

12 October 2018

Dr Sarah Wollaston MP
Health and Social Care Committee
House of Commons
London
SW1A 0AA

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Chair
Professor Terence Stephenson

Chief Executive and Registrar
Charlie Massey

Dear Sarah,

Conflicts of interest for licensed medical practitioners

Thank you for your letter of 4 October about doctors' conflicts of interest.

I recognise that this is an issue that goes to the heart of the trust between doctors and patients. *Good Medical Practice* sets out very clearly what doctors are required to do to maintain trust. The guidance (paragraphs 77-80) says that doctors:

- must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
- must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
- must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

We expand on this in our guidance on *Financial and commercial interests and conflicts of interest* (2013).

As you say, in 2016 we consulted on options for expanding the categories of information in the List of Registered Medical Practitioners (LRMP). The primary driver was to make LRMP a more accessible and up-to-date record of doctors' current practice, as distinct from the largely historic record of qualifications it is at

present. The consultation sought views on whether or not to include information about doctors' conflicts of interest as part of this reform.

We received over 7,500 responses to our consultation – the biggest response ever to any GMC consultation. Overall, the consultation responses (the vast majority of which were from individual doctors) provided very little support for adding more information of any kind to LRMP, and most respondents were overwhelmingly against doing so.

Although we remain of the view that the register could be made much more accessible and useful, given the very negative response to the consultation we decided it would not be appropriate to take the proposals any further at the present time. A paper summarising the responses to the consultation was taken to our Council in February 2017 and is accessible [here](#).

In relation to the question of conflicts of interests, some common themes did emerge from the organisational responses to the consultation. These were:

- respondents felt that publishing such information on LRMP was a disproportionate solution to the scale of the problem;
- respondents argued that defining individual conflicts of interest and/or competing professional interests was inherently subjective and therefore any requirement to declare them would not be consistently complied with;
- a number of respondents (both organisations and individuals) expressed concern over how any change to the register would be funded and about the additional regulatory burden involved in ensuring that the LRMP was accurate and up-to-date.

Given the way the data was collected I am not in a position to share the names of the organisations concerned with you. However, I recognise the importance of the issues you raise and would be very happy to meet with you to discuss in more detail our findings from the consultation.

I can assure you that we continue to work with others to maintain and raise awareness among doctors about the importance of being open about conflicts of interest:

- In August 2017, we published a joint statement with the statutory regulators of health and care professionals reaffirming a shared understanding of our expectations of all healthcare professionals in relation to handling conflicts of interest;
- We have worked with the Association of the British Pharmaceutical Industry (ABPI) on how to encourage doctors working with pharmaceutical

companies to consent to disclosing 'transfers of value' on Disclosure UK (an online, searchable database);

- We have supported the development of NHS England's guidance on *Managing Conflicts of Interest in the NHS*.

I hope this information is of assistance to you. In light of what I have set out above, and recognising the limits of what we can do with the medical register without primary legislation, I would nonetheless be interested in hearing from you if there are areas where the committee felt we could go further.

Yours,

A handwritten signature in black ink that reads "Charlie Massey". The signature is written in a cursive, flowing style.

Charlie Massey