Joint meeting of the All-Party Parliamentary Group for First Do No Harm and the British Medical Journal

Venue and time

10:00am, Friday 21st May 2021
Via Zoom virtual conferencing

Parliamentarians attending

- Baroness Cumberlege, Co-Chair
- Emma Hardy MP, Vice-Chair

Panellists

- Fiona Godlee, Editor-In-Chief, British Medical Journal
- Kath Sansom, Sling the Mesh
- Margaret McCartney, general practitioner, writer and broadcaster
- Professor Neil Mortensen, President, Royal College of Surgeons
- Professor Colin Melville, Medical Director and Director of Education and Standards, General Medical Council
- Sir Cyril Chantler, Vice-Chair of the IMMDS Review

Additional guests

- Simon Whale, panel member, IMMDS Review
- Dr Sonia Macleod, senior researcher to the IMMDS Review
- Dr Chris van Tulleken, Infectious disease doctor, broadcaster and academic
- Rebecca Coombes, Head of Journalism, British Medical Journal

Apologies

- The Rt Hon Jeremy Hunt MP, Co-Chair
- Cat Smith MP, Vice-Chair
- Dr Valerie Brasse, Secretary to the IMMDS Review

Introduction

Baroness Cumberlege began by welcoming fellow parliamentarians, patient group campaigners, her fellow panellists, members of the media and other attendees to the launch event. She also introduced the team from the Independent Medicines and Medical Devices Safety Review, who were on-screen:

- Sir Cyril Chantler
- Simon Whale
- Dr Sonia Macleod

Baroness Cumberlege provided attendees with background to the joint meeting, referencing the work of the Independent Medicines and Medical Devices Safety Review, which she Chaired, and which published its report, *First Do No Harm,* last July. The report stated that transparency of payments made to clinicals needs to improve and it recommended (Recommendation 8) that the register of the General Medical Council should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' particular clinical interests and their recognised and accredited specialisms. She went on to note that the report also made the case for mandatory reporting by the pharmaceutical and medical devices industries of payments made to teaching hospitals, research institutions and individual clinicians.

Baroness Cumberlege invited Fiona Godlee to introduce the meeting from the BMJ's perspective, congratulating her and the BMJ on their work in support of this recommendation. Fiona Godlee said she was very glad to participate in the meeting and cited a newly published article in the BMJ stating the case for the introduction of a register.

Panel discussion

Fiona Godlee introduced Margaret McCartney, who referred to research that conflicts of interest makes healthcare more expensive and poorer quality. She mentioned the 2005 recommendation of the Health Select Committee in favour of a centrally-held register, supporting research from Harriet Feldman and Ben Goldacre and the 2016 Malcolm Grant Review. She also noted the creation of Disclosure UK. She referred to her own research, yet to be peer reviewed, which has found that a 1/3 of registers held by the NHS locally are more than two years old, that only 12% of registers included the value of the interest being declared, and that only 16% would explicitly state the actions that were to be taken to mitigate against the risk of a declared bias.

Baroness Cumberlege introduced Kath Sansom, who cited two examples in favour of a register. First, Johnson & Johnson's £20,000 donation to the British Society of Urogynaecology to fund a database to capture the results of the pad test. Second, the case of a surgeon who received £100,000 from the manufacturers of TVT Mesh. She explained that patients in her campaign group and others favour a central, open and mandatory database. She referred to the Government's intention to build on an existing, voluntary system where responsibility lies with doctors' employers. She also cited the previous week's Queen's Speech, which announced the Government's intention to make the UK a life

sciences superpower for research and innovation, arguing that this cannot be at the expense of patients.

Fiona Godlee introduced Professor Neil Mortensen, who began by saying that the Royal College of Surgeons fully agrees that transparency of payments made to clinicians needs to improve. He said the register should be light-touch in its application, but be mandatory and include a sanction for failure to submit. He referred to existing mechanisms such as the annual appraisal process as being a possible basis for a register.

Baroness Cumberlege introduced Professor Colin Melville, who began by stating his view that It cannot be right that patients are not made aware of any real or even potential conflicts of interest when making decisions about their care. He outlined a number of principles that underpin the argument in favour of a register of interests:

1. It is critical that the information provided must be accurate and up to date so that patients can have confidence in it;
2. The register needs to be easily accessible and set out in a way that's useful for patients and the public;
3. The previous principles need to be enforceable, so that the public can trust that the information is credible;
4. The issue is not solely restricted to doctors, and that guidance for doctors to be open about their conflicts and declare their interests already exists; and
5. It relies on the ability of doctors to identify their own conflicts.

Professor Melville went on to argue the GMC's view that employers have an important role, whether that be healthcare providers, academics, or medicine and medical device companies. He said that whether or not the register was located centrally, local process would still be critical to the register's success, citing the annual review process as an example of an existing mechanism. He did however say it was the GMC's view that patients are more likely to look at their local health provider because that is where they are seeking the information from rather than a central register. Nonetheless, he said that if the GMC was required to provide it centrally, it would do so.

He noted that the previous year the GMC had published guidance on decision-making and consent, which made clear that serious harm can result from patients not being listened to, or not being given relevant information.

Baroness Cumberlege introduced Sir Cyril Chantler, who explained that he had previously been Chairman of the GMC Standards Committee, so has a unique insight into the discussion. He began by explaining that the GMC's main function is to maintain a register

of qualified practitioners, which is available for inspection by the public, as well as to set out and uphold standards of practice. The GMC also works with specialists, associations and Royal Colleges to maintain the specialist registers. He said these considerations can be applied to the question of how one might create, maintain and use a register of interests.

Sir Cyril said it was his view that the GMC should be responsible for maintaining the register, and that it should be mandatory, as the public needs one place to go to obtain the information, which is their right. He said the GMC did not need to do this on its own, but with others: employers, the private sector, Royal Colleges, local NHS organisations and others. He echoed Professor Melville's view that this can be organised around the appraisal system. He said such registrable interest forms already exist and are mandated to be used by some hospitals. He recommended that a small group be formed by the Department for Health and Social Care and the GMC to develop the form quickly, and by consensus with others. This form should be lodged with the employer, but available to view on a register held by the GMC.

Q&A

Fiona Godlee began the Q&A, beginning by asking Emma Hardy MP a question submitted by Peter Wilmshurst, who asked whether the lack of a register of financial interests for doctors is an indication that politicians and the GMC value more the interest from doctors who gained from the undisclosed conflicts of interests than they value the patients they harm. Emma Hardy said that calls for a register within Parliament have been being made for a number of years, citing a 2018 debate on vaginal mesh. She referred to a debate application that had been made to discuss the findings of the *First Do No Harm* report in parliament in the coming months, which she hoped would provide a further opportunity for her fellow parliamentarians to make the case. She expressed her view that if the GMC and the profession will not act to establish a central register, it Is likely that Parliament would act for them.

Fiona Godlee asked Chris van Tulleken for his view on why, unlike politicians, lawyers and judges, there currently exists no register for doctors. Van Tulleken began by referring to the unique power of doctors, in terms of the way they are perceived by the public and in terms of their power to influence patient decisions, guidelines and policy. He cited his experience as a clinician who is also a broadcaster, noting the fact that some 'media doctors' - despite having significant influence over the general public - hold deep and undeclared interests. He said there must be recognition of the power doctors have and the need for there to be a facility for patients to scrutinise any apparent conflict, however large or small.

Kath Sansom added her view that a register cannot rely on voluntary reporting, and that there must be consequences for failing to report conflicts.

Fiona Godlee asked Professor Mortensen whether surgeons were perhaps less vulnerable to a register because it is more about devices than drugs. Professor Mortensen began by citing the recommendation in *First Do No Harm* for a register of implantable devices, and explained the difficulty that – as opposed to medicines - the long-term effects of implantable devices often take some to become apparent. He stated that surgeons must be part of the discussion, in order to create the best possible outcome for patients and to prevent bias in surgical practice.

Fiona Godlee invited Rebecca Coombes to explain the support already received for the introduction of a register from Royal Colleges and other member associations. Rebecca Coombes explained that the BMJ wrote to six faculties, 14 medical colleges and to the Academy of Medical Royal Colleges about whether they agreed that there should be a mandatory and public register of doctors' interests in the UK, with a 90% response rate and 9/10 of the bodies saying they agreed. These bodies included:

- The Faculty of Public Health
- The Royal College of Anaesthetists
- The Royal College of General Practitioners
- The Royal College of Obstetricians and Gynaecologists
- The Royal College of Paediatrics and Child Health
- The Royal College of Physicians and Surgeons of Glasgow
- The Royal College of Physicians of Edinburgh
- The Royal College of Physicians of London
- The Royal College of Radiologists
- The Royal College of Surgeons of Edinburgh
- The Royal College of Surgeons of England
- The Royal College of Medicine
- The Academy of Medical Royal Colleges
- The Royal College of Emergency Medicine

Fiona Godlee asked Professor Melville what was preventing DHSC from introducing a register. Professor Melville responded by explaining his view that the register alone is not the solution, that it is about identifying the mechanisms to ensure the register is correct. He went on to say that the whole system should be mandated, and that it is about how the dots are joined between the parties to make sure that patients have the information they need to make informed choices.

Baroness Cumberlege went on to outline her wish that a register be introduced via the forthcoming Health and Care Bill, so that it has a legislative basis. She drew parallels with the Health and Social Care Act of 2012, which began as a 'basic' Bill but was amended significantly to reflect the views of parliament. Emma Hardy MP echoed Julia's thoughts on how to approach the tabling of the new Bill. Rebecca Coombes added the view of the BMJ that a register would need a legislative basis.

Professor Melville made the distinction that the GMC was not part of the clinical profession but its regulator, adding that if the profession wanted a centrally held register the GMC would reflect on that.

Baroness Cumberlege drew the meeting to a close, thanking her fellow panellists for attending.

The meeting closed at 11:30.