



# FACULTY OF PHARMACEUTICAL MEDICINE

## OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

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### **House of Commons Health Committee call for written evidence on the Revalidation of Doctors**

#### **Submission by the Faculty of Pharmaceutical Medicine - 10/11/10**

##### Introduction

1. The Faculty of Pharmaceutical Medicine (FPM) is a registered charity with approximately 1,400 members who are practising or retired pharmaceutical physicians or those with a professional interest in the specialty.
2. The FPM's mission is to advance the science and practice of pharmaceutical medicine by working to develop and maintain competence, ethics and integrity and the highest professional standards in the specialty for the benefit of the public.
3. As the standard setting body for pharmaceutical physicians and a Faculty of the Royal Colleges of Physicians of the UK, the FPM has been actively involved in developing the framework and machinery required for revalidation, both through the Academy of Medical Royal Colleges (AoMRC) and directly with the GMC and the DH.
4. Physicians working in the specialty of pharmaceutical medicine are concerned with the discovery, development, evaluation, licensing and monitoring of medicines and the medical aspects of their marketing. Most of their work is undertaken outside the NHS – predominantly in private pharmaceutical companies, the regulatory agencies or as private contractors.
5. The majority of pharmaceutical physicians' work does not involve direct patient contact however their work does have an impact on the health of populations of patients and the public. The FPM has recommended that all pharmaceutical physicians in active practice maintain a Licence to Practise.
6. The process of revalidation for pharmaceutical physicians will need to take a different course to that of clinical doctors in certain aspects and this has required us to take a different approach when proposing appropriate mechanisms for revalidation. We are particularly keen to see that the revalidation of pharmaceutical physicians is carried out in a manner which is as objective, transparent and robust as possible, so as to avoid all possible conflicts of interest, and we will ensure this.
7. Doctors normally spend a number of years working in the NHS before joining the pharmaceutical industry or related organisation and they take this expertise with them. It is important that the revalidation process enables the movement of doctors between

industry, the NHS and academia. This occurs in different directions and often a number of times during an individual's medical career.

8. The Faculty is committed to ensuring that there is a process for revalidation for pharmaceutical physicians wherever their place of work, whatever their role and we are making good progress with developing proposed processes for this. It is intended that these processes will be available to all pharmaceutical physicians, whether they are members of the FPM or not (as many practicing pharmaceutical physicians are not currently members of the FPM). We have also been consulting with our members and others to refine our thinking as the strategy for revalidation develops.
9. We have prepared detailed proposals as to how the various proposed components of revalidation could operate in pharmaceutical medicine. For example, the Faculty is proposing to provide an appraisal service for pharmaceutical physicians who are either self-employed or who are employed in settings that are too small to facilitate medical appraisal.
10. The Faculty has been designated within the Responsible Officer (RO) legislation as having a duty to provide RO functions for those of its members that are not able to relate to a local RO. This will apply to those who are self-employed or those who are employed in settings that are not appropriate for designation due to their small size. We are aware that larger pharmaceutical companies have not yet been designated within legislation and would recommend that this is addressed at the earliest opportunity. The FPM is also concerned that there remains insufficient clarity on the role of RO's in the independent sector.
11. The FPM is not directly involved in the initial raft of ten 'Pathfinder' pilot schemes run by the NHS Revalidation Support Team to test the strengths and frailties of proposed systems for revalidation. The Faculty of Public Health and the Faculty of Occupational Medicine are in a similar position to the FPM, in that their members either work outside the NHS or do not have direct patient contact. In light of this the FPM has been working in partnership on a 'tri-faculty' project to set up a pilot revalidation project to mirror those that are taking place within the NHS. The tri-faculty steering group is aiming to have its pilots up and running by February 2011, with appraisals taking place over a period of 6 months. Participants will be drawn from the spectrum of pharmaceutical medical practice. A detailed analysis of the outcomes of the pilot will be carried out and the findings will be reported to the Academy of Medical Royal Colleges (AoMRC), who awarded the funding for the pilots, and the NHS Revalidation Support Team.

FPM response to the GMC consultation *Revalidation: The Way Ahead*

12. Earlier this year, the FPM independently submitted a response to the GMC's consultation *Revalidation: The Way Ahead*. We stated that although we are generally satisfied with the manner in which the GMC is handling the revalidation process to date, there are several issues that we felt needed further attention and compelled the GMC to ensure that the revalidation process remains "pragmatic, rather than bureaucratic". **The FPM is seriously concerned that the process could become far too complex and time-consuming.**

13. The GMC recently released a document outlining their reaction to the responses received from all parties. We feel that the GMC has in general responded positively to the comments which we ourselves made. However, there are still several areas where we feel the GMC response has not fully addressed our concerns.

We would like to draw your attention to the following points which are of particular relevance to the specialty of pharmaceutical medicine. The questions quoted below were posed by the GMC as part of its consultation and are included here for reference purposes.

14. *(Q5) What role should Colleges and Faculties have in the revalidation process?*

The FPM is not yet sure if Colleges and Faculties should have responsibility for audit and quality assurance of the recommendation process. We feel that this would present a potential conflict of interest for Colleges and Faculties that are designated bodies within the RO legislation. The FPM is therefore pleased to note that the GMC are now intending to review this and develop different options relating to quality assurance and a possible GMC programme of sampling and audit.

15. *(Q7) Do you agree with our proposals for the revalidation of doctors with no medical practice of any kind?*

The FPM would encourage the GMC's commitment to ensure that the revalidation process is applicable for doctors in non-mainstream roles and its continued dialogue with relevant organisations such as the FPM.

16. *(Q8) Do you agree that the List of Registered Medical Practitioners should indicate the field of practice on the basis of which a doctor has secured revalidation?*

The FPM is pleased to see that the GMC has planned to develop more detailed proposals around this issue and is supportive of the concept. The level of detail which would be given within the GMC register would require consideration and is of particular interest to the FPM.

17. *(Q14) Do you agree with our approach to patient and public involvement in revalidation?*

Although the FPM approved of all three of the patient and public feedback options, we expressed concerns that lay involvement, especially within pharmaceutical medicine, in RO involvement and GMC decision making must be unbiased and preferably have some understanding of the specialty. The GMC has clearly taken on board our comments and will further consider whether there is a role for patients and public in the GMC decision making process. The GMC are also to commission a literature review to examine the evidence base for patient and public engagement.

18. Thank you for giving the FPM the opportunity to contribute to the HoC Health Committee's inquiry into the revalidation of doctors. We very much appreciate being given the opportunity to give our comments directly to the committee.

19. If you require more information on the Faculty's activities towards revalidation please contact Dr Susan Bews, Chairperson of the FPM Revalidation Steering Committee, via [fpm@fpm.org.uk](mailto:fpm@fpm.org.uk).