

Evaluating Conflict of Interest Policies to Promote Quality Use Of Medicines in Australian Hospitals

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Background

The National Medicines Policy:

- outlines a fundamental set of principles to ensure Australians receive the best outcomes from medicines use; and,
- recognises that multiple stakeholders, e.g. clinicians, policymakers, regulators and the pharmaceutical industry, have critical roles in achieving quality use of medicines (QUM) albeit with different motivations and perspectives.

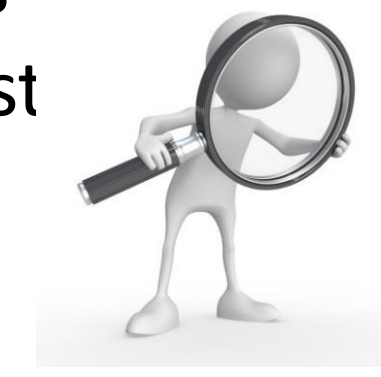
There is evidence that the pharmaceutical industry can negatively impact quality decision-making regarding medicines.



Hence various professional organisations have published conflicts of interest (Col) policies to manage bias in decision-making.

Project objectives

1. Develop gold standard criteria for determining Col for individual and institutional activities relevant to hospitals' medicines use.
2. Undertake a scoping study to evaluate the current rigour of existing Col policies or guidelines against the gold standard criteria.



Action

No universal gold standard to govern interactions between the pharmaceutical industry and health professionals exists.

27 gold standard criteria under various categories were developed following a review of professional organisation recommendations (Table 1). A scoring system to assess level of restriction was created (Table 2).

Results

Table 1: Gold Standard Criteria to evaluate Col policies # applies to institutions; * applies to individuals

Category	Criteria	Category	Criteria
Funding & Payment	1. Industry sponsored research [#]	Drug distribution	17. Drug samples/started packs [#]
	2. Ex-gratia payments & special purpose accounts [#]		18. Medicine Access Programs incl Product Familiarisation Programs [#]
	3. Sponsored positions [#]	Company representatives	19. Industry reps attending public hospitals/health services [#]
	4. Donation of equipment [#]		Advertising
	5. Staff acting as an industry consultant [*]	21. Banning the promotion of antimicrobials & other specific medicines [#]	
	6. Mandatory transparent reporting of all industry promotional costs [*]	Enforcement	22. Conflict of interest disclosure requirement [#]
	7. Shareholdings & other ownership interests [*]		23. Clinical private practice disclosure requirement [#]
	8. Industry-funded individuals participating in policy/ Advisory & decision-making groups [*]		24. Outside employment disclosure requirement [#]
	9. Funding & payments not otherwise specified		25. Breach of guideline [#]
	10. Ghost-writing & honorary authorship [*]		Education (proactive)
Events & travel	11. Sponsored meeting/conference events	27. Education regarding potential for industry influence associated with industry funding or various activities e.g. research, events [#]	
	12. Continuing medical education sponsorship		
13. Travel/ accommodation/ entertainment sponsorship [*]			
14. Payment of conference registration [*]			
Gifts	15. Gifts (anatomical models, books etc) ^{**}		
Meals & refreshments	16. Institutional e.g. grand rounds & individual e.g. morning coffees		



Table 2: Scoring system according to level of restriction

Level of restriction	Score	Notes
Prohibited	3	Strictly prohibited
Strong restriction	2	Detailed Col management strategies
Weak restriction	1	Only declaration required & no specific management mentioned
No restriction	0	Activity is allowed

Figure 1: Scatter plot to compare restriction score and % coverage of policies, n=12

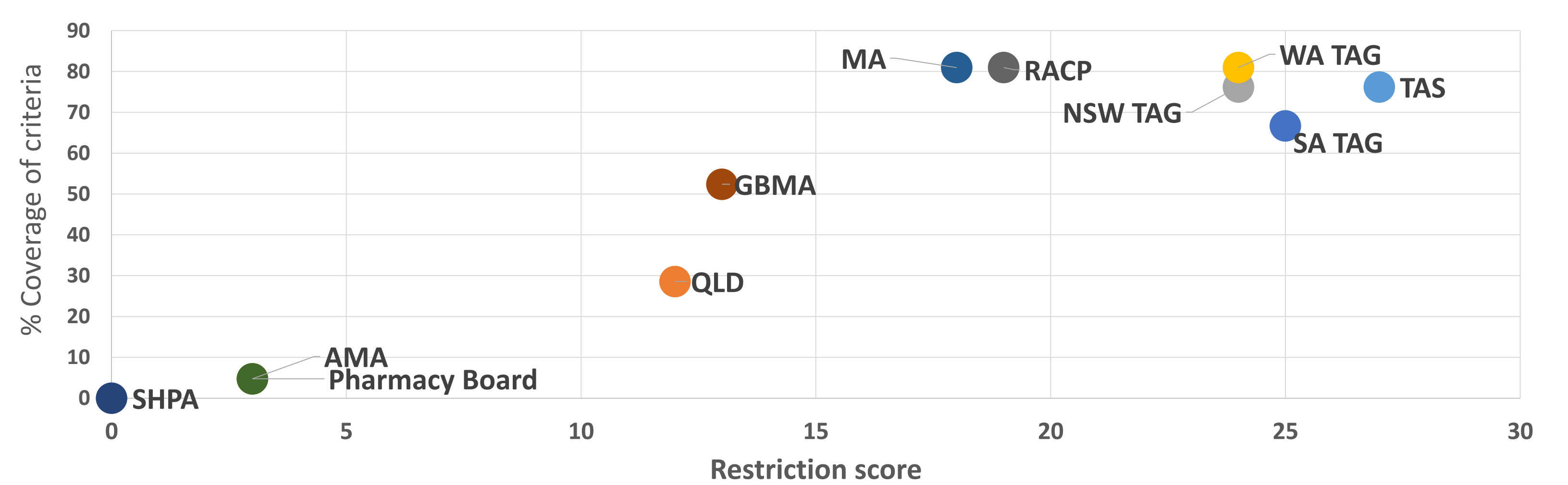
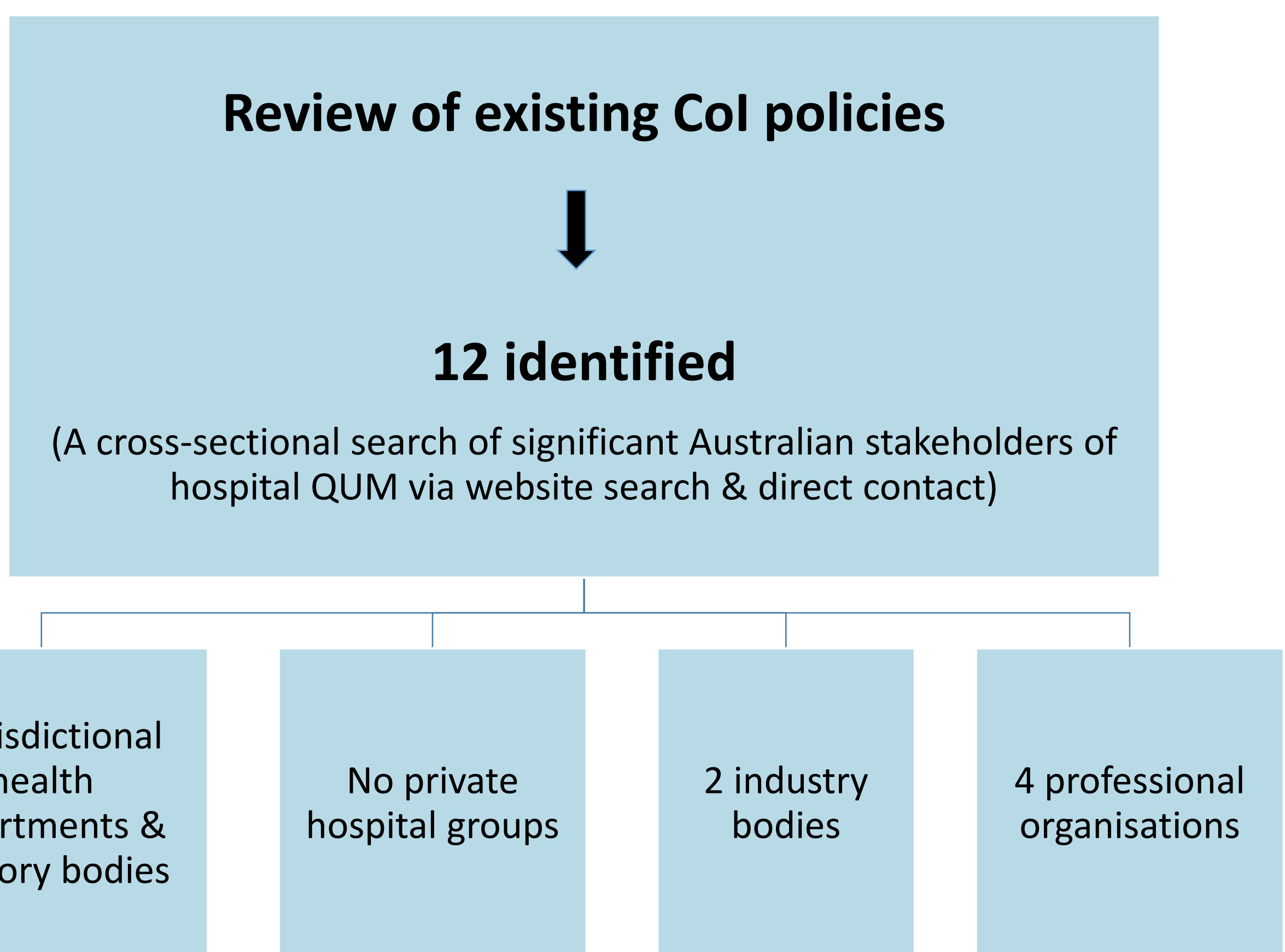
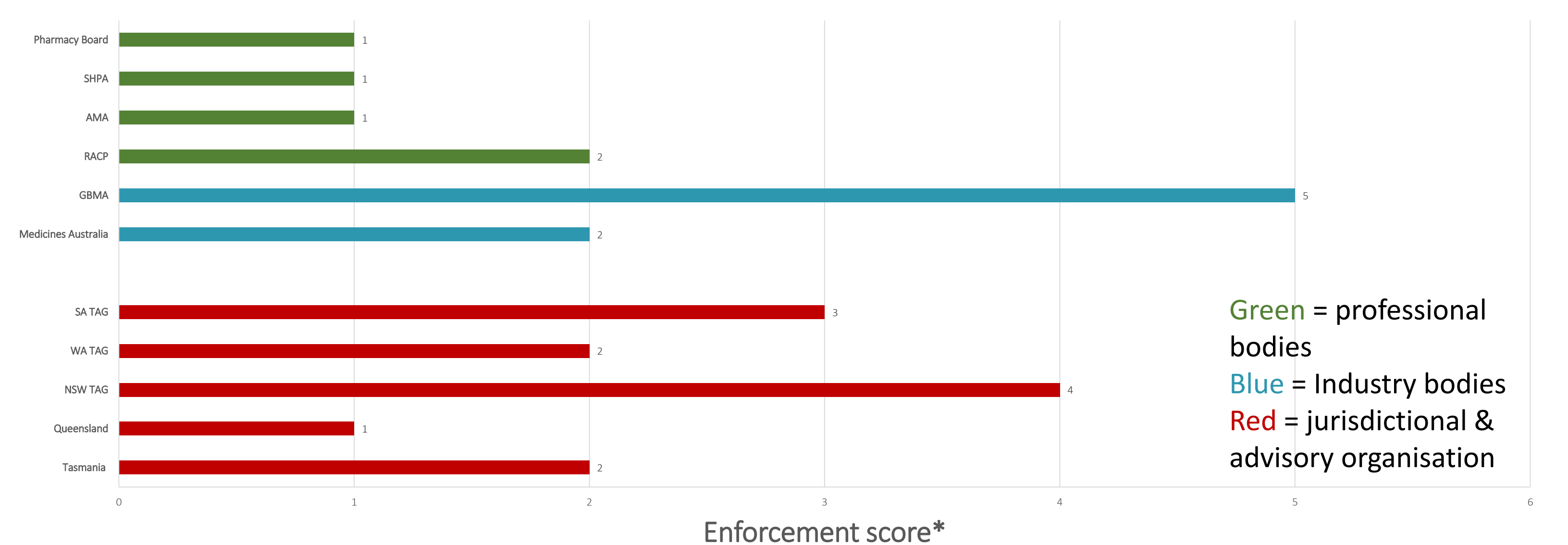


Figure 2: Comparison of enforcement levels in organisational Col policies for criteria 22-27, n= 11 *Organisations could either score 0 (no mention) or 1 (activities mentioned).



Conclusions

- The Gold Standard criteria and scoring system effectively evaluated Col policies.
- They can be used by stakeholders to determine the rigour of their policies & assist development of consensus about Col management across all stakeholders.
- The policies of professional societies tended to have lower criteria coverage & lower restriction scores. The policies of the AMA, SHPA and Pharmacy Board of Australia had limited information and focused on relationships between health professionals and patients rather than health professionals and industry.
- The RACP policy is the most recent and provides support to physicians to identify, assess and manage Col.
- Jurisdictional policies had greater rigour but their readability varied.
- The Tasmanian policy was the most comprehensive while the South Australian document was most readable with an accompanying fact sheet.
- It was sometimes difficult to access policies without direct requests. No private hospital group provided Col policies despite requests.
- Many policies incorrectly suggested disclosure of Col is an adequate management strategy. Many policies also did not provide specific disclosing pathways, rules or forms.