PMCPA Annual Report

2025

PMCPA strategy

The PMCPA is the self-regulatory body for the pharmaceutical industry in the UK. By embedding high ethical standards and holding companies accountable for compliance, we provide confidence to patients and the public who rely on prescribed medicines, including vaccines.

We do this by

- Engaging and empowering companies by providing training and guidance on the ABPI Code of Practice for the Pharmaceutical Industry
- Ensuring high standards are upheld through a timely, robust, independent and transparent complaints system
- Using the benefit of self-regulation to ensure the ABPI Code and guidance react to changes in the environment and reflect latest industry practices

Introduction

Chief Executive's introduction

Alex Fell

Chief Executive

This report covers the PMCPA's activity and financial performance in the calendar year 2025 and includes analysis of all complaints received in 2024.

2025 was a transformational year for the PMCPA and the year when the significant investment in talented individuals, as well as the infrastructure in the preceding years, began to deliver demonstrable progress in reducing the number of cases awaiting adjudication and in reducing the time taken to produce rulings.

2025 priorities:

The main priorities for 2025 were the operation of the complaints procedure, including measures to address the backlog of complaints, and embedding the 2024 ABPI Code of Practice. We also increased the focus on our goal to engage and empower companies by providing training and guidance on the ABPI Code.

By the end of 2025, there were 81 open complaints, down from 155 at the start of the year. This is a significant reduction and has gone a long way towards eliminating the backlog of cases awaiting adjudication. My expectation is that this positive momentum will continue into 2026 and the time taken to adjudicate on complaints will continue to reduce.

Engaging and empowering companies through training and guidance:

In 2025, we supported the industry to embed the changes we made in the 2024 ABPI Code of Practice. We had made major updates to Clause 12, including being one of only two countries in Europe at the time to introduce the use of QR codes on certain promotional materials to enable direct access to up-to-date prescribing information.

In 2025, our focus was on guidance to help embed the 2024 ABPI Code. In September, we published guidance on Clauses 3.1 and 11 to provide practical interpretation of the Code and advice on the governance of pre-licence activities.

Throughout 2025, we worked on updating the PMCPA's social media guidance in consultation with member companies and the MHRA. We were also developing a new guidance document covering the use of package deals. Both were launched in early 2026.

We added a new webinar about the PMCPA audit process to our popular, free-to-access e-learning offering. We also welcomed over 400 delegates to our 'Code in a Day' training days in 2025.

I was particularly proud that in May 2025 we held our third annual 'ABPI Code for patient organisations' training day, an initiative we started in collaboration with the ABPI in 2023. This annual event is designed to help promote and embed compliant ways of working between the pharmaceutical industry and patient organisations.

Evolving self-regulation:

With the launch of the 2024 ABPI Code in October 2024, the PMCPA implemented the first significant change to the PMCPA Constitution and Procedure and how self-regulation is delivered in the UK in many years. This included the introduction of an abridged complaints procedure which allows the PMCPA to, among other things, deal with each case in ways that are proportionate to the importance of the case and the complexity of the issues. With only five complaints progressing through the abridged procedure in 2025, this was lower than expected and we will continue to look for ways to use this expedited approach for suitable cases.

In June 2025, with support from the MHRA, the PMCPA implemented a pilot limitation period policy in relation to historical complaints, such that unless there are exceptional circumstances the PMCPA will not proceed complaints received about materials or activities last in use over two years ago, or social media activity from more than six months ago. In 2025, three complaints were not proceeded as a result of this pilot policy. These complaints were still sent to the company for awareness and for the company to take action as required.

Self-regulation remains a privilege and must continue to evolve to ensure that it regulates the pharmaceutical industry effectively.

At the end of 2025, Kate Brunner KC stepped down as Chair of the Appeal Board and was replaced by Jo Martin KC. In addition to extending a warm welcome to Jo, I would like to place on record my thanks and appreciation for the leadership and clarity of direction that Kate brought to her work at the Appeal Board. In particular, Kate made an important contribution to the update of the PMCPA Constitution and Procedure.

Complaints received in 2025:

The PMCPA received 262 complaints in 2025 (compared to 264 in 2024). Of these:

- 39% were referred to the Code of Practice Panel for adjudication (45% in 2024)
- 7% were not proceeded after receiving the pharmaceutical company's response (11% in 2024)
- 28% were against a pharmaceutical company but were not proceeded upon initial review (18% in 2024)
- 27% did not relate to a pharmaceutical company (26% in 2024)

In 2025, 65 complaints were received from non-contactable complainants.

- Only 19 (29%) of the 65 complaints from non-contactable complainants were referred to the Code of Practice Panel for adjudication. The PMCPA strongly encourages complainants to be contactable to the PMCPA so that they can participate fully in the complaints procedure.
- Of the 119 complaints that were sent to a pharmaceutical company for response, 93 (78%) were from a contactable complainant. This is an increase on 2024, when the comparable reported figure was 109 (74%) of 148.

Cases ruled upon in 2025:

161 rulings were issued in 2025, an increase of 55% compared to 2024 (104 rulings issued). The Panel continues to have a good record, with 98% of rulings either accepted by the parties or upheld on appeal.

Outcomes for complaints received in 2024 are summarised in this report. The proportion of cases where at least one breach of the Code was ruled decreased slightly to 58% for cases received in 2024 (65% in 2023).

"161 rulings were issued in 2025, an increase of 55% compared to 2024"

Chair of the Appeal Board's comments

Jo Martin KC

Chair of the Code of Practice Appeal Board

Introduction:

I was delighted to succeed Kate Brunner KC as Chair of the Code of Practice Appeal Board in December 2025 on her well-deserved elevation to the High Court Bench.

This role, a part-time position, is a fascinating change from my more regular work life as a barrister in criminal/regulatory and family courts and sitting as a Recorder (a part-time judge).

Although my tenure thus far has been short, I have been immediately struck by three things: the intellectual rigour brought to the Appeal Board meetings by Board members, the thoughtfulness of the decision making and the extraordinary technical and practical support the Appeal Board has from the PMCPA.

My role as Chair is largely about ensuring that the Appeal Board proceedings are fair to all participants. This requires me to guide all participants, including the members of the Appeal Board, on matters of procedure during the appeal hearing, and then in the deliberations that follow the hearing. Dealing with concerns about actual or perceived conflict is also an important part of my function.

The Appeal Board brings together a wide range of skills and knowledge. The Constitution requires that the Board includes senior clinicians, pharmacists, a GP, a senior nurse, lay members, one of whom must be a representative of patients' interests, as well as senior executives such as medical directors from the pharmaceutical industry. The Board is always carefully balanced to ensure that the independent members are greater in number than those from the pharmaceutical industry. Whilst there are appointed members, we also have the power to co-opt others to ensure the right balance. The differing skillsets and knowledge of the members, combined with the support of the PMCPA, makes for a very efficient Appeal Board. There is always 'new blood' on the Board as members come to the end of their tenure and in 2026 we have welcomed a new senior health professional who will bring another perspective.

"The Board is always carefully balanced to ensure that the independent members are greater in number than those from the pharmaceutical industry."

I have been very fortunate to take over the Appeal Board at a time when the backlog continues to fall. This is, in part, the legacy of Kate Brunner KC who worked closely as Chair over the last 5 years with the PMCPA to make the crucial changes to the Constitution and Procedure a reality; changes which have contributed to reducing the backlog of complaints. Having had the opportunity to receive a comprehensive handover, and attend a meeting Kate chaired, the respect other Appeal Board members had for her, and her exceptional leadership, was evident.

I am looking forward enormously to my first full year as Chair of the Appeal Board and to deepening my understanding, and playing a part, in how the pharmaceutical industry manages its own regulation, which is, as Alex has said, a privilege. As the new abridged complaints procedure, limitation period policy and newly published guidance begin to impact more on the decision making of the PMCPA Panel, I anticipate that the oversight role the Appeal Board plays will increase. We will play our part to ensure that decisions remain robust and consistent; that is our responsibility to allow the pharmaceutical industry to retain the privilege of self-regulation.

I would like to thank everyone who has made me so welcome and given me the support and education I needed in these first few months. I look forward to working with you in the years to come.

"I have been immediately struck by three things: the intellectual rigour brought to the Appeal Board meetings by Board members, the thoughtfulness of the decision making and the extraordinary technical and practical support the Appeal Board has from the PMCPA."

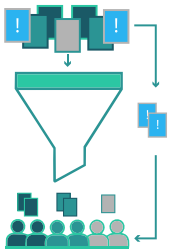
2025 activity

Addressing the backlog of complaints

The priority in recent years has been to address the backlog of complaints so that new complaints can be dealt with effectively and in a timely manner. Following a sustained increase in the number of complaints and in the complexity of cases, a change in approach was needed to increase the volume of complaints processed.

In 2025, we saw the impact of recruitment and process improvements, including:

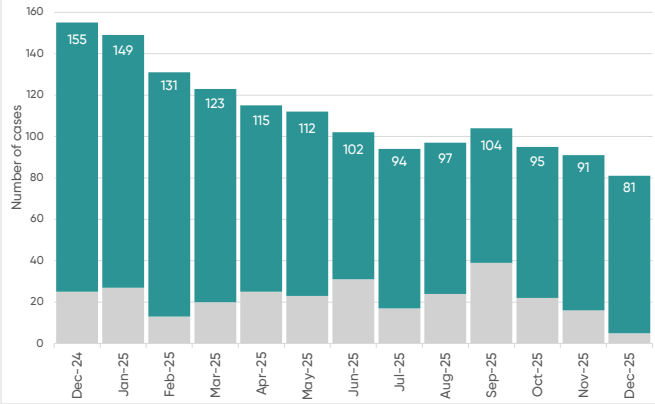
An increased number of Panel members has not only increased throughput of cases, but has also allowed time for training and development, and helped to future-proof the organisation by reducing reliance on any one individual



While prioritising cases that may have an impact on patient safety, we changed how we dealt with the cases awaiting adjudication - batching together similar cases to allow better allocation of Panel members with relevant skillsets and experience

We launched a pilot limitation period policy in relation to historical complaints which aimed to ensure that PMCPA resources are deployed in accordance with the overriding objective to protect patient safety, and are not spent on historical matters that may have little ongoing importance compared to contemporaneous complaints

This graph illustrates the number of cases either awaiting a decision by the case preparation manager on whether or not they should proceed or awaiting adjudication by the Panel at the end of each month. The shading within each bar shows the number of cases arising from new complaints received during the month.



There will always be monthly fluctuations due to the variation in the number of complaints received but the number of open cases fell steadily throughout 2025 and is expected to continue to fall in 2026.

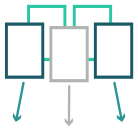
Other activity

The key priority in 2025 was the operation of the complaints procedure, in particular addressing the backlog of complaints. The following represents some of the other main activities that took place in 2025.

Operation of the complaints procedure

- Rulings issued by the Panel for 157 cases
- A further 4 rulings issued through the abridged complaints procedure
- 176 decisions to not proceed a case
- 1 audit of a pharmaceutical company

Directing complaints to the appropriate regulator



- Tool launched on PMCPA website: Have you come to the right place with your complaint?
- Development of a memorandum of understanding with the Health Research Authority (published early 2026)

Provision of advice and guidance on the ABPI Code

- 161 queries on the ABPI Code answered
- Updated guidance published on Clause 3.1 and Clause 11
- New and updated Q&As published, including on arm's-length arrangements, approval of campaigns by the health ministers, use of artificial intelligence in the review of promotional materials, certification for use on multiple platforms, and the operation of the complaints procedure

Training events and resources

- Two one-day in-person 'Code in a Day' training seminars held in June 2025 and one in November 2025
- An on-demand webinar published providing an overview of the PMCPA audit process

Development of new guidance

- Development of new guidance on package deals (published early 2026)
- Work undertaken with several companies to update the social media guidance (published early 2026)

Collaboration with international bodies

- Review of European Federation of Pharmaceutical Industries and Associations (EFPIA) proposals to revise templates for disclosure of transfers of value and implement a common methodological note across Europe
- Provided input to a new EFPIA guidance document explaining the rules governing medical congresses for Europe
- Alex Fell is Vice-Chair of the EFPIA Code Committee
- Natalie Whittle is a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) Code Complaint Adjudication Group

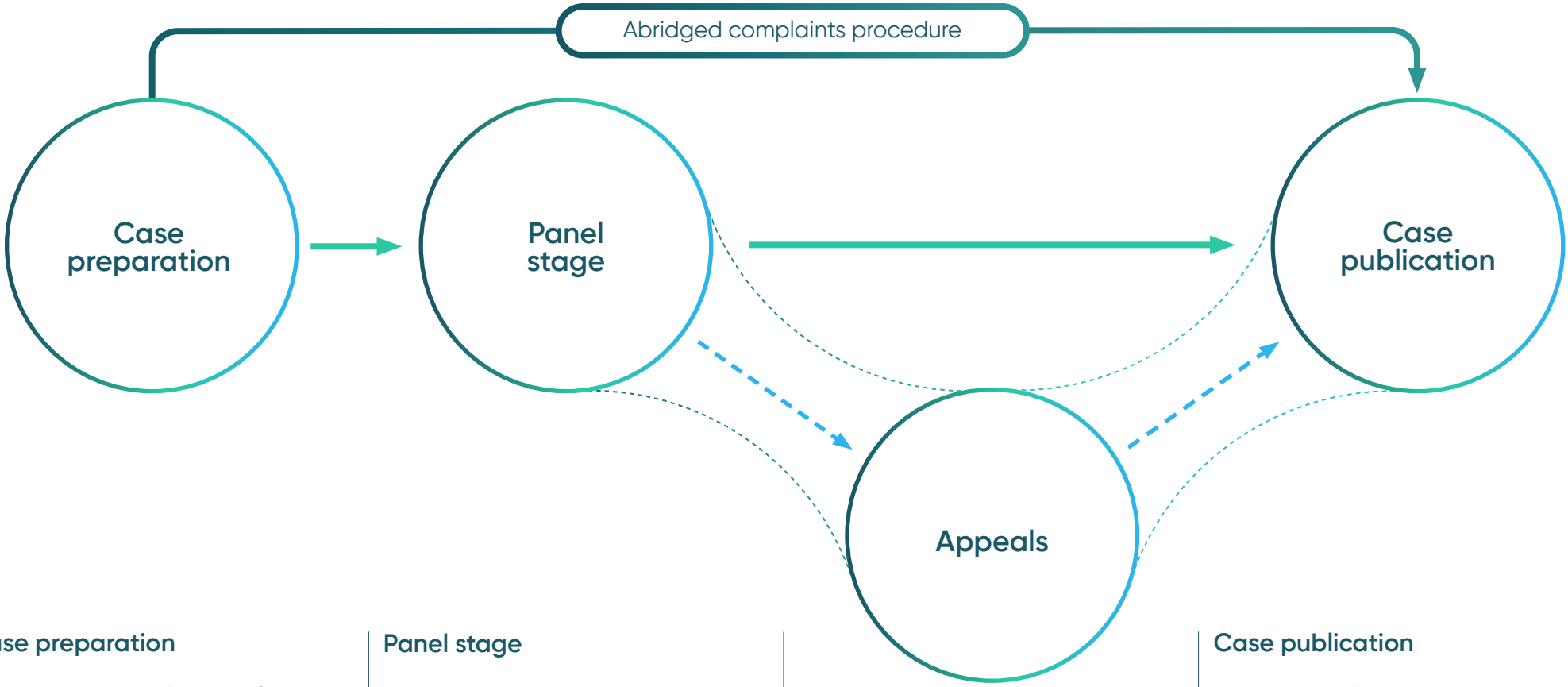
Compliance-focused events

- Patient organisation event held in collaboration with ABPI in May 2025
- Compliance Network meeting held in November 2025

Process improvement

- Project to develop and pilot a new style of case report to increase the accessibility, clarity and readability of the Panel's rulings
- Project launched to explore potential future changes to the Constitution and Procedure

The complaints procedure



Case preparation

- Upon receipt of a complaint, the case preparation manager is responsible for processing the matter and determines whether the case should go before the Panel
- The case preparation manager for a particular case does not sit on the Panel for the consideration of that case

Panel stage

- Complaints are considered by the Code of Practice Panel – two members of the Panel form a quorum
- Complaints are judged on the evidence provided by both parties
- Rulings are made on the basis that a complainant has the burden of proving their complaint on the balance of probablities

Appeals

- Each party has the right to appeal the Panel's rulings
- In these cases, the matter is referred to the Code of Practice Appeal Board

Case publication

- As part of its supervisory role and for the purpose of considering whether any additional sanctions may be appropriate, the Appeal Board receives reports on all cases
- The PMCPA publishes reports of all completed cases on its website

For more detail about the complaints procedure, please see: www.pmcpa.org.uk/complaints-procedure

The complaints procedure

Complaints

Complaints should be submitted to the PMCPA using the webform on the PMCPA website at pmcpa.org.uk/complaints-procedure/make-a-complaint/

When this is not possible, complaints can be submitted by email (complaints@pmcpa.org.uk), by phone (020 7747 8880) or in writing.

Complaints taken up in the Chief Executive's name can result from media criticism of pharmaceutical company activities, scrutiny of advertisements, and from alleged breaches of undertakings.

Undertaking and assurance

In each case where a breach of the Code is ruled, the company concerned must provide an undertaking that the activity or use of the material in question and any similar material will cease forthwith and that all possible steps will be taken to avoid a similar breach in the future.

The company must also pay an administrative charge based on the number of matters ruled in breach of the Code.

Breaches of Clause 2

When companies are ruled in breach of Clause 2 of the Code, the PMCPA advertises brief details of the case in the medical, pharmaceutical and nursing press. The companies at issue are required to contribute to the cost of such advertising.

Additional sanctions

Additional sanctions that can be imposed by the Appeal Board include:

- an audit by the PMCPA of a company's procedures in relation to the Code
- requiring the company to take steps to recover material from those to whom it has been given
- requiring the company to issue a corrective statement
- publication of a public reprimand
- other administrative steps, such as inviting a senior representative of the company to future meetings of the Appeal Board to report on progress, or requesting written confirmation that appropriate action has been taken
- reporting the company to the ABPI Board, who may suspend or expel the company from membership of the ABPI.

Definitions:

Case – Some complaints give rise to more than one case, as they may involve more than one company.

Matter – Each separate allegation that the Panel must consider is typically referred to as a matter. A matter may include multiple rulings.

Ruling – A 'ruling' refers to an individual ruling of a single clause of the ABPI Code.

The PMCPA team

All members of the Code of Practice Panel can adjudicate on a case. Decisions are made by majority voting and two members of the Panel form a quorum.

More senior/experienced members of the team can also act as case preparation manager (CPM). The case preparation manager decides whether a case should proceed (through the full or abridged procedure) or not, and may identify the relevant clauses of the Code to be addressed in the company's response. The case preparation manager must not be a member of the Panel that subsequently considers that case.

Joined:
June 2022

Alex Fell

Chief Executive

CPM · Panel Member

Alex joined the PMCPA in 2022 and was appointed Vice-Chair of the EFPIA Code Committee in 2023. Prior to joining the PMCPA, Alex held ethics and compliance leadership roles in the pharmaceutical industry in the UK, USA and Singapore. Alex started in the pharmaceutical industry in a global internal audit role with a specific focus on Code compliance and is a Fellow of the Institute of Chartered Accountants of England and Wales.

Joined:
September 2018

Natalie Whittle

Director - Code Development

CPM · Panel Member

Natalie is a long-standing member of the Code of Practice Panel. In her role as Director – Code Development, Natalie is responsible for ensuring a fit-for-purpose ABPI Code now and into the future, supported by guidance documents. Natalie is also a member of the IFPMA Code Complaint Adjudication Group. She has a degree in medicine and previously worked in the pharmaceutical industry in medical compliance and medical information roles at UK and European level.

Joined:
September 2024

Owen Robinson

Director

CPM · Panel Member

Owen is a solicitor specialising in healthcare, life sciences and public law. He has held a range of senior roles at the heart of the UK Government, including in the Cabinet Office and the Department of Health and Social Care. During his time in government, he also worked for five years as a senior legal advisor to the MHRA and the NHS team. Before joining the PMCPA, Owen was a Legal Director in the global regulatory team at a global law firm. He also holds a part-time role as a judge in the Employment Tribunals.

Joined:
October 2024

Alicia White

Director

CPM · Panel Member

Alicia is a qualified solicitor and worked in private practice on behalf of a number of healthcare regulators before moving to the General Pharmaceutical Council. In addition to an in-depth knowledge of the pharmacy sector, Alicia's experience includes leading large multidisciplinary teams on investigations and tribunals, driving improvement changes and streamlining processes.

Maleeha Sultan

Senior Manager

CPM · Panel Member

Joined: Aug 2022

Maleeha is a UK-registered pharmacist with diverse experience across the NHS, community pharmacy and the pharmaceutical industry. Her industry background spans medical affairs, advertising and promotion, and medical governance.

Helen Darracott

Senior Manager

CPM · Panel Member

Joined: Feb 2023

Helen is a Fellow of the Royal Pharmaceutical Society, with degrees in pharmacy and law. She has worked in regulatory, policy, legal, compliance and ethics roles for health professional regulatory bodies, industry representative organisations and pharmaceutical companies.

Emily Boys

Senior Manager

CPM 2026 · Panel Member

Joined: Nov 2023

Emily has a broad range of experience in science/data communication and was previously Head of Project Delivery at an independent medical publisher, working in partnership with pharmaceutical companies to deliver a range of projects. She has a PhD in genetics/plant pathology.

Sharan Kaur

Manager

Panel Member

Joined: Aug 2024

Sharan is a Chartered Legal Executive and volunteers as a Magistrate for the East London Local Justice Area. Her previous experience includes roles such as Assessment Manager, Case Officer and Paralegal at the General Pharmaceutical Council. Prior to this, Sharan investigated Health and Care Professions Council cases on behalf of a firm of solicitors.

Holly Withers

Manager

Panel Member

Joined: Jan 2025

Holly has a degree in biological sciences (neuroscience) and spent four years in a medical information consultancy firm before joining the pharmaceutical industry. She has worked in medical affairs roles of increasing seniority, including as Senior Manager, Global Medical and Promotional Regulatory Affairs.

Jack Chivers

Manager

Panel Member

Joined: Jun 2025

Jack has a degree in pharmacology and joined the pharmaceutical industry in 2017. He began in medical information before moving into compliance and medical governance roles, developing and implementing compliance programmes and leading on cross-border compliance requirements.

Gurinder Kang

Manager

Panel Member

Joined: Jul 2025

Gurinder began his career as a pharmacist, working across primary, secondary, and tertiary care settings. In 2019, he moved into the pharmaceutical industry and has held a range of roles within medical affairs, including compliance-focused positions as a final medical signatory.

Joined: May 2022

Peter Clift

Operations and Governance Manager

Peter is responsible for the administration of the Code of Practice Appeal Board, the PMCPA's data privacy programme and the development of the PMCPA website and digital communications. He was previously a biomedical scientist and has a master's degree in biology and postgraduate legal qualifications.

Joined: Aug 2007

Nora Alexander

PA to the Chief Executive

Nora's role primarily involves supporting with the intake of complaints, along with supporting the Panel with sending out outcome letters. She joined the PMCPA in 2007, having previously worked for the NHS.

Joined: May 1999

Lisa Matthews

Senior Case Coordinator

Lisa's responsibilities include performing a key role in the intake and assessment of complaints, along with supporting the Panel with sending out outcome letters. She also supports key department projects.

Leavers and new starters during 2025

Name and position	Date
Holly Withers Manager and member of the Panel	Joined January 2025
Jack Chivers Manager and member of the Panel	Joined June 2025
Gurinder Kang, Manager and member of the Panel	Joined July 2025

Co-optable members of the Code of Practice Panel in 2025

If necessary, the Chief Executive or a Director may co-opt an appropriate person to be a member of the Panel, from a list of persons approved for co-option. Co-optees must comply with the same conflicts of interest provisions as the other Panel members.

Keval Dabba

Previously Associate Director at the PMCPA, Keval is a registered pharmacist and has worked in community pharmacy, the NHS and the pharmaceutical industry. Having left his role at the PMCPA in December 2024, he now works as a consultant and joined the co-optable list in February 2025.

Charles Drinnan

Charles is an independent regulatory, criminal and fraud barrister. Charles has experience in professional regulation within healthcare, medical law and ethics.

Etta Logan

Having spent 25 years supporting and providing legal advice to the PMCPA, Etta left her role as Deputy Director at the PMCPA in 2022 and now works as a consultant to the PMCPA in addition to holding senior positions outside the pharmaceutical industry.

The Code of Practice Appeal Board

Role

The parties in a case may appeal the Panel's ruling to the Code of Practice Appeal Board. The complainant may appeal any rulings of no breach of the Code; the respondent company may appeal any rulings of a breach of the Code.

In addition to its role in relation to appeals, the Appeal Board receives reports on all cases considered by the Panel and considers whether additional sanctions may be appropriate, and has a supervisory role in relation to the operation of the complaints procedure.

Meetings in 2025

The Appeal Board met 11 times in 2025.

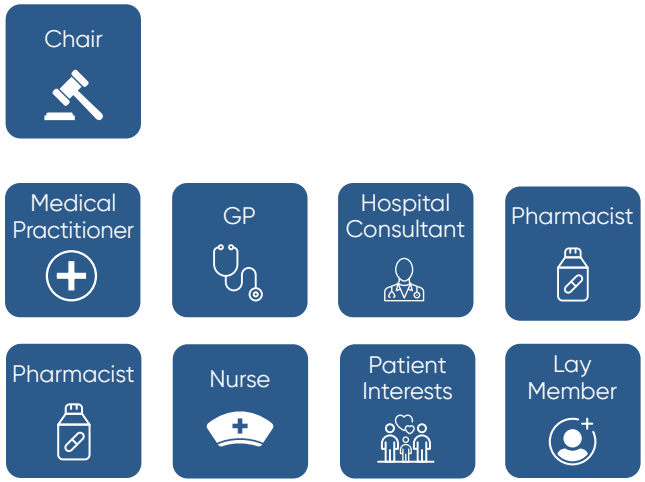
Composition

The Appeal Board comprises an independent legally qualified Chair, up to eight other independent members, and up to eight senior executives from pharmaceutical companies.

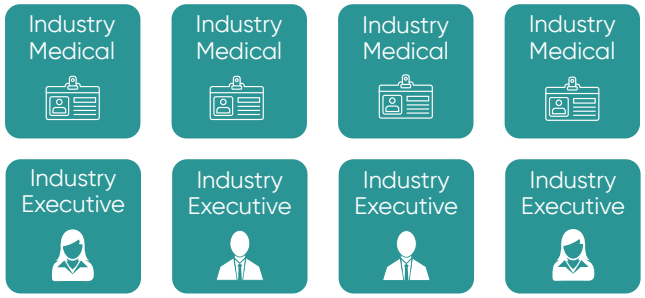
For the consideration of any case, independent members must be in the majority.

Members of the Appeal Board are appointed by the ABPI Board for a fixed term, which may be renewed. All independent members are appointed in consultation with the Medicines and Healthcare products Regulatory Agency (MHRA). The medical, pharmacist and nurse members are appointed following a check of their credentials and history as held on their regulator's website, e.g. the General Medical Council. Independent members are paid, but industry members are not.

Independent members



Industry members



The Code of Practice Appeal Board Members

Chair	Role
Ms Kate Brunner KC	Independent, legally qualified Chair
Ms Jo Martin KC	Independent, legally qualified Chair (Dec 2025)

Independent Members	Role
Dr Richard Bortey	General Practitioner
Dr Dominic Heaney	Hospital Consultant
Ms Amina Hossain	Lay member, representing members of the public
Ms Aleksandra Houghton	Registered Pharmacist
Ms Anna Pracz	Registered Pharmacist
Professor Reecha Sofat	Registered Medical Practitioner (left to join co-option list in 2025)
Mr Bob Stevens	Representing the interests of patients

Industry Members	Role
Dr Hubert Bland	VP & Country Medical Director, UK, GSK (previously Executive Medical Director UK&I, Bristol-Myers Squibb)
Dr Fenton Catterall	Head of Ethics & Compliance Commercial & Portfolio Strategy, Plasma Derived Therapies (PDT) BU, Takeda (term completed; joined co-option list in 2025)
Dr Frances Hall	Country Senior Medical Director UK&IE, Jazz Pharmaceuticals
Mr Alex Potlog	Senior Counsel, Global Legal Strategies & Policy, UK & Ireland, AbbVie Ltd

The Code of Practice Appeal Board Co-opted Members

Co-opted members

The Chair can co-opt members for meetings of the Appeal Board to enable a quorum to be achieved. During 2025, the following were each co-opted for at least one meeting:

Co-opted members – Independent	Role	Meetings
Dr Christopher Goard	Representing the interests of patients	2 meetings

Co-opted members – Industry	Role	Meetings
Dr Fenton Catterall	Head of Ethics & Compliance Commercial & Portfolio Strategy, Plasma Derived Therapies (PDT) BU, Takeda	5 meetings as co-optee
Dr Rhian Davies	Corporate Compliance Lead UK, Ireland, Australia and New Zealand, Pfizer Ltd	4 meetings
Dr Samantha Dixon	Head of Medical, UK & Ireland, Biogen Idec Ltd	4 meetings
Dr Eddie Guzdar	Medical Director Oncology UK/Ireland and Medical Excellence Lead Northern Europe Hub, Eli Lilly and Company Limited	7 meetings
Dr Marc Moodley	Oncology Medical Director, Daiichi Sankyo UK	3 meetings
Dr Jackie Napier	Recently retired – previously Medical Director, Ophthalmology & Neurology, Bayer Plc	3 meetings
Dr Edward Piper	Medical Director, AstraZeneca UK Limited	3 meetings

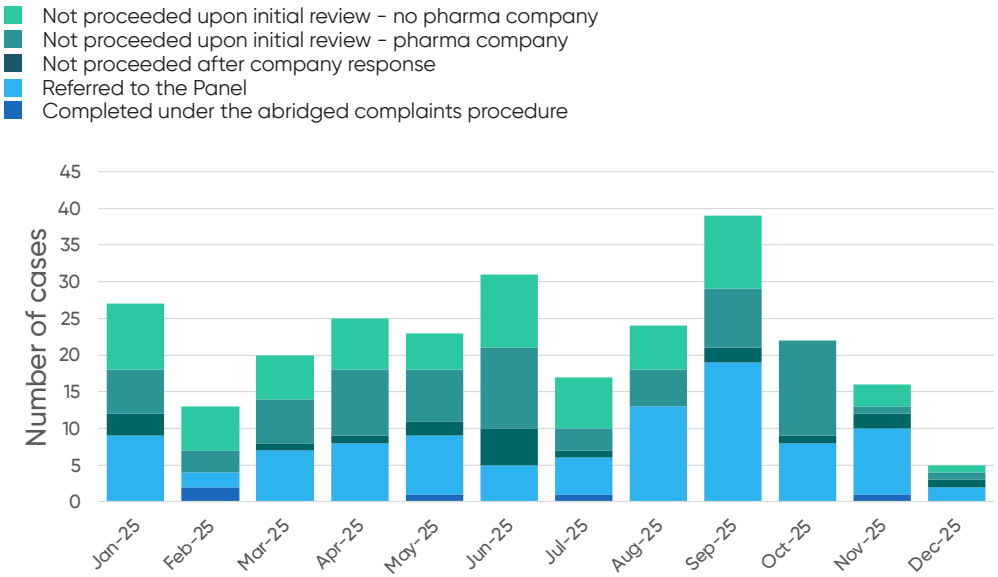
Complaints received in 2025

Complaints received by the PMCPA

	Year complaint received		
	2023	2024	2025
Cases referred to the Panel[1]	130	120	95
Cases completed under the abridged complaints procedure[2]	N/A	1	5
TOTAL PROCEEDED	**130**	**119**	**100**
Not proceeded after receipt of company response[3]	14	29	19
Not proceeded upon initial review[4] – pharmaceutical company	5	47	73
TOTAL NOT PROCEEDED	**–**	**76**	**91**
TOTAL COMPLAINTS AGAINST PHARMACEUTICAL COMPANIES	**–**	**195**	**192**
Not proceeded upon initial review[4] – not a pharmaceutical company	–	69	70
TOTAL RECEIVED	**–**	**264**	**262**

1. Some complaints give rise to more than one case because they involve more than one company.
2. The abridged complaints procedure was brought in as part of the changes to the PMCPA's Constitution and Procedure with the publication of the 2024 ABPI Code of Practice in October 2024.
3. When the respondent company's response is received, the case preparation manager must determine whether there is a prima facie case to answer under the Code. Other cases may not proceed at this point because the respondent company declines to accept the PMCPA's jurisdiction.
4. Before 2024, only a very small number of these complaints were captured in the annual report figures (i.e. the five in 2023).

Complaints received in 2025



2025 saw an increase in the number of complaints received against pharmaceutical companies that were not proceeded upon initial review. Many of these were cases where the case preparation manager determined that the complainant had not provided sufficient information to indicate that a company may have breached the Code. In these cases, complainants are given the opportunity to provide additional information to strengthen their complaint, but some decline and some complainants are not contactable.

Complaints that do not proceed because they do not concern a pharmaceutical company are often about promotion to the public by clinics, pharmacies or influencers and are typically referred to the Advertising Standards Authority or the Medicines and Healthcare products Regulatory Agency.

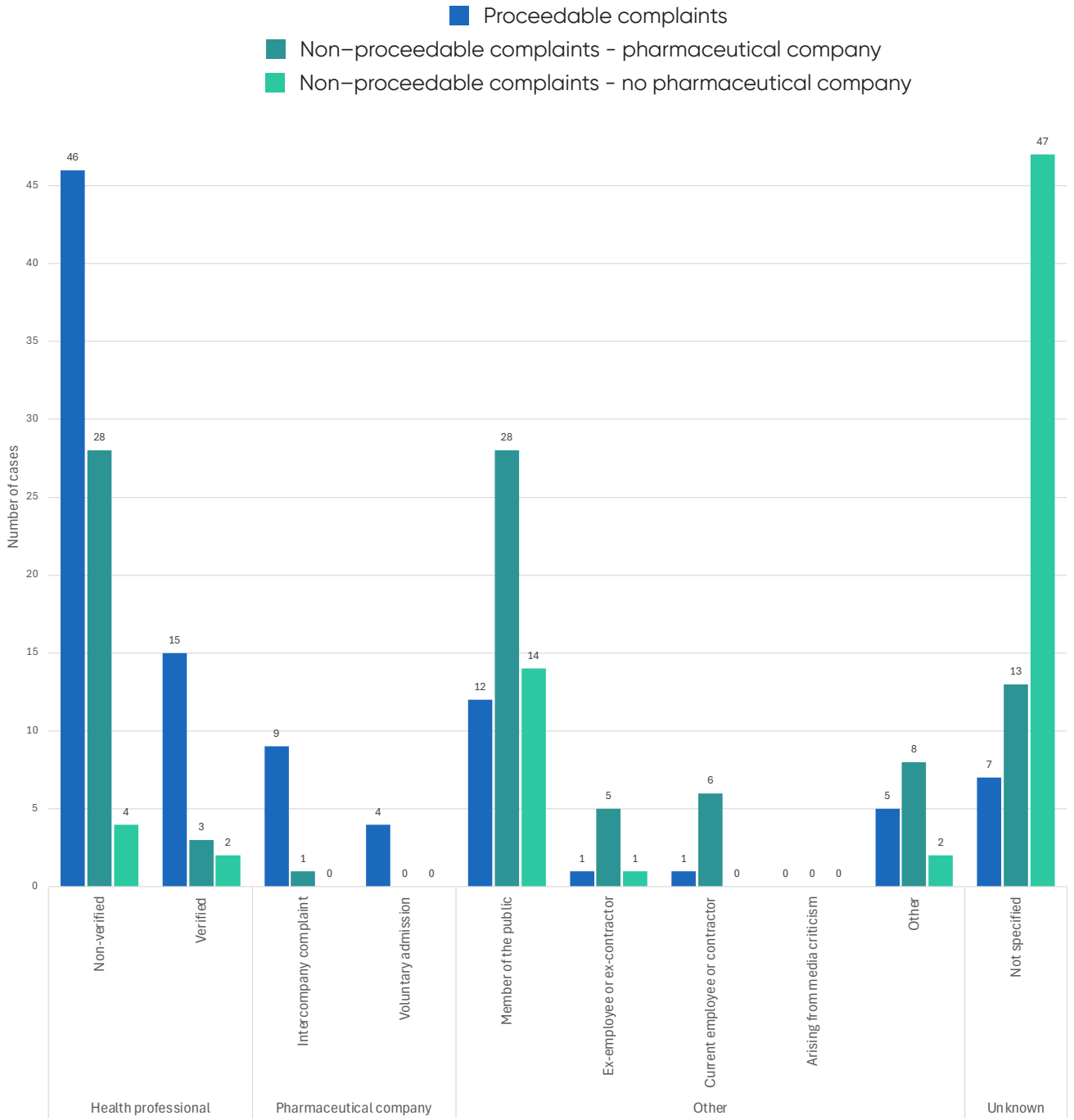
Two complaints received in 2024 and previously referred to the Panel were later not proceeded, in line with Paragraph 5.3 of the PMCPA's Constitution and Procedure, because they concerned matters closely similar to those in another case.

Sources of complaints received in 2025

Classification of complainants is based on how complainants define themselves.

Verified health professionals are those who the PMCPA was able to confirm to be a health professional (e.g. NHS email address).

Non-verified health professionals are those who described themselves as a health professional but the PMCPA did not confirm this.

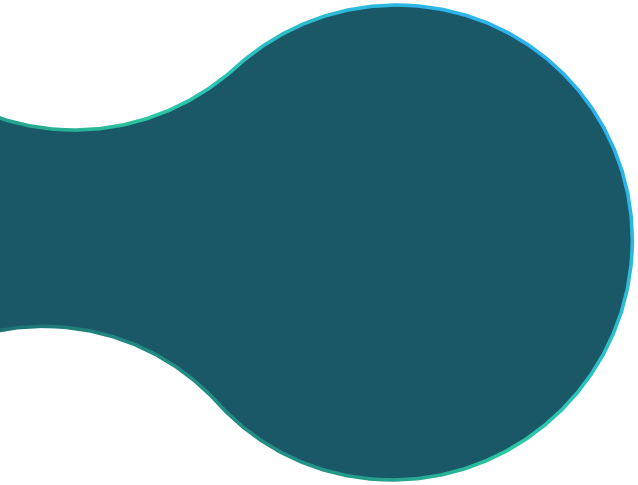


Sources of complaints received in 2025

In 2025:

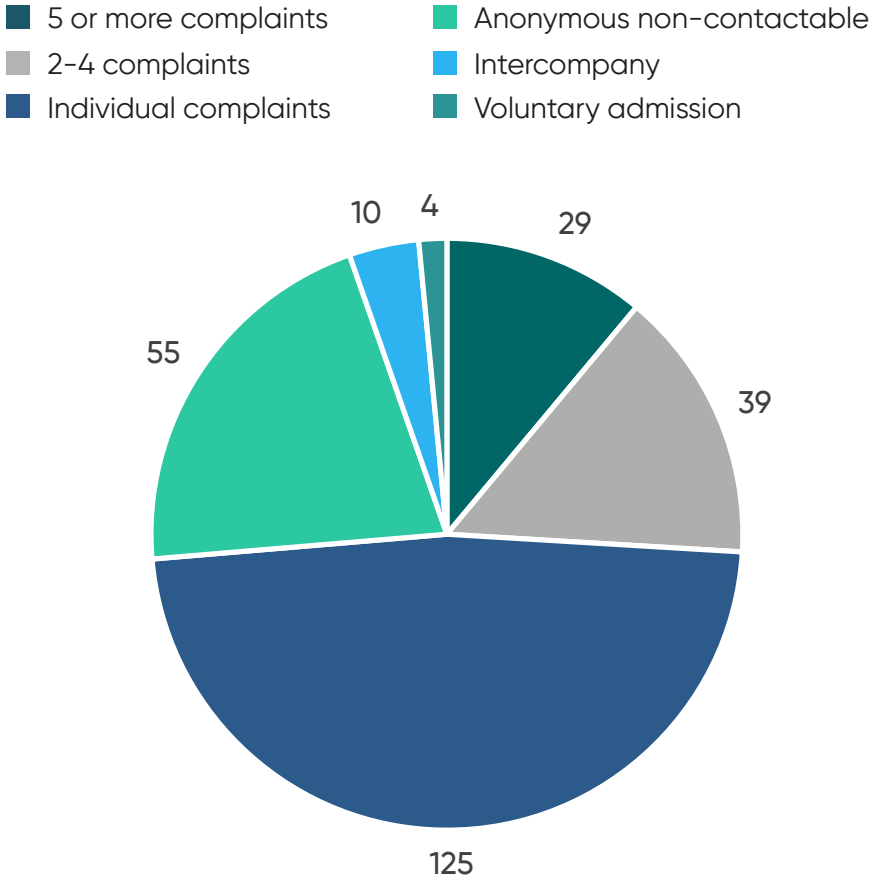
65 complaints had complainants who were non-contactable (25% of the total number of complaints received). Of these:

- 19 were proceeded
- 39 related to a pharmaceutical company but were not proceeded
- 7 did not relate to a pharmaceutical company.



Four complainants submitted five or more complaints each in 2025 – a total of 29 complaints (11% of the total number of complaints received). Within these figures are eight cases that derived from a single complaint against eight companies. Compared to 2024, a higher proportion of the complaints came from individuals making just a single complaint.

Cases received in 2025 - by category of complainant



Note: Ten of the non-contactable complainants provided a name but no contact details. Some complainants are contactable at the case preparation stage but later become non-contactable – they are shown here as 'contactable'.

Complaints that did not proceed

Cases not relating to a pharmaceutical company

In 2025, the PMCPA received **70** complaints that were not related to a pharmaceutical company and so did not fall within the scope of the ABPI Code and the PMCPA's jurisdiction.

Typically, these complaints relate to promotion of a prescription medicine to the public by, for example, a pharmacy, clinic or online influencer.

Complainants are directed to the appropriate regulator, e.g. the Advertising Standards Authority (ASA) or the Medicines and Healthcare products Regulatory Agency (MHRA).

Cases relating to pharmaceutical companies but not proceeded

In 2025, **73** complaints were not proceeded by the case preparation manager before contacting the pharmaceutical company for a response. The most common reasons for this are:

- a lack of evidence that there may have been a breach of the Code
- complaints outside the scope of the ABPI Code.

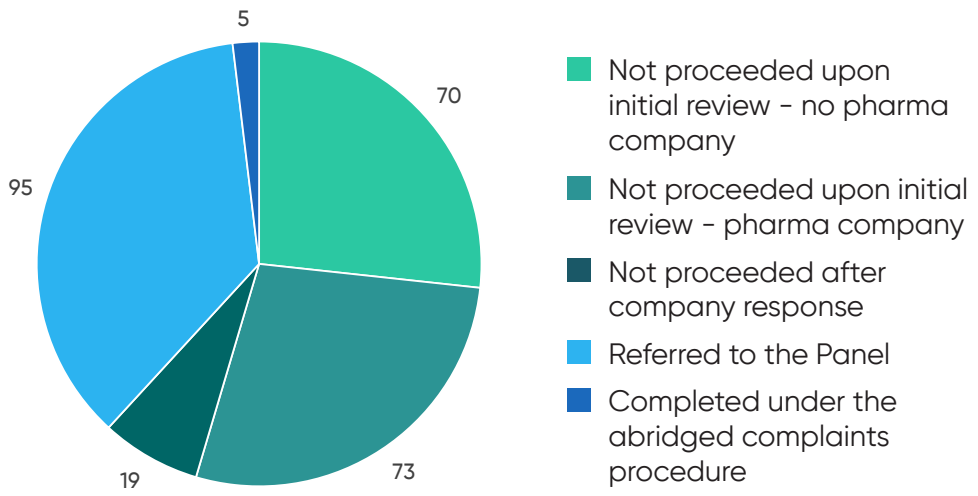
These decisions can be complex, with complainants entitled to challenge the decision and request a review by an independent referee.

In 2025, a further **19** complaints were not proceeded following receipt of a response from the pharmaceutical company. Reasons why complaints may not proceed at this stage include:

- no UK nexus has been established
- there is insufficient evidence that the ABPI Code may have been breached or that the alleged activity occurred.

In some cases, a pharmaceutical company may decline to accept the PMCPA's jurisdiction, at which point the complaint is referred to the MHRA.

Complaints received in 2025



In 2025, the PMCPA launched a new tool on its website to help direct complainants to the most appropriate regulator:

https://pmcpa.org.uk/complaints-procedure/before-you-send-us-your-complaint-have-you-come-to-the-right-place/

There was a significant reduction in the number of complaints received that did not relate to a pharmaceutical company in the final quarter of the year: only four complaints, compared to an average of 22 in the three preceding quarters. This could be due, in part, to a combination of the PMCPA's new tool and work by the MHRA and the ASA to increase enforcement of non-compliance in relation to the promotion of weight loss medicines.

Sources of proceedable complaints

	Year complaint received		
	2023	2024	2025
Health professionals[1]	68	83	61
Non-verified	62	81	46
Verified	6	2	15
Pharmaceutical companies	11	9	13
Intercompany complaint	2	5	9
Voluntary admission	9	4	4
Other	43	19	19
Member of the public	16	9	12
Ex-employee or ex-contractor	13	3	1
Current employee or contractor	10	3	1
Arising from media criticism	1	0	0
Other	3	4	5
Unknown	8	8	7
Not specified	8	8	7
TOTAL PROCEEDABLE CASES	130	119	100

Classification of complainants is based on how complainants define themselves.

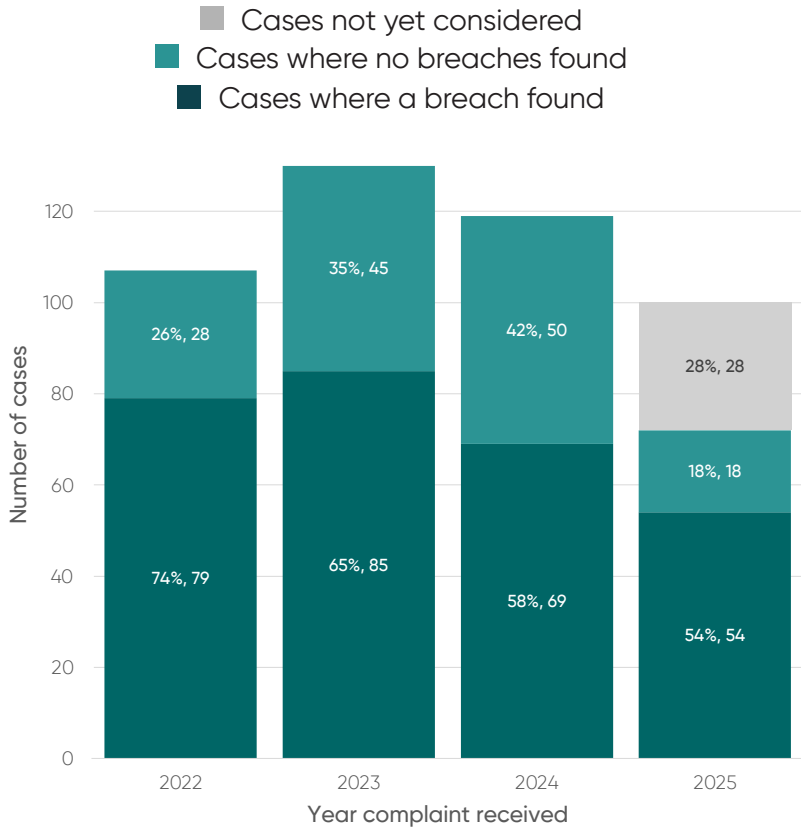
1. Verified health professionals are those who the PMCPA was able to confirm to be a health professional (e.g. NHS email address). Non-verified health professionals are those who described themselves as a health professional but the PMCPA did not confirm this.

Outcomes of proceeded cases

Outcomes of proceeded cases

	Year complaint received			
	2022	2023	2024	2025
Number of cases	107	130	119	100
Cases where a breach found [1]	79 (74%)	85 (65%)	69 (58%)	54
Cases where no breach found [1,2]	28 (26%)	45 (35%)	50 (42%)	18
Cases not yet complete[1]	0	0	0	28
Number of matters ruled upon	577	598	698	
Matters where at least one breach ruled[3]	235 (41%)	252 (42%)	241 (35%)	
Matters where no breach found[3]	342 (59%)	346 (58%)	457 (65%)	
Breaches of Clause 2 ruled[1]	16 cases 17 rulings	14 cases 16 rulings	16 cases 17 rulings	3 cases 5 rulings
Reports from Panel to Appeal Board[1]	0	1	2	1
Sanctions[1]				
Suspension of materials required	0	0	0	0
Corrective statements required	0	0	0	0
Public reprimands	0	0	2	1
Audits	0	0	2	0
Other administrative steps	N/A	1	1	1
Reports to the ABPI Board	0	0	0	0
Number of cases where Appeal Board sanctions imposed	**0**	**1**	**2**	**1**

1. 2025 data is cases completed as at 29 May 2026
2. Cases ruled outside the scope of the Code – 2022: one case, 2023: two cases, 2024: one case
3. Not all cases received in 2025 have been ruled upon by the Panel, so it is too soon to report this data



The outcomes of complaints received in 2024 showed a slight decrease in the proportion of cases and matters ruled in breach of the Code. For proceeded complaints received in 2024, 35% of the matters ruled on were found to be in breach, compared to approximately 40% in previous years.

The full data for complaints received in 2025 will be reported in future annual reports, as these cases progress through the complaints procedure.

Appeals to the Code of Practice Appeal Board

By number of cases	Year complaint received 2022	2023	2024
Number of cases	107	130	119
Number of cases appealed	9 (8%)	13 (10%)	14 (12%)
Number of cases with successful or partly successful appeal	7 (7%)	8 (6%)	8 (7%)

Cases appealed by complainants	3	4	1
Successful	0	0	0
Partly successful	2	2	1
Unsuccessful	1	2	0

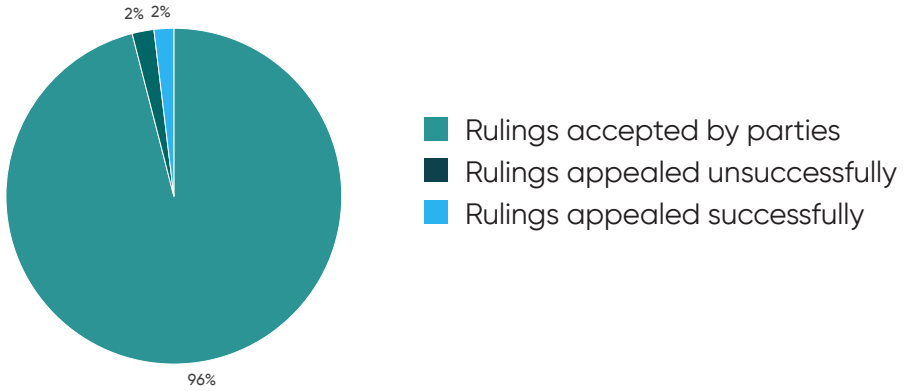
Cases appealed by respondents	6	9	13
Successful	1	6	5
Partly successful	4	0	2
Unsuccessful	1	3	6

* Not all cases received in 2025 have been ruled upon by the Panel, so it is too soon to report this data.

The vast majority (88%) of cases are resolved at Panel level, but any complainant or respondent can appeal to the Appeal Board if they disagree with the Panel's rulings.

Rulings of complaints received in 2024

The Panel continues to have a good record, with 98% of rulings accepted or upheld on appeal (for complaints received in 2024).



By number of rulings	Year complaint received 2022	2023	2024
Number of matters/rulings by the Panel[1]	577 matters	786 rulings	1000 rulings
Number of rulings appealed	45	45 (6%)	40 (4%)
Number of rulings appealed successfully	16	21 (3%)	19 (2%)

Rulings appealed by complainants	26	18	5
Successful	5	4	1
Unsuccessful	21	14	4

Rulings appealed by respondents	19	27	35
Successful	11	17	18
Unsuccessful	8	10	17

* Not all cases received in 2025 have been ruled upon by the Panel, so it is too soon to report this data.

1. This data was previously reported as the number of "matters" but (for 2023 onwards) is now reported as the number of "rulings" to allow the percentage calculation below.

Companies ruled in breach of the ABPI Code

Complaints received in 2024

Company
AbbVie Ltd
Accord-UK Ltd
Alnylam UK Ltd
Amarin
Amgen Ltd
Amicus Therapeutics UK Ltd
Angelini Pharma UK-I Limited *
AstraZeneca UK Limited *
Bayer plc *
Boehringer Ingelheim Limited
Britannia Pharmaceuticals Ltd
Cipla (EU) Limited
Consilient Health Ltd
CSL Seqirus
CSL Vifor
Evolus Ltd

Company
GSK UK Limited *
Jazz Pharmaceuticals UK Ltd *
Johnson & Johnson Limited
LEO Pharma Laboratories Ltd *
Moderna Biotech UK Ltd *
Neuraxpharm UK Ltd
Novo Nordisk Ltd *
Organon Pharma (UK) Limited *
Pfizer Limited *
Pierre Fabre Ltd
Recordati Rare Diseases
Roche Products Ltd
Sanofi *
Swedish Orphan Biovitrum Ltd
Theramex UK Ltd *

* in breach of Clause 2

Time taken for case completion

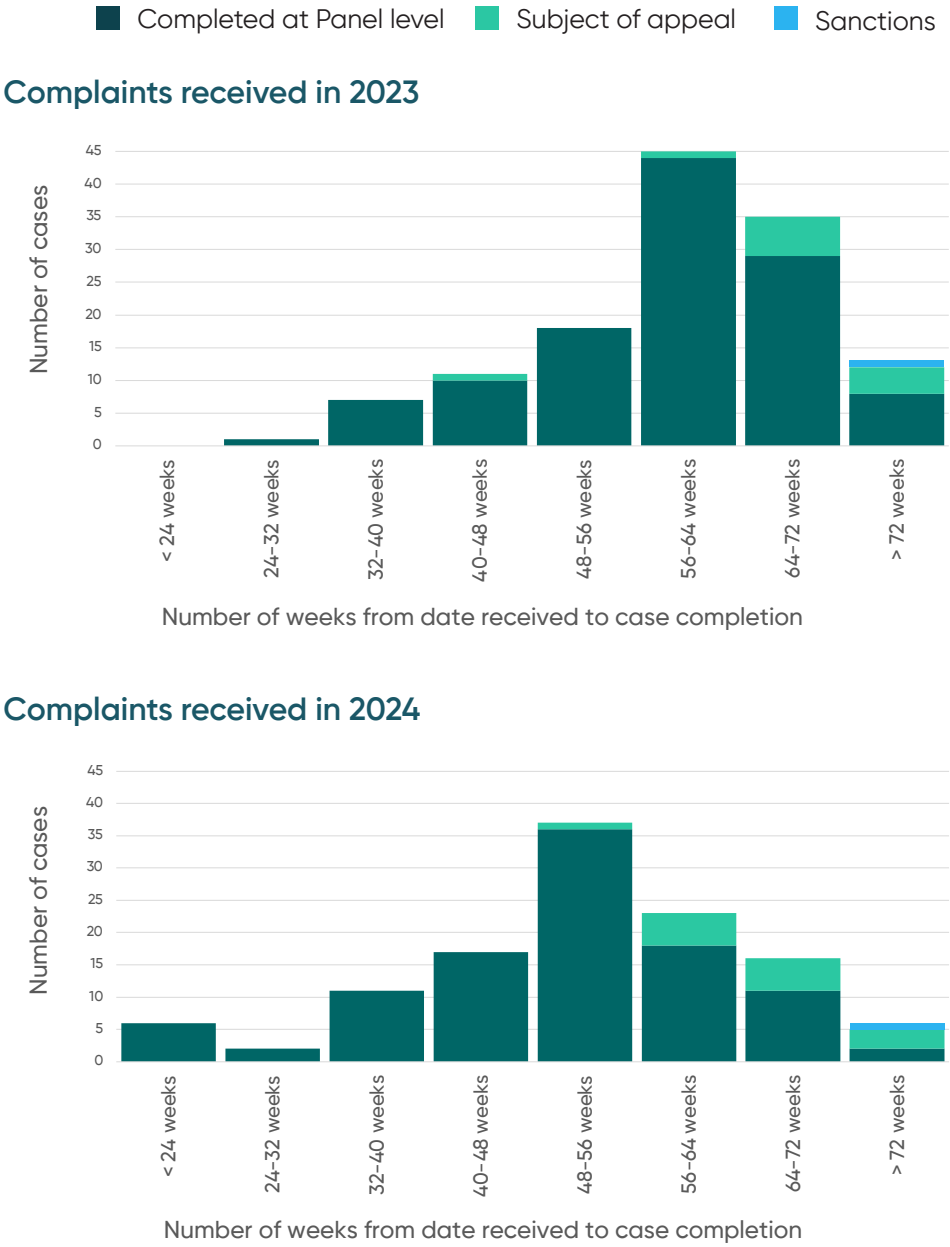
	Year complaint received			
	2022	2023	2024	2025
Average number of weeks taken to complete cases				
All cases	53.0 (107 cases)	60.4 (130 cases)	52.2* (118 cases)	*
Cases settled at Panel level	51.7 (98 cases)	59.1 (117 cases)	50.2 (103 cases)	*
Cases that were the subject of appeal	67.4 (9 cases)	71.8 (12 cases)	65.9 (14 cases)	*
Cases with sanctions affecting case completion date	-	74.4 (1 case)	73.4* (1 case)	*

* Not all cases received in 2025 have been ruled upon by the Panel, so it is too soon to report this data. There is one case received in 2024 that is not included in this table as it is yet to complete because it is the subject of additional sanctions imposed by the Appeal Board (Case/0316/10/24).

The average time taken to complete cases received in 2024 was lower than those received in either 2023 or 2022.

There is a lag in terms of seeing the effect of measures implemented to address the backlog of complaints and improve the speed of resolution of cases. It is encouraging to see that these measures have already shortened the average case completion time by around two months (compared to complaints received in 2023).

By the end of Q1 2026, 55% of the cases received in 2025 had already been completed and we expect the average case completion time to decrease further in 2025 again once the full year data is available.



Accounts

Accounts 2025

The PMCPA is required to be self-financing.

In 2025, the PMCPA achieved a surplus of £187,199. The PMCPA cumulative reserves on 31 December 2025 were £588,958.

Annual levy

All ABPI member companies are required to pay an annual Code of Practice levy (in addition to their ABPI subscriptions) to fund the PMCPA.

The levy for 2024 onwards was agreed at the 2023 Annual General Meeting of the ABPI. From 1 January 2024, the levy range is up to £6,000 per vote, with the largest companies paying an annual levy of up to £48,000.

The levy income collected varies to ensure that the PMCPA covers its costs. In 2022 and 2023, 100% of the levy due was called up and in 2024, 87.5% was called up. In 2025, a levy of £5,650 out of the maximum of £6,000 was called up.

Administrative charges

Administrative charges are payable by pharmaceutical companies (both members and non-members of the ABPI) in relation to cases considered under the ABPI Code. The administrative charges are intended to contribute substantially to the costs of dealing with complaints. They are not fines.

Charges are only paid by pharmaceutical companies. Health professionals, members of the public and other individuals from outside the pharmaceutical industry do not pay any charges for making a complaint.

Charges are paid by companies ruled in breach of the Code and by those companies that make unsuccessful complaints. The administrative charges are based on the number of matters ruled upon in a case. Each case may comprise multiple matters, and each matter may consist of more than one clause breached.

Companies that are not members of the ABPI do not pay the levy and the administrative charges for them are consequently higher.

In 2025, the charge per matter where the decision of the Code of Practice Panel was accepted was £5,000 for member companies and £6,000 for non-member companies. Where the decision of the Panel was unsuccessfully appealed, the charge per matter in 2025 was £13,000 for member companies and £14,000 for non-member companies.

In addition, all companies ruled in breach of Clause 2 of the Code, or that are the subject of a public reprimand or are required to issue a corrective statement pay £4,000 towards the cost of advertising that fact in the medical, pharmaceutical and nursing press.

Accounts 2025

Financial performance

In 2025, the PMCPA achieved a surplus of £187,199.

Overall, income for administrative charges grew in line with expectations following the investment in additional Panel members and corresponding increase in the number of cases completed. Administrative charges increased despite the reduction in the proportion of cases where a breach of the Code was ruled. For complaints received in 2024 which reflected the majority of the Panel's work in 2025, 58% of cases resulted in at least one breach of the Code, down from 65% and 74% in the previous completed code years.

Other factors included

- The 'Code in a Day' training continued to generate a positive return.
- Audit income was lower than recent years as the PMCPA only conducted one audit in 2025.
- Contributions to advertising costs were lower due to a lower number of breaches of Clause 2 ruled during the 2025 calendar year.

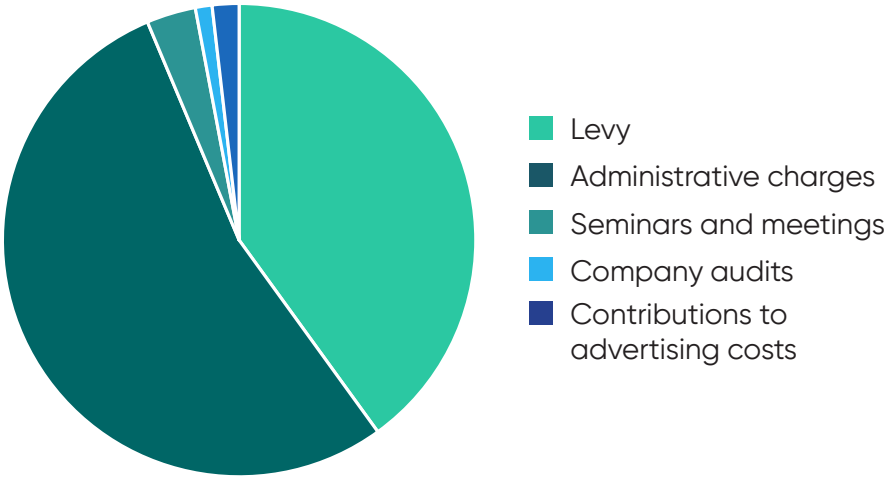
Staff costs represent 68% of total expenditure. The increase in expenditure year on year was driven partly by increased staff costs (full year impact of staff recruited in 2024) but also due to general price increases in other areas particularly in managing our website and system costs.

Accounts detail

	2023	2024	2025
Levy	£839,000	£1,114,313	£1,226,050
Administration charges	£874,000	£1,154,000	£1,643,000
Seminars and meetings	£3,000	£93,015	£102,921
Company audits	£60,000	£60,000	£35,000
Contributions to advertising costs	£68,000	£94,500	£56,000
Total income	**£1,844,000**	**£2,515,827**	**£3,062,971**
Expenditure	**£2,252,833**	**£2,489,504**	**£2,875,771**
Annual surplus or deficit (after tax and expenditure)	**–£408,833**	**£26,323**	**£187,199**

Expenditure includes salaries, fees, administration costs and the cost of office accommodation.

2025 income



PMCPA

PMCPA Annual Report 2025