RCGP Glasgow conference October 2018

The RCGP Conference is a major event in the RCGP calendar. It attracts usually over a thousand delegates and raises substantial funds for RCGP activities.

This report is regarding the influence of sponsorship on the nature of the programme and patient group literature on GP education.

All delegates were given a bag containing multiple leaflets in an exhibition hall. The only means of registration was via entrance to the hall, which was filled with stands run by sponsors. This means that delegates were all given these leaflets compulsorily, whether they would have otherwise avoided sponsorship stands, or not.

Leaflets in bag included:

1. Binding site: Med-Sims.org.uk

Free serum light chains are suggested as first line to diagnose myeloma: this is not commonly available in the UK and tends to be done after Igs have been raised only. The cost effectiveness of this change as suggested by this advertisement is not stated.

Claim: Up to 47% of myeloma patients are diagnosed through emergency care routes (1). 53% one year survival in patients diagnosed via emergency route (2). 82% one year survival in patients diagnosed via GP referral (2).

Cites Howell D et al BJ Haem 2017 and myeloma.uk

This is true but is a study only capable of showing association and not causation. This study was sponsored by Bloodwise who say on their website that they are ‘pleased to work in partnership’ with pharmaceutical companies. There is no evidence that using Binding Site products will result in faster diagnosis compared to usual methods.(Not also use of term ‘screen for myeloma’ in symptomatic patient – should be ‘test for’)

1. Undiagnosed sleep apnoea kills – GPs hold the key to increasing diagnosis levels

Written by the Sleep Apnoea Trust

Suggest ‘download and print Epworth sleepiness scale forms to fill in while in the waiting room’

Recent validation of the ESS has found frequent false negatives in people attending clinic after referral with symptoms <http://erj.ersjournals.com/content/44/Suppl_58/P2286>. Validation has been performed in symptomatic populations and it is not designed as a screening tool for the general population.

Suggest that ‘it is estimated that 13% of adult men and 6% adult women have OSA’…’so far only 700,000 have been diagnosed and treated’.

Figure derives from <https://www.blf.org.uk/sites/default/files/OHE-OSA-health-economics-report---FINAL---v2.pdf>. This in turn refers to <https://thorax.bmj.com/content/thoraxjnl/69/4/390.full.pdf> which is an attempt to estimate unmet need in terms of risk factors and sleep clinic population and does not attempt any direct estimation of prevalence. This paper itself states that OSA affects “an estimated 4% of middle-aged men, 2% of middle-aged women, and its strong association with obesity means that the prevalence has risen significantly over the last two decades” . The statement regarding under treatment is referenced to ‘Recent evidence suggests that 85% of people with OSA in the UK are undiagnosed and therefore untreated (NHS North of England Specialised Commissioning Group, 2012)’ and no longer appears online.

1. Visit our e-learning platform on the national shingles immunisation programme

MSD

In order to achieve informed choice in shingles vaccination it is important to note that

Zoster (herpes zoster [HZ], shingles) incidence— vaccine 1.67%, placebo 3.42%; NNT = 58.

Postherpetic neuralgia (PHN) incidence—vaccine 0.14%, placebo 0.42%; NNT = 358.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3576943/>

To access the learning module, the GP must give their name and postcode for ‘validation data’. The learning module is heavily biased towards increasing uptake rather than critical evaluation. For example, one choice in the module is ‘Why increase the uptake?’ Choices given are ‘I would like to increase the uptake of the shingles vaccination and learn useful approaches to setting up a campaign’ ‘I am satisfied with my current upatke rate of shingle vaccination but I’m ambitious and want to keep improving’ and ‘I am keen to increase the uptake of the shingles vaccination however, I see barriers to setting up a new campaign’. The nurse quoted on the seminar is described as ‘independent nurse consultant’ but it is clear that she has had DOI made elsewhere for honoraria to several pharmaceutical companies.

1. Please listen to my heart.

Edwards Lifesciences Corp

Leaflet states ‘Please listen to my heart. A characteristic murmur can be the first warning of heart valve disease. Aortic stenosis is an insidious and deadly disease (\*), if untreated, with increasing prevalence (1-3). 1 in 8 of your elderly patients might be affected. ‘

This is a seriously misleading series of statements. It suggests that doctors should screen patients (‘the first sign’) for AS. This is not recommended by the UK National Screening Committee. The references given are as follows:

1. \*This study was published in 1968 when the population of patients with aortic stenosis were affected at a younger age due to rheumatic fever. An essay by one of the same authors in 2018 makes this clear

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.118.033408>. This cohort from 50 years ago is of little relevance to the claims being made for screening for AS.

1. Ref 1) is a study of patients who were too unwell to have an aortic valve replacement <https://www.nejm.org/doi/full/10.1056/NEJMoa1514616> and is notably sponsored by Edward Lifesciences. Ref 2) is the 1968 Circulation paper. Ref 3)

<https://www.sciencedirect.com/science/article/pii/S0033062014000309> is a paper reviewing the incidence of AS which notes that treating asymptomatic AS is controversial because of the low death rate and the higher operative mortality . Ref 4) claims that ‘1 in 8 or your elderly patients might be affected’ are \*\*starred to say that this relates to over 75s only and refers to <https://www.sciencedirect.com/science/article/pii/S0735109713020792?via%3Dihub>. It is important to note that this finds that” the prevalence of AS in the elderly (≥75 years of age) is 12.4%, and severe AS is present in 3.4%. Among elderly patients with severe AS, 75.6% are symptomatic, and 40.5% of these patients are not treated surgically. “. This was not a screening study, and has not demonstrated that asymptomatic people benefit from being screened for AS.

The risk is that GPs will be encouraged to screen for AS and that asymptomatic patients will be harmed through having surgery which cannot benefit them and which comes with an appreciable mortality and morbidity rate.

1. RCGP and Marie Curie Daffodil standards
2. Path = can help you recruit physician associates to your team
3. Health Foundation – Generation Q leadership programme
4. Alopecia UK e learning module
5. Innovait – RCP ads only and RCGP
6. RCGP Plus additional benefits for members – ads for high street brands/apple/financial products/cars/holidays/MDDUS/locums/National Trust/golf/shoes/gyms
7. MDDUS advert
8. BJGP advert – including ‘detecting multiple myeloma …simple blood tests of plasma viscosity and ESR can rule out myeloma’ BMJ Open ‘50% of children with gender identity disorders will either self harm or attempt suicide’

Conference brochure

Sponsors : Chiesi, Edwards, La Roche-Posay, MSD, CeraVe, Natural Cycles, Novo Norodisk, GP.

Sessions at conference which were sponsored

Day 1

10-45-11.45

a new medicine for nausea and vomiting in pregnancy (Alliance pharma)

Advances in acne management (L’Oreal)

No other non sponsored sessions on at this time

12:45-1400

Combination treatments for COPD (Chiesi)

Listen, Suspect, Refer (Edwards Lifescience)

PSA test (Prostate cancer UK )

No other non sponsored sessions at this time

Day 2 Friday

Sponsored sessions 8.30-9.15

A practical guide on the National Shingles Immunisation Programme (MSD)

9:15- 10.30

Managing malnutrition in the community (Nutricia)

Auscultation skills (Edwards Lifesciences)

Key principles for management dry skin and eczema (L’Oreal)

12.30-13.45

Exploring the role of technology based fertility awareness in contracption and family planning (Chiesi)

Are you fit to tackle multimorbidity (Novo Norodisk)

The PSA test: can the balance between harm and benefit be shifted?(Prostate Cancer UK)

No other sessions on during either of these sponsored sessions

Adverts in brochure:

La Roche Posay ‘corrective, unclogging moisturiser for acne-prone skin

Cerva Ve ‘3 essential ceramides to help restore the skins natural barrier’

3 pages adverts small print ‘have not been accredited for CPD by the RCGP’

e-learning for shingles MSD

Gas safety trust

Nicorette

Macmillan

Askmygp

Delegate information: Note : Please be aware that some of the exhibiting companies may ask to scan your badge. Please be aware that by doing this you will be providing your basic contact details; akin to handing them a business card.

Conclusion :

There are several issues relating to the degree of sponsorship and education at the RCGP conference.

1. Lack of choice during registration and sponsored symposia for delegates wishing to avoid sponsorship bias but keen to engage with conference
2. Quality of evidence on which promotional material is based whether from charities or technology or pharmaceutical companies
3. It is of note that many of the sessions on eg mandatory training were oversubscribed. It would seem that the conference is in danger of not meeting the needs of GPs and being of less relevance or value especially when alternatives to sponsored sessions are not supplied. It is likely that many delegates did not know about the small print contained in the conference brochure regarding data sharing, and it is unlikely that many delegates have interrogated the citations on leaflets given in the delegate bags (one reference was not available digitally, it was so old). It is recommended that the conference organisers have knowledge of these concerns prior to organising future events.