

## Pharma and medical education. Some progress in UK psychiatry.

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Moynihan describes the defeated efforts of a group of psychiatrists to free the annual Congress of the Royal Australia and New Zealand College of Psychiatrists from drug company sponsorship.<sup>1</sup> These psychiatrists can take heart from the fact that the British Royal College of Psychiatrists conducted its 2008 annual meeting without reliance on any industrial sponsorship. The success of the conference shows that a rigorous and stimulating academic meeting can be held without funding from the drug industry, albeit in less plush surroundings than usual.

The Critical Psychiatry Network has been encouraging the college to take action for several years, and we applaud the decision to run the annual meeting without sponsorship. The recent college policy on relations with the pharmaceutical industry also takes some important steps, such as prohibiting company sponsorship of speakers or attendees at college run meetings, and the commitment not to use commercial sponsorship for public education campaigns.<sup>2</sup> However, the policy misses some important opportunities.

It fails to recommend the freeing of continuing medical education from direct drug company influence by the use of blind trusts, and it does not follow the example of the Academy of American Medical Schools and recommend a comprehensive ban on the provision of gifts and free food.<sup>3</sup>

We were also disappointed that the college decided not to follow our suggestion to compile a public register of interests of their members, so that everyone could become aware of the scale of commercial income received by individual psychiatrists, including leading academic and opinion leaders. Competing interest disclosures in journals and meetings do not require that the amount of income is declared, but this is often what is truly shocking. By abrogating responsibility for this policy to local institutions, the college failed to provide the leadership role that it is so well placed to assume.

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### References

1. Moynihan R. Is the relationship between pharma and medical education on the rocks? *BMJ* 2008;337:a925. (14 August.)[\[Free Full Text\]](#)

2. Royal College of Psychiatrists. Good psychiatric practice. Relations with pharmaceutical and commercial organisations. London: RCPsych, 2008.
3. Association of American Medical Colleges. Industry funding of medical education. Washington, DC: AAMC, 2008.