

Regulating our opportunities away?



Debbie Hicks

While attending the recent American Diabetes Association annual conference in Chicago, I was intrigued to see a sign on one of the exhibitor's stands stating that if you were a prescriber from either of the two states listed, you should be aware it was against guidelines to receive one of the giveaway frozen yoghurts. This made me think very carefully about our own Association of the British Pharmaceutical Industry (ABPI) guidelines, which are becoming increasingly strict.

The ABPI represents companies engaged in the research and development of medicines for human use. Its code of practice has been revised regularly since its inception in 1958 and aims to ensure that the promotion of medicines is carried out within a robust framework that supports high-quality patient care (ABPI, 2006). Additionally, it sets standards relating to the provision of information about prescription medicines to the public and patient groups.

Since I began work as a district nurse in 1982, I have had a long working relationship with the pharmaceutical industry and this is not something I have ever felt the need to conceal as there is such a strong argument to support their transparent and regulated collaboration with healthcare professionals. Without the pharmaceutical industry, I would have experienced great difficulty in finding information about new products that could potentially improve care for my patients. In turn, the pharmaceutical industry does not earn my loyalty – this is, first and foremost, to my patients. Instead, they get the opportunity to engage in dialogue with a healthcare professional involved in the practical aspects of diabetes care. While trials on diabetes medications and devices have specific patient-inclusion criteria, what I have are real-life patients, experiences and opinions.

I can fully appreciate the necessity for regulation to protect both healthcare professionals and patients but feel that the individual healthcare professional's integrity should be sufficient to ensure guidelines are adhered to. Sadly, I am not naive enough to think that this is always so. For this reason, Enfield PCT has developed guidelines for documenting any involvement

with the pharmaceutical industry. This policy ensures that any interaction is always preceded by a transparent, non-promotional business proposal stating the benefits and outcomes accompanied by a project framework.

I am very fortunate that I work in a PCT that recognises the value of support provided by the pharmaceutical industry. All the support materials developed in Enfield PCT, such as our Diabetes Care Pathway, the patient-held record and patient information booklets, would not have been produced had it not been for the assistance provided by the pharmaceutical industry. Were this the case, people with diabetes living within Enfield PCT would not have received these care benefits. Many ongoing projects are co-funded by the pharmaceutical industry, such as the practice support project *Diabetes First*.

Unfortunately, I am more than aware that life is not so easy elsewhere in the country. Some trusts have blanket bans on any dealings with pharmaceutical companies and these places need to be convinced of the patient benefits of such an interaction. One of the most simple and effective examples is in the case of continuing professional development. In order to remain registered with the Nursing and Midwifery Council, UK nurses must have undertaken 5 days (35 hours) of study in the previous 3 years. However, there is no requirement that their employers provide funding or even advice about what educational courses may be the most appropriate or effective. This is where I believe financial assistance from pharmaceutical companies can be effective. They can provide educational grants to enable individuals to attend local and national educational events that cash-strapped trusts have been unable to fund. Without such help, we would be less likely to fulfil our professional post-registration education and practice (PREP) requirements.

I believe that we can have a symbiotic relationship with the pharmaceutical industry without compromising our own integrity and ultimately benefiting our patients and our own educational needs. Honesty and transparency are far more realistic and feasible goals than conjuring funds out of thin air! ■

ABPI (2006) *ABPI Code of practice for the pharmaceutical industry*. Available at: http://www.abpi.org.uk/links/assoc/PMCPA/pmpca_code2006.pdf (accessed 17.07.2007)

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