

NHS England Managing Conflicts of Interest in the NHS: A Consultation

Response from the Royal College of Anaesthetists
(submitted via NHS England online submissions portal)

Question	RCoA response
Q1: Do you agree with our definition of conflict of interest?	Yes
Q2: Do you agree with our sub-classifications of interests?	Yes
Q3: Are the circumstances we have identified sufficient to capture all instances?	No – we feel that the document focuses too much on private practice, whereas the focus should be on outside activities which may detract from NHS work.
Q4: Do you agree with the proposed definition of senior staff?	Yes – but this definition should also include anyone involved with contract development and negotiation.
Q5: Do you agree with our proposals regarding gifts?	No - We feel that a limit of £50 is too arbitrary and we suggest that a percentage of the recipient's gross salary (say 0.2%) would be a more meaningful parameter. This rule should apply to all senior staff, including non-executive Directors.
Q6: Do you agree with our proposals regarding hospitality?	No - £25 for accommodation and travel costs is simply unrealistic in this day and age. What needs to be declared, regardless of amount, is any meals, entertainment, drinks etc. from a private company that are not in return for specific services.
Q7: Do you agree with our proposals regarding outside employment?	Yes – we agree that outside employment should be declared, especially to ensure that this does not affect performance of NHS functions.
Q8: Do you agree with our proposals regarding private	No – we do not agree with the private practice earning bands, as we feel that these are

<p>practice?</p>	<p>set too high.</p> <p>We are concerned that these bands do not take into account regional variations in earnings, for example private practice in London will be considerably more lucrative than in other parts of the UK.</p> <p>The bands are also not an accurate reflection of conflicting interests, for example a London surgeon earning 100k from private practice which is carried out on Saturdays (therefore not affecting NHS work) would not be as conflicted as a clinician who earns less, but may be juggling private practice and NHS work during the week.</p> <p>This proposal is too focussed on private practice, and other areas of outside employment are hardly mentioned such as medico-legal work, publishing, lecturing and writing which can take up considerable time and effort.</p> <p>It may be more meaningful for clinicians to declare the amount of hours per week dedicated to private practice, rather than their earnings.</p>
<p>Q9: In particular, do you agree with the proposal regarding declarations of information about private practice, including information about earnings?</p>	<p>No - We do not think that clinicians should declare the value of their earnings from private practice. This should only be disclosed if there were concerns about performance and possible conflicts with NHS work.</p> <p>There is also the risk that publishing figures on private practice earnings will alter the pattern of recruitment, both by specialty and by region. The current cohort of junior doctors is saddled with debt, in a way that previous generations were not, and undertaking private practice will assume an increased importance to them. Revealing the earning potentials of different careers will influence career choice and will dissuade young doctors from careers with low private practice potential.</p>
<p>Q10: Do you agree with our proposals regarding general sponsorship?</p>	<p>Yes - Individual sponsorship/honorarium is often beneficial to the greater health service and may not have clear benefit to the individual trust. It has in the past help develop relations between industry and the NHS. Therefore greater definition of sponsorship is required to clarify that which required organisational approval and that which is individual.</p> <p>In whichever case such sponsorship should be declared and organisations should send out regular reminders to all staff.</p>

Q11: Do you agree with our proposals regarding sponsored events?	Yes
Q12: Do you agree with our proposals regarding sponsored research?	Yes – but we feel that a distinction needs to be made between research sponsored by academic institutions, such as Universities, and commercial organisations.
Q13: Do you agree with our proposals regarding sponsored posts?	Yes, but again we feel that posts sponsored by academic institutions should not be treated the same as posts sponsored by commercial organisations.
Q14: Do you agree with our proposals regarding shareholdings?	Not sure – the principles behind this proposal seem sensible, however it will be difficult to monitor changes in circumstances around shareholdings of companies, say for example if a private company decides to extend business into healthcare.
Q15: Do you agree with our proposals regarding patents?	No – Unless the development of a patent interferes with the NHS contract of employment, we do not believe that these need to be declared. Furthermore most medical patents are held Universities rather than individual clinicians.
Q16: Do you agree with our proposals regarding donations?	Yes
Q17: Do you agree with our proposals regarding loyalty interests?	Yes, in principle – however the definition would imply that this proposal would apply to Royal Colleges and professional societies which rely heavily on the contribution and expertise of clinicians for the wider benefit of the NHS. Such affiliations are declared by doctors in appraisals and there should not be a need for these to be declared.
Q18: Do you agree with the proposals regarding identification of interests?	Yes
Q19: Do you agree with the proposals regarding Boards and sub-committees, advisory committees and procurement?	Yes – this provides additional clarity.
Q20: Do you agree that information on interests held by senior staff described above should be published?	Yes
Q21: Do you agree that information on interests should be published in a consistent way across organisations,	Yes – this would aid transparency.

using the format described above?	
Q22: Do you agree that information on interests should be published (at least annually) by organisations?	Yes – Annual Reports would seem a logical place to publish these.
Q23: Do you think that further consideration should be given to aggregating returns on MyNHS, or another suitable web portal?	Yes – this could be considered once the proposals are finalised.
Q24: Do you believe that we should pursue the approaches described above to ensure greater compliance with the Disclosure UK initiative?	Yes
Q25: Do you agree with our proposals on breaches and sanctions?	Yes
Q26: Do you agree that the underlying principles and rules in this consultation should (perhaps with some amendment) also apply to non NHS providers in respect of NHS funded services they provide?	Yes – we believe the rules should be the same for private practice providers as for NHS providers and these should apply to all doctors practicing in the UK, regardless of nationality and residence status.