

NHS England  
Conflicts of Interest Team

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Dear Sir or Madam

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**Managing conflicts of interest in the NHS: A consultation**

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain. Our role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales.

We have a statutory role in relation to 'system' regulation, as we regulate registered pharmacies, as well as 'professional' regulation of individual pharmacists and pharmacy technicians. Our main work includes:

- setting standards for the education and training of pharmacists and pharmacy technicians and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards of conduct, ethics and performance that pharmacy professionals have to meet throughout their careers
- setting the standards of continuing professional development that pharmacy professionals have to achieve throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

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We welcome the opportunity to respond to the consultation on managing conflicts of interest in the NHS. Whilst the consultation document as a whole is of interest to us we have limited our response to areas where we feel our work is directly relevant to the proposals.

We support the call to ensure a consistent approach to management of conflicts of interest across the NHS. We welcome any opportunity to increase transparency for patients and the public about the relationships across the wider healthcare system.

## **Our approach**

We are unique amongst other health and social care professional regulators because of our role in regulating registered pharmacies. Our dual function provides us with additional insight into the way in which conflicts of interest can manifest, not only between healthcare professionals and, for example, the pharmaceutical industry but also in relation to pharmacy ownership and the provision of care to patients and the public.

We have encouraged all of our registrants to participate, where relevant, in Disclosure UK, a central database managed by the Association of the British Pharmaceutical Industry (ABPI) which records payments and benefits made to health professionals by pharmaceutical companies. This new scheme was promoted in the August 2016 edition of our e-newsletter, Regulate, which is sent to all pharmacists, pharmacy technicians and pharmacy owners.

We recently consulted on new [standards for pharmacy professionals](#) where we carefully considered how to ensure pharmacy professionals identify, declare and manage risks and conflicts appropriately. We recognise there are times when healthcare professionals are faced with conflicting responsibilities or complex situations where they have to balance competing priorities. The standards are explicit in calling for pharmacy professionals to use their professional judgement to ensure the care they provide reflects the needs of the person and is not influenced by personal or organisational goals.

Whilst commercial pressures as such may not be an issue for health professionals working in NHS organisations, conflicts of various kinds no doubt present similar challenges to patient-centred care. These issues are complex and longstanding, and exist beyond pharmacy, but we are committed to regulating in a way which reflects divergent health structures in the NHS and wider health and care sectors across Great Britain.

## **Definitions and scope**

We support the efforts towards applying a consistent definition of a conflict of interest across the health system. The proposed definition, as set out in the consultation, emphasises the importance of the management, rather than the avoidance, of conflicts which aligns with our approach. However we query whether a health professional's primary duty is, specifically, to NHS patients.

Pharmacy professionals work across a range of settings including community, hospital, GP surgeries, primary care, industry and research. The proposals do not appear to recognise this variation and have not fully considered how these issues affect commercial businesses providing NHS services under some form of contractual arrangement.

We acknowledge that many people have multiple roles across the health system and we support the need to strike a balance between ensuring transparency and ensuring proportionate declarations by organisations and staff. In applying the proposals, it is suggested that there be a distinction between 'all staff' and 'senior staff'. Senior staff are expected to include NHS contractor professionals such as pharmacists. However the pharmacist would only be the contractor if they were a sole trader who owned and operated a pharmacy or pharmacies. We are not clear about the extent to which these

proposals would apply to pharmacy owners (as partners in a partnership, or body corporates), who employ pharmacy professionals.

Pharmacists and other regulated healthcare professionals are already bound by their wider obligations and responsibilities as registered professionals. It would be helpful to ensure staff who may not be directly commissioning or providing care, for example managers, fully understand the concepts of managing conflicts of interest and how these proposals will impact on them.

The recently published Review by the Committee on Standards in Public Life<sup>1</sup> provides evidence that the public expect the same ethical standards from all types of organisations which are providing publicly-funded services.

### **Specific proposals**

Below we have highlighted some specific proposals which we believe would benefit from further clarification.

We recognise there are likely to be different rules on limits for accepting gifts already in place within organisations or required by legislation of other countries. The principles and rules proposed in the consultation imply that gifts up to the value of £50 can be accepted and need not be declared, and gifts over the value of £50 must be declined. We would ask for clarity on what gifts do need to be declared (as referenced in the table on page 39). In relation to hospitality, there is reference to publishing the supplier's name but we note that hospitality could be received from others beyond suppliers.

Within the principles and rules regarding private practice, it is proposed that NHS commitments should always take precedence over private work and that staff should not initiate conversations about private work with patients during the course of NHS sessions. We believe this is not always the case but rather expect pharmacists to explain the options available to patients to help them make an informed decision, without inappropriately influencing it. The [GPhC strategic plan](#) makes a clear commitment to promoting a culture of patient-centred care and putting people and patients at the heart of what we do.

### **Publication**

We note that the GMC are considering introducing the facility for their registrants to voluntarily declare their interests and have these added to the online medical register. We will monitor developments in this area as any decision to make this option available could have implications for how we manage our own register.

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<sup>1</sup> [Striking the Balance - Upholding the Seven Principles of Public Life in Regulation](#) (published September 2016)

There is not a natural place for pharmacists' declarations to be published if they do not work in a hospital and it may be difficult for commercial companies to manage this on their own websites. It also raises issues about others in the organisation who are not pharmacists.

While a single source and format for aggregating and publishing returns would be preferential in future, linking to myNHS would only capture health and care workers and the scope is, necessarily, broader than this.

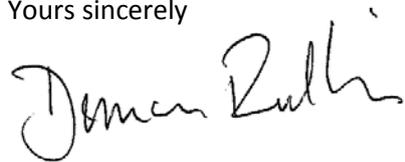
### **Managing breaches and sanctions**

The consultation recommends that organisations have robust arrangements in place to detect and respond to breaches. It also references internal and external audit as well as checks by the regulator. We are not clear what these proposed checks would involve. It would be essential to clarify the expectations of regulatory bodies in relation to any new rules and principles for managing conflicts of interest across the health system.

We are aware of the difficulty in this area which comes not just from the complexities of identifying potential conflicts, but from widespread confusion between declaring an interest and declaring a conflict.

If you would like further information on any of the points in this response, or any other aspects of the GPhC's work, please do not hesitate to contact us on the details provided below.

Yours sincerely



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