

**BSR policy  
Working with Industry  
Policy date: October 2011**

**Introduction:**

This policy represents the British Society for Rheumatology's corporate position on relations with the pharmaceutical industry (PI) and other organisations with a commercial interest. Its main premise is as follows:

*'That the BSR, in its relationships with the pharmaceutical industry (PI), operates with the highest ethical standards and wishes for all its financial arrangements with industry to be clearly defined, recorded and transparent.'*

Although this policy makes particular reference to the pharmaceutical industry because of the unique relationship between health professionals and these companies, the principles of the policy apply equally to any relationship between the BSR and any organisation with a commercial interest.

It is vital that the trustees, officers and staff of the BSR are operating within an agreed code of practice. When the BSR is, for example, producing guidelines or asked to be involved in a NICE consultation on a particular drug therapy, our membership, external organisations and the public at large need to feel confident that opinions given by the BSR are independent and in the best interests of those who are administering and receiving treatments. They also need to feel sure that decisions have been made without any undue influence from the pharmaceutical industry or its representatives.

It is necessary for the BSR to raise funds and to invite contributions from commercial businesses in order to carry out some elements of its work. The pharmaceutical industry is a potential source of that income for certain projects and in some cases their involvement in BSR projects is appropriate, for example the setting up of the BSR Biologics Register.

The vast majority of companies that BSR work with are members of the Association of the British Pharmaceutical Industry (ABPI) and are, therefore, governed by their code of practice. This code is well established and regularly reviewed. We have sought to ensure that the BSR policy works with the ABPI code. The code has recently been considered changed and new ways of working have been developed. Our policy seeks to reflect those changes.

The policy will be reviewed each year and changed as necessary.

To help us achieve our stated aim of high standards and transparency;

**BSR will:**

Maintain co-operative relationships with commercial organisations which develop, manufacture or market medicines and other treatments in the interests of our membership and their patients.

Foster ethical, professional relationships between rheumatologists, allied health professionals and commercial organisations which develop, manufacture or market medicines and other treatments, whose decisions will affect the treatments that the above groups can offer to patients.

Ensure that such relationships are based on equal partnerships.

Only accept support which is in the interests of furthering the development of epidemiological, clinical or scientific knowledge, or improving education and information available about arthritis and related conditions.

Base funding, sponsorship or advertising agreements with commercial organisations on written agreements, whether or not this is required by law.

**BSR will not:**

Allow its good reputation, independence or charitable status to be compromised by its relationship with any commercial organisation and will reject funding, sponsorship or any relationship that would or might be perceived to do so.

Engage in the endorsement, marketing or promotion of a company specific brand name product or a specific company.

Undertake any initiative that contravenes the policies of the Association of British Pharmaceutical Industry (ABPI), Association of Medical Research Charities or guidelines produced by the Medical Research Council and the Royal College of Physicians.

Seek or accept any industry funding for its direct governance activities which include: the BSR AGM business meeting; all meetings of the Executive and Council; all standing committee meetings and meetings of any subgroups of standing committees.

**The updated ABPI guidance**

**Joint working** - Joint Working between organisations such as BSR and the PI is a very new concept. Subsequently there is little experience to use to guide policy in this area. However the new rules are a clear attempt to make the working between industry and others better, and more transparent.

Definition of joint working:

***“ Joint working between the pharmaceutical industry and the NHS refers to the situations where, for the benefits of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery.***

***Joint working agreements and management arrangements are conducted in an open and transparent manner.***

***Joint working differs from sponsorship, where pharmaceutical company(ies) simply provide funds for a specific event or work programme.”***

The ABPI say that Joint Working must:

- benefit patients (expected to also mutually benefit the parties).
- be conducted in an ethical, open and transparent manner – overall arrangements made public.
- take place at a corporate organisational level and not with individual health professionals.
- be in accordance with the ABPI Code, government guidance, NHS rules and relevant professional codes, etc.
- there must be an agreed exit criteria included in any Joint Working agreement.
- either party should be able to exit an agreement if patients are not benefitting and must do if the project is detrimental to patients.
- a pharmaceutical company may not terminate a Joint Working project solely on the grounds that prospective ROI is not met.

There are further changes to the code that cover promotional goods. The provision of these (e.g. pens & pads) will cease, expect there will be company (not product) branded goods at bona fide meetings, such as out annual meeting. Items will be passed onto patients groups as part of a formal patient support programme.

Additionally, pharmaceutically companies will declare payments to health professionals and organisations annually. This will be aggregated payments in two broad areas. Firstly, fees for services such as speaker fees, advisory board membership or consultancy. Secondly, sponsorship for attendance at meetings including registration fee, overseas travel & accommodation.

The declaration of payments for 2012 will be made in 2013 and will give details of the number of health professional receiving payments and the average payment made. The naming of individual health professional will not be required (although it should be noted that this beginning to happen in the US so in the fullness of time, it is likely to happen here).

### **Single company working**

In the past BSR has always sought industry funding on a consortia basis, such as with the BSRBR, with a range of PI's funding a project rather than just one. However the new Joint Working arrangements will present us with projects that are funded by a single pharmaceutical company. We, therefore, need to think about how we wish to deal with these as they arise. This would apply to both industry initiated projects and as well as ones that BSR initiate.

Our policy is to continue to seek consortia based funding. However we will look at suggested projects on a case by case basis. We will ask the following questions before coming to any decision about our participation in the initiative in question:

1. Are we satisfied that patients will benefit from the project?
2. Does the project in anyway conflict with our organisational aims and objectives?
3. Are we satisfied that the joint working agreement is accordance with ABPI guidelines?
4. Are we satisfied that all the agreements with the Joint Working statement are reasonable?
5. If the project went ahead without us would we be concerned about the lack of BSR input?

## **Clinical work**

### **The BSR:**

- Supports the availability of the widest possible range of effective treatments for arthritis and related conditions.
- Supports the principle that those products should be available to patients on the basis of clinical need, with reference to the appropriate guidelines and standards of care.
- Will, whenever communicating about drugs or therapies with BSR members (e.g. in BSR guidelines, publications etc), encourage the use of either a scientific name, therapeutic class or the several different brand names available; the same will apply to illustrations. It may not be practicable to mention every brand name at every stage in a publication but the overall effect should be one of impartiality.
- Will conduct independent work for guidelines and will make requests for any information that it sees fit to review as part of that work. The BSR's name must not in any circumstances be used to imply approval or endorsement of any of the donor's products or related policies.

The BSR works with organisations such as the National Institute for Health & Clinical Excellence (NICE) to help develop and influence public policy on behalf of people with musculoskeletal conditions. It is important to ensure that BSR is seen as an independent commentator in these areas. We do work with a number of organisations who do receive industry funding, while we cannot govern other organisations policies, we will seek to ensure that they are aware of our position.

### **Therefore the BSR will not:**

- Discuss any consultation submissions it makes with PI.
- Share the contents of any BSR documents with PI.
- Accept unsolicited copies of industry submission to outside consultations.
- Accept specific funding for any work in this are.

We will not accept pharmaceutical funding for our work on clinical guidelines.

### **Members conduct**

All officers of the Society, and members of standing committees and subcommittees should declare any interests and register any actual or potential conflicts of interest each year. Members have a responsibility to update their submission, in writing, during the year if their circumstances change. Convenors of special interest groups and education courses are also asked to declare and register their interests and should refer to specific BSR guidelines relating to education and events for a full explanation and further instructions.

Interests that should be declare:

- Current or recent sponsorship by a commercial organisation for any purpose – education, research, attending meetings or conferences etc.
- Commercial or financial interest in a product (e.g. including shares in the manufacturing organisation).
- Sponsorship or major grants to a unit in which the member works.
- Membership of a pharmaceutical company advisory board, currently or in the last 3 years.

The records of these forms will be held at head office and a new form will be sent to all newly elected officers or standing committee members. Forms should then be updated on an annual basis. The BSR President, members of the Executive Committee, and chairs of BSR standing committees, BSRBR steering committee chair and Hon. Editor of the journal are requested to step down from pharmaceutical industry advisory boards during their term of office. BSR Trustees are also guided by the Trustees Code of Conduct in relation to accepting industry sponsorship for events. However, for ordinary members of standing committees and subcommittees a declared conflict of interest will not necessarily preclude a member from holding office.

Where any officer or committee member is considering engaging in activities where a potentially serious conflict of interest might exist, they should discuss this with the President before updating the register of interests. In extreme circumstances it might be necessary to request that an individual resigns from office if they intend to be involved in an activity that might compromise the Society's good reputation, independence or charitable status in any way.

### **Conference & education courses**

The conference is a key event for the BSR, both for income and as a showcase for British rheumatology. We aim to maintain the highest standards in the organisation and sponsorship in the commons. Given that majority of funding for the conference comes via the pharmaceutical industry, the ABPI code of practice is of particular importance here. The companies are well aware of their obligations under this code and seek to ensure that they keep well within the scope of the ABPI guidance. However we must ensure that we are satisfied that our policies have not been in anyway compromised. This is also the cases for education course. These are a well regarded resources for members and we must ensure that we maintain the high standards we set when organising these.

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