Ethical Standards in Health and Life Sciences Group: consultation on Payments to Healthcare Professionals

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the Ethical Standards in Health and Life Sciences Group’s online consultation on the disclosure of payments from commercial organisations to healthcare professionals.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 46,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient-centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. We gratefully acknowledge the contributions of members of our UK Council, Ethics Committee and Patient Partnership Groups in formulating our response. Please note
that we also promoted the survey to RCGP members via our Chair’s blog on 19 April 2013, and it is likely that a number of our members will have responded directly.

Our response

Question 1. Do you agree or disagree with the principle that payments from commercial organisations to individually named health care professionals should be transparent?

4. Strongly agree

Question 2. Do you agree or disagree with the principle that payments from commercial organisations to individually named health care professionals should be publicly declared?

5. Strongly agree

Please outline your reasons why/why not below.

6. The RCGP supports openness and transparency in the disclosure of payments from commercial life sciences organisations to individually named healthcare professionals. We believe that there is an onus on all healthcare professionals to show potential conflicts of interest, particularly as the role of clinicians in commissioning increases in the reformed NHS.

7. We suggest that the term ‘commercial organisations’ is carefully and clearly defined from the outset, in order to avoid confusion as to the remit of a disclosure of payments system. We note that the consultation pack states that: “the term ‘commercial organisations’ includes pharmaceutical and biotechnology companies, manufacturers of medical devices, imaging and diagnostic companies”. In our view, the word “includes” is not helpful in this context and we suggest that a definitive list of types of commercial organisation covered by the proposed database should be developed.

8. The RCGP would wish to note that the bulk of payments from commercial life sciences organisations are made at an organisational level - for example to university research units, professional groups, practices, medically-related charities or pressure groups, or possibly federations and commissioning GP groups. It may therefore be advisable to consider coupling the declaration of individual payments with a workable system for declarations at an organisational level.
Question 3. Do you agree or disagree that a system of disclosure of payments should take the form of a single, publicly searchable, central database?

9. Strongly agree

Please outline your reasons why/why not below:

10. We support the concept of a single, central, publicly-searchable database of payments as we think that this would be the best way of ensuring transparency of and accessibility to financial data. We believe that a single organisation would be best placed to ensure the integrity and upkeep of such a database, in order to avoid fragmentation of data or possible overlap and duplication of effort.

11. As mentioned below (Q5) we have some reservations about how this system would work in practice, and we would wish to emphasise the importance of developing a workable, reliable system that would minimise bureaucracy for individual healthcare professionals.

Question 4. Who do you think should host any system for declaring payments?

12. We tentatively suggest that the regulatory body (the GMC in this instance) may be best placed to host such a system.

Question 5. Do you agree or disagree that individual health care professionals should play a role in the disclosure of payments received from commercial organisations (e.g. submitting information or validating the information submitted by others), alongside the submission of the same information by industry?

13. Strongly agree

14. We support in principle the proposed proactive role for healthcare professionals in the disclosure of payments received from commercial organisations. As mentioned in question 2 above, we believe that there is an onus on all healthcare professionals to show potential conflicts of interest, and also to pay taxes on earned income.

15. However, we have some reservations about how this system would work in practice and we would like further clarification regarding the envisaged role of healthcare professionals – for example, would an individual be obligated to submit financial information to the database, or would he/she be asked to validate information published in the first instance by commercial organisations, or both? We would also welcome further clarification as to how such a system would be funded.
16. Needless to say, the process of developing a workable system is likely to be complex and lengthy. As noted in the consultation pack, the success of a collaborative system for declaring payments will doubtless depend to a great extent on employers (such as the NHS) and professional bodies encouraging concordance with the system – for example through annual appraisal or revalidation processes.

17. If such a system were to be adopted it would be necessary to launch an information campaign for healthcare professionals - and potentially also for those in training to become healthcare professionals - to ensure that individuals understand the implications of the database and any sanctions involved with non compliance.

18. We also suggest that the question of enforcement be carefully considered. For example, what would happen if someone - whether an individual healthcare professional or the commercial organisation making the payment - does not declare, or declares inaccurately, and what sanctions would be available?

19. In addition, it is vital that every effort be made to minimise bureaucracy for individual healthcare professionals, so that the process of submitting and/or validating payment information is not unduly lengthy or difficult. Healthcare professionals should also be given a reasonable timeframe for submitting information to the database.

20. Finally, in order to protect the reputation of individuals involved, it is crucial that the database should be entirely reliable, and that there is a clear system established for validating information and swiftly addressing any potential inaccuracies.

**Question 6. Do you agree or disagree that disclosure of payments to health care professionals should apply to all types of commercial life sciences organisations (e.g. devices, diagnostics and bio-pharmaceutical industry) and not only the pharmaceutical industry?**

21. Strongly agree

**Please outline your reasons why/why not below.**

22. The RCGP believes that the professional obligation to be open and transparent about potential conflicts of interest is not - and ought not be - confined to the pharmaceutical industry. In the interests both of consistency and maximum transparency it makes sense to include all types of commercial life sciences organisations within the remit of the disclosure of payments system.
Question 7. How would you describe your current level of collaboration with commercial organisations? Please select:

23. This question is not applicable to the RCGP as an organisation.

Question 8. What impact would the public disclosure of payments have on your relationship with commercial organisations? Please select

Please outline your reasons below:

24. Not applicable (as per Q7 above).

We thank you again for the opportunity to respond to this survey. Please do not hesitate to contact me if you have any questions about our response.

Yours faithfully,

Professor Amanda Howe MA Med MD FRCGP

Honorary Secretary of Council