

Transparency and doctors with competing interests – guidance from the BMA

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Introduction

Competing interests arise in medicine where practitioners become involved in arrangements that introduce considerations that may be in tension with the interests of patients. Although financial interests attract the most attention, other competing interests, such as professional reputation, or the interests of family and friends, can also give rise to concerns.

Competing interests arise in all areas of professional life and it is not feasible to eliminate them. Even where they do not affect decision making, they retain the potential to undermine trust, both in individual doctors, and in the health profession. Where competing interests cannot readily be avoided, they should be openly and transparently declared.

Competing interests arise in most areas of medical practice. In this guidance, we identify areas where they arise most frequently and generate the greatest concern.

In some circumstances, the exercise of professional judgement will be necessary. As the GMC recommends, where you have doubts about whether there is a competing interest, it is sensible to act as if there is.

Competing interests – a changing landscape

The relationship between the health science industries and the medical profession can give rise to competing interests which extend to medical research and publishing. Successive NHS reforms introducing market mechanisms have led to renewed concern about competing interests, and their impact on trust in the health service.

Competing interests can also arise where central government is directly involved in setting targets, particularly when using incentives to encourage clinical decision making.

With the increase in private providers in the NHS, healthcare professionals are increasingly employed by private contractors. These often have strong legal obligations to shareholders or parent companies. These can be in tension with the interests of patients. Doctors working for private providers can find contractual restrictions on their ability to respond appropriately to concerns about patient safety. Wherever doctors have concerns about competing interests they should consider the following basic principles.

Competing interests – basic principles

- Competing interests have the potential to undermine trust, both in individual doctors and in the profession.
- Doctors must not allow their decision making to be influenced by factors not relevant to the overall interests of their patients.
- Where possible doctors should avoid getting involved in arrangements that are, or may be perceived to be, in conflict with their primary obligations.
- Where competing interests cannot readily be avoided, they should be disclosed in accordance with best practice and local procedures.
- In some circumstances, competing interests are so material that it is not enough to declare them, and doctors need to consider whether they should absent themselves from relevant decisions.

Lord Denning and the legal test for bias

‘The court looks at the impression which would be given to other people. Even if he was as impartial as could be, nevertheless if right-minded persons would think that, in the circumstances, there was a real likelihood of bias on his part, then he should not sit. And if he does sit, his decision cannot stand . . .’

Metropolitan Properties Co (FGC) Ltd v Lannon [1969].

GMC guidance on identifying and managing conflicts of interest

In their guidance on [Identifying and managing conflicts of interest](#), the GMC stated in paragraphs 6-14 that

‘A conflict of interest occurs when a medical professional’s interests (financial or otherwise) compete with their professional responsibilities, and there’s a risk (real or perceived) that the medical professional will prioritise these interests above the care of patients.

Conflicts of interest may arise in a range of situations and can include:

- a. direct financial interests
- b. indirect financial interests
- c. other direct or indirect personal or professional interests.

Patients must be able to trust medical professionals with their lives and health. And trust can be damaged by the perception that a medical professional may be prioritising their own interests above patient care, even if the medical professional is confident their interests have no influence over the way they practise.

For this reason, you should treat a potential or perceived conflict of interest the same as you would an actual conflict of interest. And you should not rely solely on your own assessment of whether a conflict exists, but seek advice – eg from a colleague who doesn’t have the same interest.

Managing potential conflicts of interest

To justify patients’ trust you must manage potential conflicts of interest by:

- a. avoiding conflicts of interest wherever possible
- b. being open about your interests
 - i. with your employer or contracting body
 - ii. with patients
 - iii. when communicating publicly as a medical professional
- c. formally declaring conflicts of interest – and updating declarations if there is a change – in line with local and national arrangements
- d. taking mitigating steps to prevent your interests affecting – or being seen to affect – the way you propose, provide or prescribe treatments, refer patients, or commission services.

Avoiding conflicts of interest where possible

You must not ask for – or accept – any fee, gift, hospitality or any other incentive that may affect (or be seen to affect) the way you prescribe for, advise, treat, refer, or commission services for patients. You must not offer such incentives to colleagues.

You should consider the potential impact on your professional responsibilities before investing in, agreeing to, or accepting something that may affect or be seen to affect the way you practise.

Conflicts of interest are not always avoidable. Some policies or systems can create inherent conflicts. If you’re prevented from prioritising patient care because of a policy or process that you’re expected to follow, you must follow more detailed guidance such as [the GMC’s] more detailed guidance on [Raising and acting on concerns about patient safety](#).

Being open about your interests

If an employer or a patient asks you directly about an interest you have that may conflict – or be seen to conflict – with your professional responsibilities, you must be open and honest in response.'

NHS England guidance on managing conflicts of interest in the NHS

NHS England has issued statutory [guidance](#) on conflicts of interest in the NHS. The guidance was updated in 2024 to reflect the changes introduced by the Health and Care Act 2022 with regard to the establishment of integrated care boards (ICBs) and the introduction of the provider selection regime. The guidance also applies to staff working in ICBs, NHS Trusts and Foundation Trusts, and NHS England.

The guidance from NHS England does not apply to general practices or to independent and private sector organisations. Although NHS England 'invites' these organisations to consider implementing the guidance, it is not binding on GPs or those working in the independent or private sector.

Although there is no national guidance on managing conflicts of interest in Scotland, Wales, and Northern Ireland, similar rules will apply; these are likely to be set out in guidance within individual establishments and so doctors should ensure they are familiar with the rules that apply where they work.

Types of competing interests

Competing interests in healthcare are widespread. Some of the most frequently identified include:

- *Personal financial interest* – the possibility of financial gain, either personally or in relation to a family member – may include direct or indirect payments or financial interests in health providers or products.
- *Non-personal financial interest* – the possibility of payment or other benefit to an organisation in which you are employed, including research grants, grants or sponsorship to posts or members of staff.
- *Personal non-financial interest* – these include professional or reputational interests that may have a bearing on the matter in hand.
- *Indirect interests* – where you may have a close association with another individual who may stand to benefit.

Guidance on specific areas

More detailed advice on specific areas where competing interest arise is set out below.

How should competing interests be recorded?

Where competing interests cannot readily be avoided, they should be declared. This might involve the use of established workplace procedures. In its guidance on [Identifying and managing conflicts of interest](#), at paragraphs 17 and 25 the GMC states that where doctors have an unavoidable conflict of interest with regard to a patient, they must be open and honest about any interests they have that may affect (or could be seen to affect) the way they propose, provide, or prescribe treatments, or otherwise care for, or refer patients. Any such discussion should be recorded in the patient's record.

Doctors involved in commissioning

Doctors involved in commissioning can have, or be perceived to have, a range of possible conflicts of interest. In its guidance on [Identifying and managing conflicts of interest](#), at paragraph 37 the GMC gives the following advice for doctors involved in commissioning:

'If you have responsibility for, or are involved in, commissioning services, you must:

- a. formally declare any interests that you have – or someone close to you, or your employer has – in a potential provider company, in accordance with local and national governance arrangements
- b. avoid potential conflicts of interest by excluding yourself from the decision-making process and any subsequent monitoring arrangements
- c. take steps to manage any conflict between your duties as a medical professional and your commissioning responsibilities
- d. keep up to date with and follow the guidance and codes of practice that govern the commissioning of services where you work.'

Doctors with financial interests in companies

Doctors can have private financial interests and investments in addition to their clinical interests. Where doctors have holdings in health-related commercial enterprises, perceived or actual competing interests might arise. It is important that doctors are open and transparent about these interests. This protects doctors and their patients and helps maintain trust.

In [Good Medical Practice](#) (paragraph 94) the GMC states:

'You must not allow any interests you have to affect, or be seen to affect the way you propose, provide or prescribe treatments, refer patients, or commission services.'

Where doctors have shareholdings or financial interests in health-related products, companies or providers, they must be declared, either in accordance with local guidance or protocols or by other means. It is important that anyone who may perceive themselves to be affected by such a conflict of interest has access to relevant information about them. It may be possible, for example, to identify competing interests on a practice website.

It may be that in some cases significant financial interests in some health-related services to which doctors may refer for care or treatment – or health products which they may want to prescribe – may give rise to sufficiently serious competing interests that they will need to consider whether it is appropriate to disinvest.

In relation specifically to pharmaceuticals, the BMA believes that it is generally unwise for doctors to form business connections with companies producing, marketing or promoting such products.

Doctors employed by private providers

Some BMA members have raised concerns about their experiences working for private providers contracted under the NHS. Private providers may have a different culture to the NHS. Commercial companies have fiduciary obligations to shareholders that may be in conflict, or perceived to be in conflict, with doctors' obligations to patients. There may be occasions where, to reduce costs, private providers limit services in ways that put patients at risk. Decisions by private providers to withdraw from or terminate contracts early can also put pressure on local or regional health services in ways that harm patients.

In these circumstances, a doctor's primary obligation is to the wellbeing of patients. Although it can be difficult for doctors to challenge commercial decisions by employing organisations, where they have a reasonable belief that decisions put patients at risk, doctors have a duty to act. In its guidance on [Raising and acting on concerns about patient safety](#), (referencing [Good Medical Practice](#), paragraph 75b) the GMC states:

‘If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should first protect patients and put the matter right if that’s possible. Then you must raise your concern in line with your workplace policy and our more detailed guidance on Raising and acting on concerns about patient safety.’

In the first instance, you should raise concerns with your employer through appropriate mechanisms. Although this can be challenging, you may be criticised if you identify harms to patients and fail to act on them. Confidential advice can be sought from the GMC, the BMA, or a medical defence body. Doctors must avoid entering into contracts or arrangements that constrain their ability to raise concerns. Any contract intended to prevent a doctor from raising concerns about patient safety is likely to be void under the Public Interest Disclosure Act 1988. Doctors who are members of the BMA and have concerns about their contract should seek advice from a BMA representative.

One area of increasing concern is the impact of commercial confidentiality exemptions on the disclosure of relevant information, particularly in relation to assessing the quality of patient care. Although private providers may wish to keep some sensitive commercial data confidential, these clauses must not be used inappropriately to prevent the gathering of information to assess the quality of clinical care provided to patients. Where doctors have a reasonable belief that commercial confidentiality is being used to conceal information that could be used to prevent harms to patients, they have a duty to raise concerns.

Guidance from the General Medical Council on raising concerns about patient safety is available [here](#).

Guidance from the British Medical Association on raising concerns is available [here](#).

Incentives and inducements to manage treatment and referral

Health services across the UK are under pressure to make efficiency savings. The government and local health bodies have introduced incentive schemes to encourage doctors to make good use of available resources. These include financial incentives and schemes to improve the cost-effective use of medicines. Where these schemes are directly linked to patient interests, they are unlikely to be problematic and there is no obligation to declare participation. Although doctors may wish to recommend treatments and assessments, they must not put pressure on patients to participate because of the financial benefits they receive.

The BMA has raised serious concerns about incentive schemes that reward arbitrary reductions in clinical activity without evidence that it is in the best interests of patients. Doctors should not participate in such schemes and should raise concerns through appropriate channels if patient safety is or may be seriously compromised by any such scheme.

In its guidance on [Identifying and managing conflicts of interests](#), the GMC states at paragraphs 38-39:

‘National incentive programmes (such as the NHS Quality and Outcomes Framework for general practices in England, Wales and Northern Ireland) operate on the assumption that preventative health measures, such as immunisation and screening programmes, and health monitoring schemes have benefits for both individual patients and society. Target payments are offered to General Practitioners (GPs) with the aim of increasing the number of patients who take part in the programme.

If you take part in an incentive or target payment programme:

- a. you must consider the safety and needs of individual patients
- b. you must be confident that every patient invited knows they have a choice whether to participate in the programme or not

- c. you must be confident that patients are given the information they need to decide whether to take part in the programme, including other options available to them and the risks, benefits and uncertainties relating to each.'

Gifts and other inducements

The Association of the British Pharmaceutical Industry (ABPI) publishes a [Code of Practice](#) regulating the promotional activities of its members and their interactions with healthcare professionals that includes sections on direct and indirect inducements.

The Code of Practice prohibits the offer of inducements. At clause 19.1 it states:

'No gift, pecuniary advantage, or benefit may be supplied, offered, or promised to members of the health professions or to other relevant decision makers in connection with the promotion of medicines or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine...'

Occasionally, doctors are offered gifts by patients or their families who wish to thank them for the care they have provided. NHS staff in England can accept gifts up to the value of £50 (and these do not need to be declared). Any gifts to NHS staff in England with a value of more than £50 – including the cumulative worth of gifts over a 12-month period – must be refused by individuals (although they may be accepted into an organisation's charitable fund). Any offers of cash, or vouchers, irrespective of the value, must also be declined. Individual Trusts are likely to have their own policies and procedures for declaring gifts in accordance with the national guidance.

Although there is no national guidance on accepting gifts in Scotland, Wales and Northern Ireland, similar rules will apply; these are likely to be set out in guidance within individual establishments and so doctors should ensure they are familiar with the rules that apply where they work.

Any doctor who is offered a gift from a patient is responsible for ensuring that this is within the rules set out by their Trust or Health Board.

Most general practitioners are not NHS employees and are therefore permitted to accept gifts from patients but are required to keep a register of all gifts accepted that are worth more than £100. This applies to all GPs, including locums, across the UK.

When accepting any gifts from patients or their families, doctors must make clear that this will not in any way influence the care or treatment the patient will receive. The GMC makes clear in *Good medical practice*, at paragraph 96, that: 'You must not ask for or accept – from patients, colleagues or others – any incentive, payments, gifts or hospitality that may affect or be seen to affect the way you propose, provide or prescribe treatments, refer or commission services for patients. You must not offer such incentives to others'.

NHS England guidance on hospitality

Hospitality, such as the offer of meals, refreshments and other expenses in relation to attendance at professional or educational events is an established part of professional life. It is important, however, that hospitality is proportionate and avoids giving rise to concerns about undue influence. Guidance from NHS England on [Managing conflicts of interest](#) includes rules and principles for NHS staff in relation to gifts and hospitality.

Regarding hospitality, it sets out the following principles and rules:

- staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- hospitality must only be accepted where there is a legitimate business reason and it is proportionate to the nature and purpose of the event;

- particular caution should be exercised when hospitality is offered by actual or potential suppliers – modest and appropriate hospitality can be accepted but senior approval should be sought and it should be declared; and
- in relation to meals and refreshments:
 - If their value is less than £25 they can be accepted
 - Between £25 and £75 they can be accepted but must be declared
 - If their value is over £75 they should ordinarily be refused, unless senior approval is given.

Again, these are not binding on general practices and those working for private or independent providers, but NHS England invites the boards or governing bodies of these organisations to consider implementing the guidance.

As with the conflicts of interest guidance, there is no national guidance on hospitality in Scotland, Wales, and Northern Ireland. However, similar rules will apply; these are likely to be set out in guidance within individual establishments and so doctors should ensure they are familiar with the rules that apply where they work.

Education and training

Medicine involves life-long learning, from medical school through to retirement. Healthcare industries can have an important role in education and training by introducing new devices or interventions requiring new skills or techniques. Industry can help sponsor educational activities including continuing professional development. There is, however, considerable scope for perceived or actual competing interests in relationships between industry and medical professionals. Steps must be taken to ensure that the involvement of industry in education and training doesn't undermine, or be perceived to undermine, independent and objective clinical judgement. As with other actual or potential competing interests, transparency is key. Doctors should make all reasonable efforts to identify whether commercial organisations are involved in their education and training and to disclose this information using appropriate systems and processes.

Key points from the ABPI on the involvement of industry in medical education include:

- the involvement of industry in the provision of education is permissible where it is necessary to deliver resources that provide clear benefits to patients or adds value to the NHS;
- the event/meeting must have a clear educational content; it should be the programme that attracts delegates to attend and not the associated hospitality or venue;
- the content must be appropriate and relevant to attendees;
- the venue must be appropriate and conducive to the main purpose of the event/meeting; lavish, extravagant or deluxe venues must not be used.
- any associated subsistence (food and drink), accommodation and travel costs must be strictly limited to the main purpose of the event/meeting, must be of secondary consideration and must be appropriate and not out of proportion to the occasion; and
- any hospitality provided must not extend to an accompanying person unless that person qualifies as a proper delegate or participant at the meeting in their own right. In exceptional cases of established clear health needs of the delegate (for example, disability or injury), similar hospitality may be provided for an accompanying person.

Medical research

Healthcare industries have an important role in the improvement of patient care and treatment through the development of new medicinal products and procedures. It is essential, therefore, that they have good collaborative relationships with healthcare professionals. Potential or actual competing interests can give rise to concerns about the openness of research and potential problems in its design, conduct and reporting. Transparency is a necessary part of ensuring confidence in the probity of research and the integrity of research findings. Doctors should bear in mind the following points in relation to transparency and competing interests:

- all doctors involved in research should follow their organisation’s procedures for addressing competing interests, as well as any external requirements relating to such interests, such as those of funding bodies;
- potential or actual competing interests should be declared to a manager or other appropriate person identified by your organisation and to any ethics committee reviewing the research;
- competing interests should be disclosed as soon as researchers become aware of them;
- doctors involved in research must declare all financial and commercial involvement or interest relating to their research and its funding;
- doctors involved in research should openly and transparently declare any grant, donation or funding provided in relation to the research they are involved in. These should be declared in research documentation, available to research ethics committees, other appropriate bodies, and participants, as well as on a publicly accessible register;
- doctors must not allow their independent scientific or clinical judgement in relation to a research project to be influenced or be seen to be influenced by financial, personal, political or other external interests; and
- some competing interests may be so significant they may fatally compromise the validity or integrity of the research. In these circumstances, researchers and organisations should consider whether they should discontinue the research, or consider whether it can be adequately addressed through special safeguards relating to the conduct and reporting of the research.

More detailed information about the ethics of research is available from the following organisations: locations:

[Medical Research Council.](#)
[Health Research Authority.](#)
[United Kingdom Research Integrity Office.](#)
[General Medical Council.](#)

Publication of research in journals and promotional materials

Most peer-reviewed medical journals have stringent requirements in relation to the identification and disclosure of actual or perceived competing interests. Some links to these are given at the bottom of this section.

Doctors can be involved in medical publication in a variety of roles – as contributors, editors, and peer-reviewers. Actual or perceived competing interests can undermine trust in the published medical research and transparency is vital. Transparency protects authors, reviewers and editors and brings credibility to publications. Identifying whether or not a particular interest or payment amounts to a relevant competing interest can sometimes be difficult to identify. When in doubt, doctors should err on the side of caution and disclose.

Doctors involved in publication must take account of the following:

- authors and reviewers must ensure that all relevant financial interests and any other relevant competing interests are disclosed when submitting material to a journal or reviewing material already submitted. Similarly, editors should ensure that funding sources and relevant competing interests are fully disclosed when working for journals. Editorial independence is critical to the integrity of medical publications. Editors must not allow sponsors to control journal content and must not allow financial transactions with sponsors to affect decisions about the content of the journal;
- promotional material must go through the same editorial and quality checking process and meet the same standards as the rest of the content of the journal or publication; and
- doctors should consider methods of ensuring the publication of all research findings, including negative ones.

Guidance from the BMJ for authors on declaring competing interests is available [here](#).

Advice from the NEJM on competing interests is available [here](#).