

UK medical colleges receive millions from drug and medical device companies, reports investigative study

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Royal colleges in the UK have received more than £9 million in marketing payments from drug and medical devices companies since

2015, but do not always disclose the payments publicly, finds an investigation published by *The BMJ* today.

Investigative journalist Hristio Boytchev asked the colleges to disclose all [payments](#) from industry, campaign groups or patient associations, including the specific amount received from each donor, but they all refused to do so.

Instead, data was compiled from Disclosure UK, a website run by the Association of the British Pharmaceutical Industry (ABPI) and Transparent MedTech, run by MedTech Europe, the European trade association for medical device firms.

This showed that [pharmaceutical companies](#) contributed £7.5 million in the years 2015–2022, with more than half going to the Royal College of Physicians (£2.8 million) and the Royal College of GPs (£2.4 million), mainly for sponsorship of events, donations and grants, and joint ventures.

The biggest donor overall was Pfizer, with £1.8 million, followed by Novo Nordisk with £730,000 and Daiichi Sankyo with £478,000.

Medical devices companies declared a total of £1.7 million of payments to royal colleges for the years 2017 to 2021 for "educational grants" and "support to educational events."

The top recipient was the Royal College of GPs, with £674,000, followed by the Royal College Surgeons (England) with £414,000 and the Royal College of Surgeons of Edinburgh with £227,000. More than 90% of the money came from just two donors, Johnson & Johnson and Thermo Fisher Scientific, who donated £905,000 and £644,000 respectively.

The colleges are not obliged to disclose these payments; they are not included in their annual reports and are only available through voluntary industry transparency initiatives.

The colleges told *The BMJ* that pharmaceutical and medical device company payments make up a fraction of their overall budgets and that there are clear governance rules around industry payments, while the companies said that all payments to royal colleges were disclosed transparently and were given with the goal of improving [patient care](#).

Industry transparency initiatives are the only way the public can see payments from individual companies to the colleges, but experts say they have severe limitations.

The ABPI, for example, only saves the data on payments for the most recent three years and deletes [historical data](#).

"I can see no justification for anything but full and mandatory disclosure," said Emma Hardy, Labor MP and chair of the All-Party Parliamentary Group on Surgical Mesh Implants. "Medicine is literally a matter of life and death, and patients must be confident they are receiving the best treatment available for the right reasons."

"Even if we are told the information is independent, funding skews the types of education or information that gets made," says Margaret McCartney, a [general practitioner](#) and former Royal College of General Practitioners trustee and council member. "It means that we become less independent, because we are not setting our own priorities, and that's bad for the profession."

Recently, the UK Department of Health announced a public consultation on mandatory disclosure of industry payments to the health care sector—a system that already exists in the US as the Physician Payments

Sunshine Act.

"It is deeply disappointing that so many Royal Colleges negotiate these payments and don't even tell the full and detailed truth about them," says Susan Bewley, honorary professor emeritus in Obstetrics and Women's Health at King's College London and former chair of the transparency initiative Healthsense-UK. "Patients need to trust medical institutions that educate, or create and implement guidelines which should be based on best available evidence, not lobbying. (...) sunshine, and full transparency are the very least," she says.

Although welcome, is transparency enough to reduce the impact of bias on patients, asks Margaret McCartney in a linked feature.

She examines the situation in the UK and finds that declaring and managing conflicts is a complex business that can lead to enormous disparities in the quality of reporting of individual health care professionals' declarations of interests.

A consistent approach is needed, she says, but unless new systems of declarations can actually reduce the negative impacts of conflicts, they will be wasted.

In a linked study published by *BMJ Open*, researchers set out to test whether professionals and laypeople can find and interpret declarations of interest made by professionals in the UK.

They found that declarations of interest are important and conflicts of interest concern patients and professionals, particularly in regard to trust in decision-making. However, if declarations, as currently made, are intended to improve transparency, they do not achieve this, due to difficulties in locating and interpreting them.

The authors say clarity about the purposes of transparency is needed and that future policies "may be more successful if focused on reducing the potential for negative impacts of conflicts of interest, rather than relying on individuals to locate declarations and interpret them."

More information: Medical royal colleges receive millions from drug and medical devices companies, *The BMJ* (2023). [DOI: 10.1136/bmj.p1658](https://doi.org/10.1136/bmj.p1658)

You feel like you've been duped': is the current system for health professionals declaring potential conflicts of interest in the UK fit for purpose? A mixed methods study *BMJ Open* (2023). [DOI: 10.1136/bmjopen-2023-072996](https://doi.org/10.1136/bmjopen-2023-072996)

Margaret McCartney, "You have to be above reproach": why doctors need to get better at managing their conflicts of interest, *BMJ* (2023). [DOI: 10.1136/bmj.p1646](https://doi.org/10.1136/bmj.p1646)

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