23rd October 2018

Dear Trustee Board and Officers

We are writing to you as Fellows in Evidence and Values at the RCGP.

We wanted to write to express our concerns and thoughts regarding the consultation on sponsorship.

We acknowledge and support the Colleges’ desire and commitment to improve the quality of general practice in the UK and, through international links, globally. As such, it has a high profile, and its impact and leadership is admired and respected throughout the world. We want to assist the College in its current capacity and towards its future potential, and as such, want to offer constructive feedback on the current relationship which College has with sponsors and commercial funders.

We appreciate that the financial climate is difficult and that decision making is often done in a constrained circumstances. We also appreciate  that the College is a membership organisation. The RCGP Overdiagnosis group, of which we are part, thrives online with over 300 members. A recurrent theme of the group is concern regarding sponsorship, commercial partnerships, independence, and professionalism.

**Background**

Over the last 15 years, there has been a profound change in the ways doctors must demonstrate their medical professionalism.  The Parliamentary Review into the pharmaceutical industry in 2005 made it clear that the “industry’s influence has expanded and a number of practices have developed which act against the public interest”. They also noted “Coupled with company-sponsored information from medical journals and supplements, ‘medical education’ materials, advertisements and sponsorship to attend conferences, workshops and other events, it is little wonder that prescribing practices are affected. GPs are particular targets; they have more prescribing freedom…Promotion of medicines to patients and links between drug companies and patient organisations may add to this problem… The problem is far less to do with any particular activity; rather the volume may distort prescribing practice. At the heart of the problem may be the trend for the industry to become ever more driven by its marketing force”. They went on “Drug companies are criticised for giving hospitality and recruiting ‘key opinion leaders’, but the prescribers must be equally to blame for accepting the hospitality and some ‘key opinion leaders’ for lending their names to work they did not produce, often for very considerable sums” (1) . We believe that the practice of ‘drug reps’ visiting individual GPs is in decline, but we think this has been substituted with other and more worrying means of exerting influence. One way is through sponsorship of conference or individual projects or individuals.

We note the evidence that finds association between even small gifts and adverse prescribing patterns (2). Most doctors do not think they are subject to bias as a result of sponsored information, but many consider that others are. This is a feature of human nature and requires to be negated by systematic and protective changes.

We note the recent termination of the contract with Lifestyle Marketing for Emma’s Diary due to concerns regarding the reputational risk which it was felt to represent. We are concerned that the reputational risk of commercial sponsors for College events is of the same calibre.

The other profound change in the recent past is that revalidation explicitly asks GPs about ‘probity’ , and NHS Trusts and general practices must hold and update registers of gifts. The General Medical Council has made it clear that doctors “avoid conflicts of interest wherever possible” but, where present, should “declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services”. They go on “You must not ask for or accept any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, advise, treat, refer or commission services for patients. You must not offer such inducements to colleagues” (3). The short life working group into Conflicts of Interest within the College, shortly to commence, is welcome, and it is hoped will formalise the need for all doctors who work in or represent College to be clear about declared interests. However we note that GMC state that conflicts are to be rejected where possible and otherwise declared. We think this is of direct relevance to discussions on sponsorship policy.

Finally, over the last decade has been the formal rejection of commercial sponsorship from conferences such as the Overdiagnosis international conferences, RCGP meetings such as POSSUM and the Overdiagnosis Day, Evidence Live, and commercial providers (and direct competitors) to the RCGP such as Red Whale. The rationale for this is multiple: deliberate avoidance of conflict, preservation of independence, increased professional autonomy, and an agenda focussed on the needs and wishes of the participants.

**Educational impact**

We acknowledge that the rejection of sponsorship may require a need to review educational provision. However it should be noted that some of the modules currently available are of questionable relevance to GPs and seem to address the needs of companies to market products rather than GPs needs themselves – for example, manufacturers of aortic valves.

We enclose a short precis of the advertising material given to all delegates at the recent RCGP Conference in Glasgow. (Supplementary paper, enclosed). We note that the evidence base for many of the statements made which purport to educate GPs is questionable. We suspect that most of the GPs attending will not have time to investigate the evidence base as we have outlined. We are therefore concerned that this information will not support or educate GPs well, and as such, is an example of the kinds of practice the Parliamentary Review was so concerned about, and is contrary to the laudable aims of College.

Indeed, a concern regarding the sponsorship of educational modules produced by the RCGP is that the nature of the curriculum is shaped by the financial ability of sponsors, yet we know that inequalities drives ill health, and as such, this model delivers an inherent mismatch between educational provision and educational need. There is a risk that the RCGP is seen as behind the curve and not behind their members as other organisations choose to reject sponsorship and relish their independence.  We note that the Essential Knowledge Update is a notable exception to the RCGP CPD provision which demonstrates the type of high quality and highly relevant resource that can be produced without undue external influence.

**Sponsorship review**

With this in mind, we wish to raise concerns about the nature and reliability of the consultation on sponsorship. This review was triggered by the fact that Babylon, a technology company, had sponsored the RCGP conference in 2017. Concerns had been raised at council about the rationale for this, and it is noted that this company has now been told by the Advertising Standards Authority to remove claims from their website five times (for example, one claim was that their app was ‘100% safe’.) We have the following concerns:

-The definition of ‘sponsorship’ excluded charities, despite this being discussed at Council. Many charities only exist because of pharma sponsorship or backing. Additionally, charities are often single issue groups and this presents a concern for generalist GPs who must maintain competence across a range of educational objectives.

-The consultation which faculties were invited to respond to was confusing and seemed to ask facilities to seek consensus which most found impossible; it was difficult to reflect the proportion of views

-The surveymonkey survey done subsequently wording was not understood by many and not  completed by all faculties

-The raw results of these have not been given to Council for consideration

-Many members of College did not have the opportunity to give their views on the survey or at Faculty board as they were not aware that the discussion was taking place and remain disappointed about doing so

**Summary**

We believe there is a strong positive case to be made for the RCGP to be a leader in rejecting commercial sponsorship of its annual conference by technology and pharmaceutical companies. We believe that if sponsorship was necessary it could be done in imaginative ways which did not conflict and which supported members – e.g. holiday companies, cycle manufacturers, book shops etc. We are concerned that the current nature of the educational modules online is potentially systematically biased because of the funding model and believe the RCGP could ask members to contribute learning in a ‘gift economy’ by and for members, doing less but at high quality and matching the needs of members. We are concerned that the reputational risk of college remains critical while these sponsored activities take place, and we are concerned that members have not had the opportunity of envisaging what a sponsorship-free College could look like. Please be assured that we write to you with the vision of a College fit to endure and influence practice in the future and are keen to work with you to better understand how to move forward in the current challenging environment.

Yours sincerely,

Margaret McCartney and Sam Finnikin

Fellows in Evidence and Values

1. Parliamentary Review into the Pharmaceutical Industry 2005
2. Fickweiler F, Fickweiler W, Urbach E Interactions between physicians and the pharmaceutical industry generally and sales representatives specifically and their association with physicians’ attitudes and prescribing habits: a systematic review BMJ Open 2017;7:e016408. doi: 10.1136/bmjopen-2017-016408
3. GMC, Good Medical Practice, 2013 <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/financial-and-commercial-arrangements-and-conflicts-of-interest/financial-and-commercial-arrangements-and-conflicts-of-interest#paragraph-10>