Dear PSI Members

As Statistical Leaders in the Pharmaceutical Industry we support the PSI Board of Directors in rejecting the proposed merger between PSI and the RSS, and feel it is important to outline the rationale for why we feel that a merger is not in the best interest for PSI and its members*.

Firstly, we hold both organisations in high regard. The RSS does an excellent job of representing the voice of Statistics in the UK and working with the UK government, whilst PSI does an excellent job of focusing on statisticians in the Pharmaceutical Industry. However, we believe that PSI and the RSS will continue to contribute more to the world of Statistics by remaining as two separate organisations than by coming together, as stated by Stephen Senn.

We are also struggling to see the need to merge. PSI is a very successful organisation. It has large financial reserves and is profitable. In addition, its strategy of being more active in Europe is working. Indeed, it now has 38% of its membership outside of the UK, two Board members from mainland Europe; in May 2016, PSI held an extremely successful conference in mainland Europe, with record-breaking attendee numbers.

We are pleased to see that both campaigns are promoting the improvement of PSI’s on-line training platform. Indeed, the YES campaign is presenting the RSS’s on-line training platform as a key driver for the merger. Our concern is that the members that PSI is trying to reach (Pharma Statisticians in mainland Europe) do not see the Royal Statistical Society as an attractive proposition. It is well documented in the LinkedIn debate, that many statisticians from mainland Europe see the Royal Statistical Society as a UK-centric, generalist society. Instead, we support the future Chair’s (Nigel Howitt) view that a robust on-line platform can be achieved through good management, prioritization, money and resources. He has also given assurances that this will be a key focus of his PSI leadership.

* The views expressed in this letter are the personal opinions of those whose names appear and do not necessarily represent the views or opinions of any of their Employers.
As leaders, many of us are budget holders and we have concerns about the increase in membership fee from £95 to £135 (based on 2017). We cannot see what the new merged organisation will offer to justify the significant increase.

We also have concerns about the PSI Annual Conference. This is seen by many as PSI’s flagship event. We understand that PSI aims to protect this in a charter between the RSS and PSI. However, any charter could be changed in the future. In truth, there cannot be any real guarantees. We are particularly concerned if there is a turnover in the RSS leadership and the new leadership has different priorities, and in time the PSI Conference is lost and it becomes a stream in the RSS’s Annual Conference.

Our biggest concern though is that PSI will lose its voice as 1 of 14 sections of the RSS. In time, we feel that interest, budget, activities, number of volunteers and reach will all decrease, and the organisation will become UK-centric. The Pharmaceutical Industry is now very clearly a global industry, and in recognition of that fact, two years ago PSI agreed a core strategy, namely to offer its services in Europe. This strategy is currently working well. We believe it is a critical strategy to maintain, and the early successes of this strategy will be quickly eroded by a merger with the RSS, and would effectively put an end to that aspiration.

Further, the PSI brand is well-recognised and respected by the regulatory agencies globally. This reputation has been built up through significant hard work over the 39 years of PSI’s existence. We believe this brand will take a significant hit in any merger with the RSS, as PSI ends and the PSS section of the RSS is created.

Lastly, we understand that MCI, who currently support PSI with membership administration, is providing a good service, particularly in support of the Conference. We are therefore surprised that PSI is proposing to replace them with support staff employed by the RSS. In business, we often change suppliers, but this is generally done if the current supplier is failing. We are also surprised that a due diligence evaluation has not been performed to provide assurance that the RSS will provide at least the same level of service as MCI, particularly for future conferences in mainland Europe.

As leaders we embrace change every day in our management roles. However, change has to be made for the right reasons. Strategically, this proposed merger appears contrary to the stated goals of PSI. In addition, the operational risks far outweigh the few advantages. We therefore urge all PSI members to vote against the merger.

Yours sincerely
Alun Bedding (Roche)  Anna Berglind (AstraZeneca)
Fiona Brock (Quanticate)  Kevin Chartier (Astellas)
Christy Chuang-Stein (Retired)  Simon Cleall (Biogen)
John Davies (GSK)  Jim Ditchburn (PRA Health Sciences)
Dan Evans (Pfizer)  Lesley France (AstraZeneca)
Anthony Gibson (PRA Health Sciences)  Kerry Gordon (Quintiles)
Julia Harris (GSK)  Roger Heath (Novartis)
Nigel Howitt (Covance)  Sara Hughes (GSK)
Byron Jones (Novartis)  Emma Jones (Veramed)
Steve Jones (Covance)  Kevin Kane (Phastar)
Steve Mallett (GSK)  Tracey Mason (PRA Health Sciences)
James Matcham (Astrazeneca)  Craig McIlmone (PPD)
Cyrus Mehta (Cytel)  Tim Rolfe (GSK)
Jim Saul (Covance)  Alexander Schacht (Eli Lilly)
Jorgen Seldrup (Retired – a PSI founder)  Stephen Senn (Luxembourg Institute of Health)
Maria Small (ONO Pharma)  Richardus Vonk (Bayer)
Louise Webber (Merck)  Mike Williams (GSK)

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