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**Sunshine Act for Scotland PE1493**

Thank you for the opportunity to comment on this petition and the committee discussion on 12 November.

The Royal Pharmaceutical Society is the professional leadership body for pharmacists in Scotland, England and Wales. It leads and supports the development of the pharmacy profession for public and patient benefit. This response comes from the Scottish Pharmacy Board which is the elected body of pharmacists representing all sectors of pharmacy practice in Scotland.

The petition and discussion seem to be addressing two separate issues. Firstly, the need for transparency in declarations of interest from health professionals receiving sponsorship or funding of any kind from the pharmaceutical industry including education and involvement in clinical trials. Secondly, the requirement for more information to be available on those clinical trial whatever the outcomes.

Establishing a Register of Payments

The Royal Pharmaceutical Society is a member of the Ethical Standards in Health and Life Sciences Group (ESHLSG) and earlier this year contributed to its consultation on establishing a register of payments received by UK health professionals from commercial organisations. We have reiterated some of our response to that consultation in our submission below and hope that it will be helpful in taking the current petition forward.

**In principle we support the establishment of a register and increased transparency with regards to payments made to healthcare professions from commercial organisations.**

If the concept of a sunshine act for Scotland is to be taken forward it is important that duplication of effort is avoided and bureaucracy minimised. We would expect a streamlined approach to transparency, so that data entry would only be required once and would cover European and Global interests. For Scotland to have a standalone database in a global economy would not be sensible. We would envisage all parties disclosing their own relevant information with an ability to cross reference between stakeholders on the database.

Thought would need to be given as to how the details of payments would be published before initiating any publicly accessible register. Perceptions of payments vary considerably in the general population and how to distinguish between e.g. individual retainer payments and project funding sums for large scale research would have to be established.

Collaboration with the pharmaceutical industry is necessary on many different levels to drive innovation. It is important that the public understands the necessity and benefits of some types of payments and has confidence in the integrity of a system which strives to continually advance and enhance patient care. Lack of transparency and understanding around the collaborative nature of projects could contribute to lack of confidence in the healthcare professions and their interaction with industry.

There is a requirement for impartiality and integrity to be conspicuous in any register therefore this would need to be hosted by an independent body rather than a commercial organisation. The site

should not be funded by either donor or contributing organisations such as charities, universities or pharmaceutical industrial sponsors, or linked to recipient organisations in any way.

We note that the ESHLSG was proposing a voluntary scheme and question how 100% compliance will be established to facilitate public trust in the disclosures under this approach, and how any non compliance would be addressed. Lack of compliance could lead to problems with the validity of the database itself. The process should be sufficiently robust to ensure probity whilst not being deemed too cumbersome to impede or deter initial participation.

Regard would also need to be given to data protection and non disclosure of very personal information.

Publication of Clinical Trial Data

We support any moves towards the publication of clinical trial results. We are pleased to see the new disclosure code from the European Federation of Pharmaceutical Industries and Associations (EFPIA), which will encourage this. RPS also supported the ALLtrials campaign this year which calls for all past and present clinical trials to be registered and their results reported.

Prescribing Governance

Pharmacists have an important role in prescribing governance. They have a unique training in the complexities of medicines. By providing prescribing support to GPs and as part of the clinical ward team they strive to ensure that prescribing is cost effective and evidence based. They will analyse available trial data to provide expert and impartial information on the efficacy of treatment to their healthcare colleagues. Prescribing statistics are regularly monitored by pharmacy teams for costs and trends in all GP practices. More transparency of information would be useful in interpreting and interrogating results to ensure best use of NHS resources.

The recently published ministerial vision and action Plan "Prescribing for Excellence "has emphasised the need for pharmacist prescribing to be the norm in the NHS to make best use of pharmacy expertise. Presently the pharmacist role is to more usually to influence their medical colleagues to prescribe according to the current evidence base. The move in the ministerial action plan towards a system of physician diagnosing and pharmacist prescribing should improve prescribing governance.

Committee discussion 12th November

For your information and reference we would like to clarify some of the points raised in the discussion.

- There was mention of extra costs in England because of GPs prescribing more expensive branded products. The governance framework illustrated briefly above minimises this but by influence rather than decision. In primary care, GPs are asked to prescribe to local health board formularies and in the main this is successful but inevitably there are exceptions which will result in extra costs. In secondary care, systems and influence on prescribing choice can vary locally even within SMC approved medicines.

- RPS fully supports the need for dispensing doctors in some areas of Scotland there are perverse incentives still in place for dispensing doctors which allow a percentage on-cost to be added to their chosen prescribed, and therefore dispensed medicines. This could be construed as a conflict of interest and potentially be open to market influence.

- The evidence base can change over time as adverse effects from new medicines sometimes only appear when the product is marketed globally and large numbers of people are then using the medicine, hence some of the examples mentioned in the committee discussion

- Community pharmacist owners are engaged in the NHS as independent contractors in the same way as GPs, optometrists and dentists.

- The comments on the pharmacist changing drugs to "one of a similar nature "might be misleading. This is probably a reference to generic medicines which can be manufactured by several companies, all to the same standard. The drug name is specified but not the manufacturer and this means supply can come from any of the manufacturers. Pharmacists who are dispensing do not currently have any means of substituting for more cost effective options.

- Any pharmacist or other non medical prescriber would have to declare their interests with the industry. This would include optometrists, physiotherapists, dentists, as well as nurses in many different roles. This would also extend to the governance and information teams who are influencing practice.

- In future, consideration should also be given to extending the concept to include relevant local authority personnel as the Public Bodies (Joint Working) (Scotland) Bill, legislating for the integration of health and social care, is currently being progressed in the Scottish Parliament.

In conclusion, we reiterate that the principle of transparency and a publicly accessible register are to be commended in line with the Nolan principles of behaviors that should be applied in public life. However, the detail of the final content and how and by whom this would be maintained will be crucial to the level of compliance achieved and to its eventual success.

We are happy to discuss the professional issues of this petition, or any other pharmaceutical matter with the committee in more detail if this would be helpful.

Professor John Cromarty
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Royal Pharmaceutical Society