

as income when working out how much DWA is due.

Housing benefit. DWA may reduce the amount of housing benefit payable.

Community charge benefit. DWA may reduce the amount of community charge benefit payable.

Family Credit. Family Credit is a Social Security benefit for people who are working for 16 hours or more a week and who have at least one child. It is not possible to get DWA at the same time as Family Credit.

For more information, your patient can be put in touch with the following sources.

Local Social Security Office (the phone number and address are in the phone book under Social Security and Benefits Agency).

The Benefit Enquiry Line for people with disabilities. The number is 0800 882 200 and the call is free.

A local Citizen's Advice Bureau.

Note

'Disability Living Allowance' by Dr Steadman was published in the *Psychiatric Bulletin*, June 1992, 16, 349–350.

Psychiatric Bulletin (1992), 16, 628–629

Fraud and misconduct in medical research

Summary of the report of the Royal College of Physicians

BRIAN FERGUSON, Secretary, Research Committee, Royal College of Psychiatrists

In February 1991 the Royal College of Physicians produced a report entitled 'Fraud and Misconduct in Medical Research'. Most of the cases documented have come from the United States but by the end of 1988 five cases had been formally reported in Britain. One of these was a financial fraud perpetrated by a psychiatrist who worked in a district general hospital in the Northern Region and who forged data for a drug company. He was subsequently reported to the General Medical Council by the Association of the British Pharmaceutical Industry and had his name removed from the medical register. Informal investigations, however, suggest that fraudulent research might be more widespread and as a result the Royal College of Physicians established a working party to look at this issue in detail. They recommended that a twin track approach of prevention and thorough management of complaints of misconduct be adopted. The report was kindly forwarded to the Research Committee of the Royal College of Psychiatrists which felt that a summary of these recommendations should be widely published among researchers in psychiatry.

Prevention

The first concern must be to create an awareness of the potential for piracy, plagiarism or fraud in institutions where any form of research is conducted. Students should be introduced to a code of practice at the beginning of their career with due emphasis on

research ethics. Standards of integrity are best set by departmental heads and should be given a high profile within the research facility. This will entail adequate supervision of junior researchers, including monitoring of raw data. Clearly all authors whose names have been attached to a publication must have made an intellectual contribution. Ethics committees should insist on high standards for storing and inspection of data by the research team for a minimum ten year period before granting permission for the work to be undertaken. Medical notes of the subjects involved must also be audited regularly. The practice whereby applicants for psychiatric and research posts are evaluated on the number of publications they list may inadvertently encourage misrepresentation and it would therefore be preferable for an appointments committee to consider a smaller number (e.g. five to ten) of papers selected by the candidate.

Throughout the report there is emphasis on a more pro-active role by ethics committees and heads of department to ensure that high standards are maintained in all areas of medical research.

Investigation and management of Complaints

There is clearly a need to protect those who make allegations of fraud unless their complaint turns out to be mischievous or ill-founded. Conversely, researchers are entitled to an equal level of respect

as complainants and therefore any process of investigation must be completely impartial, confidential and based on the principles of natural justice. Each institution should set up its own speedy system to manage complaints of scientific misconduct and take appropriate legal advice. The report goes on to suggest a suitable procedure based on a scheme devised by the Association of American Universities. One of the principal recommendations is that there should always be one person designated to investigate complaints in any organisation which conducts research. This could be the Dean in a University or Post-graduate Dean in the National Health Service. Anonymity should be guaranteed until there is sufficient evidence to indicate that the allegation requires formal investigation. Special independent assessors may be needed and the person should have full right of reply to all the charges. If there is a finding of serious scientific misconduct the General Medical Council, employing authorities, and funding

organisations should be informed. Serious scientific errors, on the other hand, are best dealt with internally and brought to the attention of the ethics committee involved. If the allegation is unproven, researchers must be offered a statement of vindication and be allowed to preserve their good reputation but the complainant should also be allowed protection from victimisation.

The Research Committee of the Royal College of Psychiatrists is keenly aware that many ethics committees as presently constituted do not have the resources to monitor individual research projects to the level described above and could not ensure storage of research material. The Committee would wish to see the establishment of such principles of good practice in the long run.

The Committee would therefore like to thank the Royal College of Physicians for sharing the report and its recommendations and allowing the publication of a summary in the *Psychiatric Bulletin*.

Psychiatric Bulletin (1992), 16, 629

World Association for Psychosocial Rehabilitation

World Association for Psychosocial Rehabilitation (WAPR) was established in 1986. The exclusive mission of WAPR was to improve the quality of life of individuals and families throughout the world affected by disabling mental illness. This is achieved through the promotion of national and international policies and programmes; providing a medium for international exchange of experience; through the provision of consultation, technical assistance and speakers for local organisations; the promotion of efforts to reduce relapse and disability among the mentally disabled; and through encouraging national and international adherence to the United Nations Principles on the Human and Civil Rights of the Mentally Ill. WAPR is in official non-Governmental Organisational Status with the World Health Organisation and the United Nations Economic and Social Council. Currently WAPR has a 37 Member International Board of Directors and representatives of consumers, families and voluntary organisations.

Over 70 National Secretaries have now been established. To date there have been four World Congresses, the most recent being in Montreal in September 1991. The first World Congress held in the British Isles is planned for September 1993 in Trinity College, Dublin.

WAPR Membership is available to all individuals or organisations who share the aims of the association and wish to participate in their pursuit. Anyone wishing further information should contact:

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Dr BRIAN McCAFFREY
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