

the services of a senior executive in information technology, Dr Joel Sanderson, who is assisting us in reviewing the ways in which the College processes information. In addition ICI has seconded its conference organizer, Miss Carol Farrar, to assist us in our arrangements for the WONCA meeting in London in 1986. If these services have a commercial spinoff for ICI it must be relatively remote but I am willing to accept that it exists.

The present range of support given to the College by industry comes from a score of companies through direct covenant and the funding of research awards, and includes the substantial contribution of Hoechst which makes possible the production and distribution of 'New Reading' and 'Research Intelligence'. Other major projects currently being considered concern the development of a distance learning unit in association with the University of Dundee and the Scottish Council for Postgraduate Medical Education, and funded by Glaxo and possibly Ciba-Geigy.

An initiative of the College

The point I want to make about current activity is that it stems from an initiative of the College and not from industry, and that collectively these activities make a substantial contribution to the advancement of our aims and ultimately, therefore, to the service we provide for patients. The College is now strong enough to attract this increasing interest and support from industry but it is also strong enough to restrain and control the nature and quality of any promotional activity. We have, for example, recently rejected a generous offer to fund research fellowships because of a restriction which we were unable to accept. If a pharmaceutical company should dishonour its relationship with the College then we are perfectly free to disengage ourselves from that relationship directly or indirectly.

There is another area of the College's interest which will be restraining on industry and which may not previously have been seen from that point of view. The College's policy of encouraging the post-marketing surveillance of medicines is a policy which has not, on the whole, been welcomed by the pharmaceutical industry because it imposes a restraining influence and will add a substantial element to costs. In the field of post-marketing surveillance and clinical trials the College has its own Clinical Trials Ethical Committee, chaired by Sir Eric Scowen, who leads a very distinguished panel of lay and professional members. That Ethical Committee examines and controls all our activities within the Medicines Surveillance Organization and recently, for example, rejected one of our own post-marketing surveillance projects or at least asked for its modification. I would like to suggest that a similar mechanism, through the College's standing Ethical Committee, should exist for examining from time to time the relationship between the College and industry with particular reference to the nature of any promotional activities and how they reflect on our independence and integrity.

Support for the faculties

To the support which the College receives centrally must be added the support received by the faculties for their newsletters and meetings. It would be possible to replace this funding by a sufficient addition to the annual subscription but this would make no account of the cost of the resources of people and technical expertise which is available to us.

What is quite certain, however, is that the Officers of the College have in the past ensured, and will continue to ensure in the future, that the central activities of the College do not depend on any support from the pharmaceutical industry in the form of soft money, and this point was confirmed by the Chairman of Council in his report to the spring meeting. It

would be quite wrong ever to allow these central activities to depend on soft money from any source but it seems reasonable for us to expand our activities in projects of our own selection in association with the companies of our choosing.

The College has also had a commercial relationship with publishing houses such as Butterworth, Update and Modern Medicine, and in relation to the fourth television channel, with Holmes & Associates. It would not be unreasonable to claim that these companies have also benefited from an association with the College but here too we have from time to time declined projects offered to us.

The right working relationship

There are those who will say that any association with a pharmaceutical company carries the ulterior motive of its commercial advancement and I am willing to accept that this cynical proposition may be true. We live, however, not in an ivory tower or in an oasis, but in the real world. I believe that the College is big enough to survive in that real world and will do so provided it is courageous, imaginative and, when necessary, tough. Recently, in a letter to me, the head of a British pharmaceutical company said:

'There is a balance to be struck to ensure that both parties feel they can make the maximum contribution to society in collaboration with each other, without feeling that their independence is constrained. The responsibility for maintaining the right balance cannot be removed from individual doctors or individual people in industry, but it is here that the representative organizations on each side have a significant contribution to make. Setting the standards, laying the ground rules, disciplining the systems and the relationship. No doubt necessity would cause us to survive even if we were nasty to each other and how much better we can serve the community by establishing the right working relationship.'

Within that working relationship I believe that the College can steer a course that will advance our aims without sacrificing our honour.

T. P. C. SCHOFIELD

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I would like to make it quite clear that I make no pretensions to be whiter than white or holier than thou; that I have been just as involved in accepting drug company sponsorship for activities in my region as anyone else. I hope that what I am going to say will not be seen as critical of past decisions, but will be a constructive attempt to look at some of the implications of our relationship with drug companies and to contribute to the evolution of a policy for the future.

The main issue in this debate is not the relationship between the College and drug companies. It is our relationship with our patients, with our colleagues and with the Government, and the way that our relationship with drug companies influences those other relationships.

Advertising and the decision to prescribe

Take patients first—when we make a decision to prescribe or not to prescribe for a particular patient the patient has a right to expect two things from us. First, that the decision will be fully informed—that we will be aware of the

treatments that are available, their costs, their benefits and their disadvantages. Second, that the decision should be a professional one and not influenced by any other consideration or inducements.

The pharmaceutical industry in this country spends between £10 and £12 million per year on advertising, and it will argue that the prime purpose of this expenditure is to inform doctors about their products. Is this really true? We are all familiar with the layout of advertisements in journals with a large glossy picture and slogan taking the bulk of the space, and a small amount of tiny print, often even on a separate page, giving information about the drug, its contraindications and side effects. These have only been included because of Government pressure and regulations.

Apart from promoting specific products such advertising has a secondary purpose which is to promote the whole idea of prescribing for a wide variety of problems—'a pill for every ill'. Two obvious examples are psychotropic drugs for the solution of all life's problems and the use of antihypertensives for mild hypertension or hypertension in elderly patients when trials have shown no clear cut benefits and when many of our patients would be better served by advice to lose weight and stop smoking. This emphasis on persuasion rather than information, and on prescribing rather than other forms of management also applies to the activities of drug representatives. There is substantial evidence that for most doctors drug representatives are the most frequently used and most influential source of information about drugs and prescribing.

The College should continue to develop a positive approach to multiple independent sources of information about drugs, for example the British National Formulary, the *Drugs and Therapeutic Bulletin* and departments of clinical pharmacology; and should encourage their acceptance by general practitioners.

It may of course be argued that drug company advertising is all a normal part of commercial life and that drug companies should be able to promote their products in what ever way they find effective. However, the crucial problem is that we are not their customers. As doctors we act as professional advisers for our patients, and the bill for the drugs that we prescribe is not paid by us, but by the Government.

I am not suggesting that the College should be advocating restrictions on drug company advertising. What I would argue however is that we should take a neutral view and certainly should not be involved in endorsing it. We should have the same relationship to advertising as the editor of a newspaper has to the advertisements in his paper. The advertisements are clearly seen for what they are and are not part of the editorial content of the paper. In the same way I see no reason why we should seek to restrict any ethical advertising in our own journals, but we should not be seen to be endorsing the advertising, and our editorial independence should not be compromised.

Sponsorship for the College

The central issue is the acceptance of sponsorship by the College, particularly sponsorship that leads to the association of drug company names with activities of the College. It may well be argued that the sponsorship that we accept is non-promotional and not directly endorsing drug company advertising. I suggest to you, as Mrs Jean Robinson also suggested at the spring meeting in Oxford, that this view is naive.

One example, with which I have been closely associated recently, is the Stuart Fellowship. At first sight this is an altruistic gesture supporting a College activity that we

regard as important—performance review. However, when David Pendleton goes to a faculty for a meeting the local representative is there plus his advertisements and samples, and the hospitality is generously provided by Stuart Pharmaceuticals. The meetings are no different from other drug company meetings when a non-promotional film is shown.

Even if these meetings have no promotional content at all, they serve the function of establishing contact and establishing a debt that the doctors feel obliged to repay. I asked one MRCCP candidate and ex-trainee why she saw drug reps. She replied, 'Because they are so helpful to us in so many other ways'!

Another reason why sponsorship and promotion are inextricably entwined is what I would call the 'Sony Factor'. We are all familiar with the John Cleese advertisements talking about the 'terribly nice Sony people' without mentioning specific products at all. Much drug company promotion has similar aims in projecting the company as being helpful, expert and responsible and once we believe in the messenger we are much more likely to believe in the message. This helpful and responsible image is extremely important to the drug companies, and it is also very effective in selling their products. For example, much more Septrin is prescribed than Bactrim and one of the reasons is, I believe, that Septrin is made by those 'terribly nice Wellcome people' who are British, have a foundation, and are very helpful at our spring meeting; while Bactrim which is in fact cheaper, and easier to swallow, is made by those Roche people who have managed to acquire the image of or to be recognized as, a large multinational company making excess profits.

The College is now allowing its name to be associated with the names of drug companies in a variety of ways. I have already mentioned named prizes and fellowships such as the Stuart Fellowship. There is also a close association with the MSD Foundation and sponsorship of official meetings such as the spring meeting. I believe that by allowing this to happen we are enabling companies to use our name to help sell their products. After all, almost all drug companies are limited companies, and their directors would be in dereliction of their duty to their shareholders if they were spending sums of money on sponsorship which did not further their companies' commercial interests.

Does it matter?

I believe it does matter because of the effects that it has, or could have, on our relationship with our patients, with our colleagues, and with the Government.

By accepting hospitality and sponsorship, as most of us do, we are laying ourselves open to the charge that our professional advice to our patients is not disinterested. We are all aware of the public reaction to the *Panorama* film on the Orient Express trip; the difference between the Orient Express and a drug company lunch is only a question of degree. It does not matter that we ourselves believe that a drug company lunch only influences our waistline. What matters is whether or not we are seen by our patients to be uninfluenced.

Effects on vocational training

Another area that we should consider is the effect of sponsorship on vocational training. Companies are directing considerable efforts towards this, for example the MSD Foundation, Syntex Awards and Schering Prizes. This means that we as organizers of vocational training and as teachers are endorsing drug company advertising as a legitimate source of information about drugs, and smoothing the path of the companies to maintain their influence over the general practice of the future.

Another effect on vocational training is through the provision of resources. David Pendleton and I and our colleagues organized a course on the consultation in the College in June and we used the team of actors, North West Spanner, that Professor David Metcalfe has been working with in Manchester. The College's Section 63 budget was inadequate to pay all their fees. Any pressure for additional resources was immediately relieved however by an offer from Schering to pay their fees for them.

The MSD Foundation has been running a very successful course for potential course organizers in the Northern Region, and the suggestion has been made that it should hold the course in the Oxford Region next year. When I asked why we could not resource this ourselves I was told that MSD pays much higher fees for the group leaders than Section 63 rates and that group leaders would not be willing to take time away from their practices unless these higher fees were available.

Both these examples suggest that there is a risk that we are moving towards a two-tier system of postgraduate medical education—one privatized and dependent on drug companies and the other chronically underfunded by the Health Service. How is it going to help us make a case for maintaining adequate Section 63 funds if the Government can reply that we can always go private? Whatever our political persuasion I am sure we all recognize the increased need to defend the Health Service after June's election result.

Our relationship with Government

Let us consider the effects of accepting drug companies' sponsorship on our relationship with Government. At a recent Council meeting we discussed the Greenfield Report, and in particular generic substitution. There were two sides to that debate. One, eloquently put by Dr Alastair Donald, was that the introduction of generic substitution would restrict drug company profits, would restrict their spending on research and would damage a successful sector of British industry. The other side of the argument was that new products based on research are covered by a patent lasting 20 years and are therefore not liable to generic substitution, and that the drug company would still have ample opportunity to recoup its research costs.

I am not seeking to reopen that debate, and Council came to the decision not to support generic substitution quite fairly after hearing all the arguments. What I would question, however, is the weight that that decision can carry, particularly with the Government, if we as a College are seen to be heavily dependent on the drug companies for so many of our activities. Are we in danger of losing our authority and influence as a College by this dependence? We must be vigilant to ensure that we maintain our independence of judgement and expression in activities directly supported by drug companies.

Support for College research

The last area that we should consider is the College's research activities. When we asked Mrs Robinson about her views and the views of the Patients' Association on the relationship between general practitioners and drug companies, the first issue that she mentioned was research and drug trials, and the credence that could be placed on them if they had been paid for by the manufacturers of the products concerned. She specifically mentioned the College's pill study. While we know that the research is done responsibly and without any bias at all, again we must consider whether or not we are in danger of losing our credibility by accepting finance from such an obviously interested party.

By now you may be thinking that this is all very well, but we actually need the money and that many of the things that we are doing now would not be possible without help from the drug companies. When we discussed this in our faculty board, Dr Martin Lawrence, who had organized the spring meeting in Oxford, pointed out that not only had Wellcome provided £10,000 but they had also given much help in organizing the meeting as they had been involved in organizing previous meetings. At the meeting itself a number of their representatives were there the whole time and had been working hard to supplement the efforts of the local faculty. Staff from the College had been invited as guests. I believe that this is not the only occasion upon which we are becoming dependent on drug companies purely by default; when providing the necessary support and finance is well within the existing resources of the College.

Our future policy

There are many occasions when we do require additional help, and I suggest that it should be our policy to look first to disinterested sources, for example industry, the banks, the insurance companies and the trade unions. We should also consider collaborating with sources whose cause we may wish to espouse; for example why not a Flora Fellow, a Kelloggs or Allisons Bran Prize, or a Slazenger or Adidas Award? I know that some of these sources have been tried already and it may well be that in the end they will prove insufficient for our needs and we may continue to invite some help from drug companies.

I suggest that as a policy the College and its activities should not be allowed to be a vehicle for promoting the interests of drug companies. We should certainly not be seen as endorsing their advertising, particularly to trainees. We should constantly strive to maintain, and be seen to maintain our independence by not relying on the drug companies to finance our work.

THE INFLUENCE OF TRAINERS ON TRAINEES IN GENERAL PRACTICE

Occasional Paper 21

The latest Occasional Paper on vocational training reports on the educational progress of a group of trainees in the North of England. Two groups of trainees were identified, those who underwent the greatest change and those who underwent the least change precourse to postcourse, and their characteristics were compared with the characteristics of their trainers. This is the first time this has been done and several new findings have emerged.

These findings are fully consistent with those of Occasional Paper 18 and add still further support for the present system of selecting training practices. The report will therefore need to be considered by regional general practice subcommittees, course organisers, and regional advisers, and is recommended to all trainers and trainees.

The Influence of Trainers on Trainees in General Practice, Occasional Paper 21, can be obtained, price £3.25 including postage, from the Publications Sales Department, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Payment should be made with order.