the ABPI Code, and to playing our part in upholding confidence in the pharmaceutical industry."

PANEL RULING

This case was in relation to a Chiesi-sponsored symposium which was held at a national COPD conference in 2025. The symposium was titled "Navigating the Small Airways in COPD" and comprised two promotional presentations delivered by different speakers. The Panel had not been provided with a recording or transcript of the presentations by either party and therefore based its ruling on the slide decks submitted by Chiesi.

The first presentation, titled "Triple extrafine formulation in COPD", appeared to broadly focus on two topics: "The importance of small airway disease" and "Extrafine formulation Triple Therapy – the evidence". The presentation started with two slides showing the impact of small airway disease on COPD severity, followed by a slide with a chart illustrating increased mortality risk with greater COPD frequency and severity. The presentation then introduced Trimbow (beclometasone/formoterol/glycopyrronium) as a single inhaler extrafine formulation triple therapy with further information such as its indication and promotional claims. The following slide titled "Both large and small airways play a role in COPD" cited an observational study which found that 93% of symptomatic patients with COPD had small airways disease, stating

that small particles can reach the small airways, and included a visual comparison of particle sizes for different inhaled therapies, including from companies other than Chiesi. Other slides detailed clinical studies relating to Trimbow and single inhaler extrafine triple therapy.

The second presentation, titled “Right Device for the Right Patient”, was structured into four sections: device, disease, deposition and daily practice. The device section outlined the evolution of inhaler devices, including information on appropriate inhaler selection and techniques, followed by information relating to Fostair (beclometasone/formoterol) and Trimbow inhalers. The disease section introduced the involvement of the large and small airways and went on to focus on small airway disease. The deposition section included that some inhalers may not reach the small airways, highlighting the need to target it, and included information on inhaler particle size and deposition, with reference to Chiesi’s extrafine particle products. The final section (daily practice) discussed tailoring the right inhalation device to the patient.

The Panel interpreted the complainant’s concerns to be as follows:

1. The presentations placed undue emphasis on small airways disease, with significant focus on particle size, deposition and clinical benefits, and misleadingly conveyed that Chiesi’s extrafine inhalers would directly result in improved clinical outcomes which was not reflective of the available evidence

2. The presentations implied that Chiesi extrafine inhalers offered greater particle deposition into the small airways than other competitor products and therefore greater clinical benefits

3. Scientists, who would be classed as members of the public (rather than health professionals), were present at the symposium and therefore promoted to

The Panel considered each of these three allegations in turn.

1. Focus on small airways disease, particle size, deposition and clinical outcomes

The Panel considered that the matter for it to consider was whether, taken as a whole, the presentations delivered at the symposium conveyed that the deposition of extrafine particles with Chiesi’s inhalers in the small airways would directly lead to improved clinical outcomes.

The complainant had not made any allegations, nor submitted any evidence, about what was said by either of the speakers during the symposium. The Panel made its rulings based on the information submitted by the complainant, in addition to the two slide decks provided by Chiesi.

Chiesi submitted that the symposium presented a balanced and factual overview of small airways disease in COPD, together with clinical data relating to its extrafine formulation. Chiesi further submitted that particle size was recognised as a determinant of lung deposition and was highly relevant to the choice of inhaler.

The Panel accepted that each presentation included reference to Chiesi’s medicines in the context of extrafine particles reaching the small airways and that clinical data had been presented. For example, the first presentation discussed the relationship between COPD severity and small airway narrowing. It also introduced Chiesi’s extrafine medicines alongside statements that most symptomatic COPD patients had small airways disease and that “small

particles can reach the small airways". The Panel further accepted that the second presentation referred to the limitations of some inhalers including that they "may not reach the small airways" and there was a "need to target small airways disease", with reference to Chiesi's extrafine formulations (Trimbow and Fostair) in that context.

Misleading information (Clause 6.1)

Clause 6.1 stated:

> "Information, claims and comparisons must be accurate, balanced, fair, objective and unambiguous and must be based on an up-to-date evaluation of all the evidence and reflect that evidence clearly. They must not mislead either directly or by implication, by distortion, exaggeration or undue emphasis. Material must be sufficiently complete to enable recipients to form their own opinion of the therapeutic value of the medicine."

While it might have been helpful to make it explicitly clear in the slides that no clinical inferences should be drawn, the Panel considered that, on balance, the discussion of extrafine particle deposition and the clinical data relating to Chiesi's extrafine medicines were presented in a manner that was sufficiently distinct from one another. In the Panel's view, the audience would have expected a focus on small airways disease from the title "Navigating the small airways in COPD" and that each presentation explicitly referred to the involvement of both large and small airways in COPD.

The complainant bore the burden of proof on the balance of probabilities. The Panel had not been provided with a recording or transcript of the speakers' verbal commentary by either party. On the slides alone, the Panel was not satisfied that the complainant had established that "the symposium absolutely made clear that Chiesi extrafine particle products would be able to reach further into small airways and directly lead to improved clinical outcomes". The information presented by Chiesi therefore did not appear to have been done so in a manner that was misleading either directly or by implication, by distortion, exaggeration or undue emphasis. The Panel ruled **no breach of Clause 6.1.**

Substantiation of a claim (Clause 6.2)

Clause 6.2 stated, amongst other things, that any information, claim or comparison must be capable of substantiation.

The complainant's allegation was that "there is no data linking Chiesi extrafine particle deposition directly to clinical outcomes improvement, such messaging during the symposium was not transparent and not reflective of available evidence".

As set out above, the Panel did not consider that the presentations claimed that the deposition of Chiesi's extrafine inhalers would result in improved clinical outcomes. As no such claim had been made, the question of substantiation did not arise. The Panel therefore ruled **no breach of Clause 6.2**.

2. Implied clinical superiority versus competitor products

The complainant alleged that the presentations implied that Chiesi's extrafine inhalers would reach further into the small airways than competitor products and lead to greater clinical benefit, despite there being no supporting evidence from study data.

The Panel took account of the presentations' references to particle size, lung deposition and the potential for extrafine particles to reach the small airways. In particular, the Panel noted that slide 10 of the first presentation, titled "Both large and small airways play a role in COPD", stated that "small particles can reach the small airways" and included a visual comparison of particle sizes (mass median aerodynamic diameter) for:

- Trimbow pMDI (1.1 µm),
- Fostair pMDI (1.4–1.5 µm),
- Fostair NEXThaler (1.4–1.5 µm),
- Relvar Ellipta (2.3 µm), and
- Symbicort Turbohaler (3.1–3.3 µm).

The Panel noted that the particle sizes for Chiesi's medicines (Trimbow and Fostair) were visually presented as smaller than the latter two competitor medicines (Relvar Ellipta and Symbicort Turbohaler).

The second presentation referred to other available inhalers in general terms without specifically identifying any competitor products by name. One slide stated that "current inhalers" may not reach the small airways in the context of particle size, before introducing Chiesi's extrafine inhalers. The Panel also noted that information relating to the selection of the *"Right Device for the Right Patient"* was also presented in general terms with no specific mention of another company's medicine by name.

The Panel considered that, taken together, the overall messaging of the symposium suggested that smaller particle size could be advantageous in reaching the small airways. However, the Panel did not consider that it had been established that the presentations went so far as to imply that "Chiesi extrafine products would reach further into small airways than other competing molecules and products leading to greater clinical benefits", as alleged. The complainant had not identified any specific aspect of the slides that substantiated their allegation that a direct or indirect comparison had been made between Chiesi's products and its competitor's products, in relation to the impact of particle size on clinical efficacy.

On the evidence before it, the Panel did not consider the presentations to be misleading, nor that they were incapable of substantiation, as alleged. The Panel therefore ruled **no breach of Clause 6.1 and Clause 6.2**.

<u>High standards and discredit in relation to the contents of the symposium (Clause 5.1 and Clause 2)</u>

The complainant alleged breaches of Clause 5.1 and Clause 2 regarding the contents of Chiesi's promotional symposium. Given its rulings of no breach above and, in the absence of any other allegations, evidence or factors, the Panel concluded that it had not been established that there had been a failure to maintain high standards nor that discredit had been brought upon the industry in this case. The Panel therefore ruled **no breaches of Clause 5.1 and Clause 2**.

3. Symposium attendees

The complainant alleged that scientists, who were classed as members of the public and were present at the symposium, were inappropriately promoted to and should have been prevented from attending the session.

Advertising prescription only medicines to the public (Clause 3.2)

Clause 3.2 stated: “Prescription only medicines must not be advertised to the public.”

Chiesi submitted that measures were in place to restrict access to health professionals only, including checking congress badges at the auditorium entrances. Chiesi identified one individual who was not a health professional and refused their entry, “demonstrating that controls were actively enforced and effective”. The Panel acknowledged that both presentations provided by Chiesi had clear and prominent statements that the presentations contained promotional content and were intended for UK health professionals only.

In the Panel’s view, Chiesi appeared to have taken reasonable steps to ensure attendance at the promotional symposium was restricted to health professionals. The complainant bore the burden of proof and had not provided evidence to show that members of the public had attended the symposium, and therefore been promoted to. On that basis, the Panel ruled **no breach of Clause 3.2**.

High standards and discredit in relation to symposium attendees (Clause 5.1 and Clause 2)

The complainant alleged breaches of Clause 5.1 and Clause 2 with regard to the alleged attendance of members of the public at the promotional symposium. Given the Panel’s ruling of no breach of Clause 3.2 above and, in the absence of any other allegations, evidence or factors, the Panel concluded it had not been established that there had been a failure to maintain high standards, nor that discredit had been brought upon the industry in this case. The Panel therefore ruled **no breaches of Clause 5.1 and Clause 2**.

Complaint received **11 August 2025**

Case completed **11 May 2026**