

How a GP Group Stopped Accepting Pharma Funding

Guest blog on the decision of members of the Irish College of General Practitioners (ICGP) to stop accepting pharma funding. Written by Dr. Kieran Harkin and Prof. Susan Smith, members of the Irish College of General Practitioners, and Dr. James Larkin, Postdoctoral Researcher at the Royal College of Surgeons in Ireland.

On the 18th of May 2024, at the Annual General Meeting of the ICGP, members voted to phase out pharmaceutical industry funding and stop accepting it entirely by 2034. This was a momentous step — an organisation representing over 5,000 GPs in Ireland decided to enter a process to bring pharma funding from €118,000 in 2023 to €0 in 2034, reducing by 10% every year in between.

Dr. Kieran Harkin, when proposing the motion, summarised the rationale with the phrase: ‘there is no such thing as a free lunch’- and asked attendees ‘what is the true cost of lunch and who is actually paying for it?’

We developed a [fact sheet](#) when proposing the motion to share with colleagues in advance of the AGM, highlighting key pieces of evidence. Most importantly, we emphasised the finding of a [2017 systematic review](#) that engagement between pharmaceutical companies and prescribers is associated with inappropriately increased prescribing rates, lower prescribing quality, and increased prescription costs. The fact sheet also discussed ‘unrestricted funding’, the type of funding that a lot of healthcare organisations, including the ICGP receive. Additionally, two of the members of our working group had done some [research](#) which found that, in Ireland, ‘unrestricted’ grants provided companies with indirect influence over educational activities and opportunities to market to GPs. The research also told us that some Irish GP practices, continuing medical education groups (CME), and post-graduate training programmes have stopped accepting pharmaceutical industry funding.

During the debate, some ICGP members expressed concerns around ‘unintended consequences’ and a lack of clarity over whether individual members or CME groups, affiliated with the ICGP, could receive funding. These issues were addressed by Prof. Susan Smith, who seconded the motion, who emphasised the focus was on the ICGP itself and individual GPs could continue to make their own personal decisions. Currently, pharmaceutical funding means there is no fee for the annual ICGP conference but a potential conference registration fee was not identified as a concern among members present.

One of the key factors in our success was setting up a working group of like-minded individuals, several of whom were GP leaders, embedded in the general practice community and seen as reasonable but passionate advocates. Another key factor was having a case

study to show people: The College of Psychiatrists of Ireland has not accepted pharmaceutical industry sponsorship since 2010. The College [stated](#) that 'Research in this area has overwhelmingly showed that clinicians are influenced by the pharmaceutical industry's marketing strategies which have an impact on prescribing practises.' The CEO of the College of Psychiatrists, Miriam Silke, provided invaluable insights to us in advance of the meeting, about how ceasing acceptance of pharmaceutical industry funding had changed the atmosphere at college events, but noted that the fees for attending those events had increased.

Another key part of our success was approaching the issue in a pragmatic, constructive and diplomatic fashion, looking for incremental change over time. For example, senior management of the college openly said that 10% per annum reductions were feasible. Also, the previous year, we passed a motion calling for transparency around the colleges industry funding. This created a starting point for engagement on the issue and also gave us important information to inform our advocacy.

Timing played a role, we came to the college at a time of financial stability and there was anecdotal evidence that pharmaceutical industry funding for primary care was 'drying up.' Ultimately, 73% of attendees voting in favour of the motion. There was a healthy discussion on the day but there was likely some awareness of the issues involved already as two of our working group members published an article in the ICGP magazine Forum about the impacts of industry interactions on GPs. But mostly, the result probably spoke to a general increased awareness of the pharmaceutical industry's biased approaches as a result of advocacy around the issue, as well as the topic entering mainstream culture through TV shows (e.g., Dopesick) and popular science books (e.g., Bad Pharma).

Another important element was corresponding with international colleagues including Prof. Adriane Fugh-Berman, Dr. Günther Egidi and Dr. Niklas Schurig. They helped clarify our thinking and provided other examples of healthcare organisations disengaging from pharma. As well as this, they gave us encouragement that what we were doing was important.

We are hopeful that the change will have ripple effects. We hope that smaller GP organisations and GP practices move to disengage from the pharmaceutical industry. We hope that GP trainees being trained by the ICGP will operate in a culture free from pharmaceutical industry influence and that this will influence their practice and policy positions in years to come. Finally, we hope that the move inspires other organisations to follow the lead of the ICGP. The move has already led to calls for organisations such as the Royal College of General Practitioners, the Royal College of Obstetricians and Gynaecologists and the British Infection Association to cease accepting funding from industry.