

PS01/17

Competing interests: guidance for psychiatrists

Professional Practice and Ethics Committee

POSITION STATEMENT

Position Statement PS01/17

March 2017

© 2017 The Royal College of Psychiatrists

College Reports constitute College policy. They have been sanctioned by the College via the Policy and Public Affairs Committee (PPAC).

For full details of reports available and how to obtain them, contact the Book Sales Assistant at the Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB (tel. 020 7235 2351; fax 020 7245 1231) or visit the College website at <http://www.rcpsych.ac.uk/publications/collegereports.aspx>

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Contents

Introduction	2
What is a competing interest?	3
Recognising a competing interest: what might be included?	4
How can psychiatrists manage a 'competing interest'?	6
Competing interests: what the College requires	7
Recommendations	8
References and further reading	9

This guidance is for all College members who hold an elected or appointed post within any part of the College and/or who undertake any work for, or represent, the College in any capacity.

Introduction

Where a psychiatrist undertakes business for the College or a committee of the College in their capacity as a member, they should be open and disclose any competing interests. Where there is doubt, it is preferable to err on the side of disclosure.

To achieve this, psychiatrists must comply with the requirements of:

- *Good Medical Practice* (General Medical Council, 2013a)
- Financial and Commercial Arrangements and Conflicts of Interest (General Medical Council, 2013b)
- *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009)
- *Good Psychiatric Practice: Code of Ethics* (Royal College of Psychiatrists, 2014)
- *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Related Organisations* (Royal College of Psychiatrists, 2017).

This position statement does not represent a summary of guidance on competing interests from the publications listed above. Instead, it provides general advice on how psychiatrists can recognise and deal with competing interests.

What is a competing interest?

A competing interest exists when professional judgement concerning a primary interest (such as a patient's welfare or the validity of research) may be influenced by an interest (such as financial gain) that competes – or may be perceived as competing – with that primary interest.

Essential to the definition is that the individual may be influenced by that competing interest. Making the declaration does not require a psychiatrist to judge whether or not they are influenced in this way. Instead, a declaration must be made if an interest exists which could be construed or perceived by others as influencing the individual's judgement in relation to the primary interest.

Recognising a competing interest: what might be included?

The General Medical Council (2013b) notes that there is a wide range of activities which might be seen as potentially being competing interests. These include:

- **Financial/commercial** – financial, monetary or commercial interests need to be considered and disclosed, as they may be perceived to affect the judgement of a psychiatrist in matters involving the College or its committees. This includes interactions with pharmaceutical and other organisations (Royal College of Psychiatrists, 2017).
- **Academic** – any professional or social relationship between: (a) individuals submitting a paper for journal publication/grant for funding and, (b) editors or reviewers of that paper or grant application, needs to be disclosed (Aleman-Meza *et al*, 2006; Abdoul *et al*, 2012). Similarly, authors need to avoid misrepresentation of their research findings in any attempt to improve the chances of publication.
- **Relational** – psychiatrists should not put themselves in a position where they can be seen as favouring an individual with whom they have a personal or professional relationship (e.g. favouring applicants with whom one has a connection for employment positions (Howard, 2008)).
- **Clinical** – these can include situations where a psychiatrist has been involved in developing a particular treatment and when they might experience a conflict in recommending rival treatments. More commonly, psychiatrists will experience competing interests where the interests of a patient (including children and older adults) may come into conflict with the stated interests of a carer (such as a parent or other family member).
- **Professional** – this can include a perceived or actual conflict between, for example, one's work for the College and other duties, or time spent on independent work and time spent on National Health Service (NHS) work. It can also potentially include privileging some activities above others because they will look better on a curriculum vitae. Self-interest/personal benefit may be a factor here.

- **Beliefs/values** – a competing interest can also include a psychiatrist's deeply held beliefs, which could potentially influence a decision or be perceived as doing so by others.

Taken together, a broad range of factors may act – or be perceived as acting – as competing interests. As the General Medical Council observes:

'Trust may be damaged if your interests affect, or are seen to affect, your professional judgement. Conflicts of interest may arise in a range of situations. They are not confined to financial interests, and may also include *other personal interests*.' (General Medical Council, 2013b: p. 2; italics added).

How can psychiatrists manage a ‘competing interest’?

The first step to be taken in managing a competing interest is to disclose it.

While disclosure alone is not sufficient (Cosgrove & Krinsky, 2012; PLoS Medicine Editors, 2012), it remains key.

The second step that psychiatrists should consider taking, particularly where a financial competing interest is involved (either directly for the psychiatrist or the organisation they work for), is removing themselves from any decision-making process that involves an actual or perceived conflict.

Throughout, the personal responsibility of a psychiatrist to manage a competing interest should be driven by what is best for their patient.

‘Competing interests’ and the behaviour of colleagues

In situations where a psychiatrist becomes aware that a colleague might have an actual or perceived competing interest, they should first raise the issue with that colleague, and then ask the colleague to declare a conflict to the appropriate forum and/or consider withdrawing from the situation. If the colleague refuses to accept that they have a perceived or actual competing interest, and the psychiatrist is still concerned, they should notify an appropriate person. In the case of activities of the Royal College of Psychiatrists, this would be the chair of the respective committee or group, or a member of College staff responsible for that committee or group.

Competing interests: what the College requires

When participating in College meetings or events, or when representing the College in any capacity, psychiatrists should comply with the requirements of:

- *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009)
- *Good Psychiatric Practice: Code of Ethics* (Royal College of Psychiatrists, 2014)
- *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Related Organisations* (Royal College of Psychiatrists, 2017).
- *Good Medical Practice* (General Medical Council, 2013a).

Consequently, all speakers at College meetings are asked to declare any competing interests (including any financial or personal interests). These interests are displayed on the College website for transparency.

Members of College committees, including faculties, divisions and special interest groups, will be asked at the beginning of the meeting, as a standing agenda item, to declare any competing interests in relation to the agenda of that group/meeting. These will be recorded in the minutes of the meeting and available to others via a written request to the College's Chief Executive.

Finally, the College collects declarations of competing interests for members of its Board of Trustees. This process will be extended to cover all members elected or appointed to Council. The information on competing interests will be held on the restricted area of the College website that is accessible only to College members. This information will be available to non-members via a written request to the Chief Executive of the College.

Recommendations

Throughout their work in the College and on its committees, psychiatrists will experience a range of influences at any one time, and these may compete.

The fundamental issue therefore is how to avoid privileging one's personal interests ahead of the primary interests of the College and its committees.

As competing interests (actual or perceived) are more powerful if they are hidden, psychiatrists should always rely on openness and disclosure of information as a key strategy for managing these situations.

However, disclosure of competing interests does not absolve individuals and organisations from their responsibility for managing these.

References and further reading

Abdoul H, Perrey C, Tubach F, Amiel P, Durand-Zaleski I, Alberti C (2012) Non-financial conflicts of interest in academic grant evaluation: a qualitative study of multiple stakeholders in France. *PLoS ONE*, **7**: e35247.

Aleman-Meza B, Nagarajan M, Ramakrishnan C, Ding L, Kolari P, Sheth AP, et al (2006) *Semantic Analytics on Social Networks: Experiences in Addressing the Problem of Conflict of Interest Detection* (paper presented at the Proceedings of the 15th International Conference on World Wide Web, Edinburgh, Scotland). Available at <http://www2006.org/programme/files/xhtml/4068/p4068-aleman-meza.html> (accessed 27 October 16).

Cosgrove L, Krinsky S (2012) A comparison of DSM-IV and DSM-5 panel members' financial associations with industry: a pernicious problem persists. *PLoS Med*, **9**: e1001190.

Gallagher A, Wainwright P, Tompsett H, Atkins C (2012) Findings from a Delphi exercise regarding conflicts of interests, general practitioners and safeguarding children: 'Listen carefully, judge slowly'. *J Med Ethics*, **38**: 87–92.

General Medical Council (2013a) *Good Medical Practice*. GMC.

General Medical Council (2013b) *Financial and Commercial Arrangements and Conflicts of Interest*. GMC. Available at http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp.

Greenberg RD (2012) Conflicts of interest: can a physician serve two masters? *Clin Dermatol*, **30**: 160–73.

Howard J (2008) Balancing conflicts of interest when employing spouses. *Employee Responsibility Rights J*, **20**: 29–43.

Lo B, Field MJ (eds) (2009) *Conflict of Interest in Medical Research, Education, and Practice*. National Academies Press.

MacKenzie C, Cronstein B (2006) Conflict of interest. *HSS J*, **2**: 198–201.

Norris SL, Holmer HK, Ogden LA, Burda BU (2011) Conflict of interest in clinical practice guideline development: a systematic review. *PLoS ONE*, **6**: e25153.

PLoS Medicine Editors (2012) Does conflict of interest disclosure worsen bias? *PLoS Medicine*, **9**: e1001210.

Royal College of Psychiatrists (2009) *Good Psychiatric Practice* (3rd edn) (CR154). RCPsych (<http://www.rcpsych.ac.uk/files/pdfversion/CR154.pdf>).

Royal College of Psychiatrists (2014) *Good Psychiatric Practice: Code of Ethics* (CR186). RCPsych (<http://www.rcpsych.ac.uk/files/pdfversion/CR186.pdf>).

Royal College of Psychiatrists (2017) *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Related Organisations* (CR202). RCPsych.

