

1. Background

Interactions between medical practitioners and the medical industry are subject to greater scrutiny by government, the media and society than ever before. There is a perception that the relationship between medical practitioners and industry can, and is, corrupting the relationship between medical practitioners and the patient. Real or not, the perception needs to be addressed.

It should be recognised that interactions between medical practitioners, particularly those in the surgical specialties, and the medical industry can be both mutually beneficial and beneficial for patients. One example of this is the development through collaboration of new or improved devices or technology borne out of innovation and meeting the needs of patients. In addition, medical industry interactions with ophthalmologists have evolved to include the conducting of clinical trials, serving on scientific advisory boards and proctoring the introduction of new technology. The medical industry has also played an important role in supporting and collaborating in educational activities for ophthalmologists and trainees.

The community (society) has entrusted medical practitioners with certain rights and privileges. One of these is to recommend medication and the device or prosthesis that best meets the requirements of their patients. In this sense, the “consumer” from the medical industry perspective, is the medical practitioner. But the medical

practitioner is not the “consumer” in the sense of payment. The principle of cost-benefit or value for money is not immediately clear. With the increasing cost of medication, devices and prostheses, there is increasing attention on the way in which decisions regarding the use of prostheses are made.

Medical industry wants to sell its product. It is their business and there is not unreasonably a requirement for it to be profitable. Any money spent is spent in the expectation of a financial return through the sale of product. This money is spent in a variety of ways – some direct and some indirect – but the aim is the same – product sale. Sometimes the financial return is not through the individual on whom the money is spent but through individuals who might be influenced, possibly inadvertently, by the recipient. Ophthalmologists receiving financial benefits from industry must realise that they are recipients of a gift, purely and simply because industry believes that it will increase sales. This is the perception of the community and it is difficult to refute. Practitioners who receive direct or indirect material benefits universally report that the received benefits do not influence their choices. If this was a correct reflection, then industry would no longer offer such benefits, yet they continue to do so. The industry is fully aware that there are significant commercial gains to be made by engaging with ophthalmologists.

Ultimately, the cost of producing a product, which includes the cost of “marketing”, is borne by the patient and the community.

2. General Principles

Ophthalmologists' interactions with the medical industry must be governed by three over-riding principles:

- The best interests of the patient(s) are paramount
- Transparency
- Acknowledgement of perception as an issue.

The decision to recommend medication or a device or prosthesis for use or implantation into a patient is made by the ophthalmologist. The primary consideration in making this recommendation must be "what is best for the patient".

Whenever a choice is made by a ophthalmologist, on behalf of the patient, the possibility of "self interest" or even the possibility of perception of "self interest", must be considered by the ophthalmologist. The potential of a "conflict of interest" exists whenever an ophthalmologist, or any organisation with which they are associated, receives remuneration from the supplier – no matter the form of remuneration, reason or justification.

3. Specific Issues

- 3.1. Financial support for a medical or surgical practice activity must not be conditional upon any obligation by the healthcare professional involved to recommend, prescribe, dispense or administer a Company's product(s). Nothing should be offered or provided in a manner or on conditions that would interfere with the independence of a healthcare professional's professional practice.
- 3.2. An ophthalmologist must not approach the medical industry as an individual for payments, or other incentives either direct or indirect, during the marketing phase* of a device or technology.
- 3.3. An ophthalmologist must disclose to the patient any possible self-interest and must make such issues available for scrutiny - particularly by patients, but also by colleagues, professional bodies and the general public.
- 3.4. Except where he or she has been involved in the creation or development of a medical product, an ophthalmologist shall not promote or endorse that product other than (whether or not for remuneration) by demonstrating or training others in the use of that product (subject to 4.6).
- 3.5. An ophthalmologist must ensure that any relationship with the medical industry is transparent and publicly acknowledged. This includes the credentialing authorities, academic organisations as well as patients.
- 3.6. An ophthalmologist must distance him or herself from financial grants obtained from medical industry e.g., educational grants should be directed to organising bodies, payment for specific fellowship training should be by way of the specialist organisations.
- 3.7. Ophthalmic organisations must not accept grants from medical industry if there are any conditions stipulating

that the funds be directed towards a specific individual or individuals.

- 3.8. An ophthalmologist shall not permit any member of their family to accept benefits from the medical industry.
- 3.9. Potential conflicts of interest, or even the possibility of a perceived conflict of interest that cannot be resolved, should be addressed by consultation with relevant institutional authorities or with RANZCO.

4. Interactions with Medical Industry - Specific Scenarios

4.1. Consulting rooms

Meetings with medical industry representatives are encouraged for the purposes of education and obtaining information. A fee must not be charged for such meetings nor should gifts be accepted.

4.2. Operating theatres

Although the attendance of medical industry representatives during procedures can be useful, the overall responsibility for the treatment of the patient resides with the clinician and decisions regarding the patient, must be made by the ophthalmologist.

4.3. Education

4.3.1. Education development

Educational development should, whenever possible, be through RANZCO as it is accountable to the profession. Education should be free of commercial bias for or against any company, device, product or service. If an activity contains reference to commercial products and/or services, objective information based on generally accepted scientific methods must be presented. The educational content, faculty, venue and format should be determined by the convening body and not compromised or necessarily constrained by an industry's brand or product.

If medical industry has convened an educational meeting, the venue should not be excessive or extravagant i.e., the reason for an ophthalmologist deciding to attend should be the educational content, not the venue.

4.3.2. Training sessions

Learning new techniques or becoming familiar with new technology may require training.

Such training may require travel and accommodation. Reimbursement for reasonable expenses is appropriate but compensation for lost income is not appropriate. An ophthalmologist must not accept from medical industry any financial support, direct or indirect, in excess of reasonable travel and accommodation expenses for him or herself only. Additional payment for spouses/ partners is not acceptable. Ophthalmologists and trainees can refer to the RANZCO Travel Policy for a guide to reasonable travel and accommodation expenses.

4.3.3. Attending meetings

RANZCO subscribes to Medicines Australia Code of Conduct Edition 17 (2013) for industry subsidy of travel and accommodation for ophthalmologists and trainees to attend meetings.

It is recognised that medical industry wishes to support the calibre of educational meetings and appropriate attendance but an ophthalmologist, or trainee, must not accept any financial support, direct or indirect, from medical industry for attending educational meetings. Any such support from industry must be directed to the organisers of the meeting to defray or disseminate payments as deemed appropriate by the meeting organisers.

4.3.3.1. Meeting organisers may use funds from industry to:

- support the meeting financially
- support the attendance of a speaker chosen by the organising committee on the basis of educational merit. (see 4.3.4)
- support ophthalmologists or trainees who would not otherwise be able to attend the meeting with travel and accommodation expenses only (all decisions about which ophthalmologists /trainees will receive support must be made by the meeting organisers

independent of the sponsoring company)

4.3.4. Presenting at meetings

Any payment for presenting at ophthalmic meetings should be made to individuals by the organising committee of the meeting, not directly by industry. If organisers accept a grant from industry for payment of a speaker, this must not be dependent upon a specific speaker. The organising committee must retain autonomy for the arrangements of the meeting.

Any travel or accommodation expenses met by industry should be declared at the beginning of any presentation, demonstration etc. Any such expenses or reimbursement should be reasonable and not excessive.

Intermittently, an ophthalmologist is paid by a medical industry company to attend a meeting in order to represent that company. In this situation, an ophthalmologists must disclose that he or she is a paid consultant to, or an employee of, the company during any discussions involving that company or its products, formal or informal. Subsequently, an ophthalmologist must disclose to a patient or their legal guardian that he or she is or has been a paid representative of the company before making any recommendation about the use of that company's products for the patient.

4.3.5. Arranging meetings

An ophthalmologist must not approach industry directly as an individual for educational support for meetings. Any approach should be clearly understood to be on behalf of the organising committee. An ophthalmologist acting on behalf of, or as a representative of RANZCO, should have the expressed permission to do so.

Sponsorship of educational meetings and events (preferably directed through RANZCO) should be appropriate,

in accordance with professional and community standards and expectations. Venues and hospitality should be appropriate and not excessive or extravagant.

4.4. Funding fellowships

Industry funded fellowships should be organised through the College rather than directly through individual ophthalmologists. RANZCO will assess and accredit any such fellowship training position. An ophthalmologist must not accept financial support directly from medical industry for the purpose of funding their own personal fellow.

4.5. Publications

Any industry arrangement or involvement pertaining to a submitted paper for consideration for publication should be accompanied by an appropriate declaration of interest. In addition, any reviewer for a journal should declare any potential conflict of interest with respect to a paper to the editor of the journal.

An ophthalmologist may publish (or present) their experience with a device or technique in a peer reviewed journal (or meeting).

4.6. Demonstrations

An ophthalmologist undertaking to demonstrate a technique or the use of a prosthesis or other medical device to colleagues must be aware that they are in fact endorsing the technique or product. Any direct or indirect payment indicates that the ophthalmologist is a paid consultant or an employee of the company involved. This must be disclosed prior to the demonstration and subsequently to patients prior to recommending that company's devices and prostheses or other products.

4.7. Direct remuneration

An ophthalmologist may have direct financial relationships with industry for a number of reasons. These

include involvement with the creation or development of a prosthesis, undertaking evaluations and serving on advisory boards. These involvements must not prejudice decisions regarding individual patients and must be transparent to patients, hospitals and colleagues. They must be able to withstand public and professional scrutiny and conform to professional and community standards, ethics and expectations.

4.8. Acknowledgement of receiving funding
Any funding arrangement, direct or indirect, must be declared on an ongoing basis:

- to employers/academic institutions
- in publications
- to patients, particularly if treatment approaches have received "educationally related" funding.

5. Related Documents

- RANZCO Professional Code of Conduct
- Medicines Australia, Code of Conduct, Edition 17 (2013)
- Medical Board of Australia, Good Medical Practice: A Code of Conduct for Doctors in Australia (2014)
- RANZCO Travel Policy

Approved by: Board

Approval date: 1 April 2014

Next review: 1 April 2017