

# Set up national registry to capture pharma company payments to clinicians and patient support groups

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A national registry to capture all pharma/medical device industry payments and other benefits made to all clinicians, healthcare organizations and patient support groups should be set up as a matter of

urgency in the UK, insists an editorial in the *Drug and Therapeutics Bulletin*.

The UK government has been dragging its feet on the issue despite the recommendations of a key review published in July last year, and the support of most organizations that represent doctors for mandatory reporting, contends dtb Deputy Editor David Phizackerley.

One of the nine recommendations of the Independent Medicines and Medical Devices Safety Review (IMMDSR) into the avoidable harms caused by hormone pregnancy tests, sodium valproate, and pelvic mesh implants, focused on financial links between drugs and medical devices companies and clinicians, hospitals, and other organizations.

Evidence submitted to the review highlighted the lack of transparency surrounding industry payments/benefits in kind and the influence these links might have not only on individual practice, but also on those organizations involved in providing advice, guidance, and regulation, he writes.

The review called for the registration of doctors to include a declaration of financial and non-pecuniary interests as well as mandatory reporting of commercial payments made to teaching hospitals, research institutions, and individual clinicians.

Dtb also raised the issue in February last year. "This is not a new theme and is one that we and many individuals, journals and organizations recognize as important and believe should be widely publicized," writes the author.

"Nevertheless, in the UK it is still the case that it is not easy to find information on the relationship (financial or otherwise) between pharmaceutical and medical [device](#) companies, and clinicians, [healthcare](#)

providers and patient support organizations.

"Furthermore, it is not clear whether patients are made aware when a service is being funded, supported, or facilitated by a pharmaceutical or medical device company," he points out.

Doctors set up the [Sunshine UK website](#) to enable them to record their financial and commercial interests, but it's voluntary and doesn't cover other [healthcare professionals](#), organizations, or services, he says.

Similarly, [Disclosure UK](#), the Association of the British Pharmaceutical Industry's database of payments and benefits provided to healthcare professionals and organizations, "isn't comprehensive and has been criticized over insufficient information on payments and recipients, and the ability for clinicians to opt out of being included in reports," he explains.

Several other countries, including the U.S., France, Portugal and Latvia, have managed to set up mandatory reporting systems. It's time for the UK to do the same, he says.

"We believe that a national registry should be established with a legal requirement that pharmaceutical and medical device companies report all payments (and other benefits) made to all healthcare professionals, healthcare organizations and patient support organizations.

"Access to the registry should be made public so that it is easy to find details of consultancy work, [financial interests](#) and sponsorship arrangements. In addition, [healthcare providers](#) should be required to inform patients if they have received support from pharmaceutical and medical device companies," he writes.

And he concludes: "Despite the [Department of Health and Social

Care's] acknowledgement that it will consider the issue of publication of declarations of interest, it has not set out a timetable or a work programme to make sure that this happens.

"This is a missed opportunity to demonstrate greater openness and transparency and one that needs to be swiftly rectified. The public has a right to know."

**More information:** Editorial: Time for transparency, *Drug and Therapeutics Bulletin*, [DOI: 10.1136/dtb.2021.000008](https://doi.org/10.1136/dtb.2021.000008)

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