

Professor Peter Rubin FMedSci
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From the Vice-President
Professor Patrick Sissons FMedSci

Ref: PS/ES/04.01.10

Dear Peter,

Re: GMC/PMETB merger: consultation on draft rules and regulations

Thank you for our recent helpful teleconference on revalidation. We welcome the GMC's acknowledgement of the value of clinical academic staff and its intention to create a simple process of revalidation based on appraisal; we look forward to following developments. We are writing now to respond to your consultation on the draft rules and regulations for the GMC/PMETB merger, and would like to make several points which may be helpful in ensuring clinical academic staff are accommodated within the new structure.

Flexibility is a fundamental requirement for maintaining a first-class medical professional workforce equipped to undertake the wide variety of roles that promote improvement in healthcare. Clinicians who undertake research are an important part of this workforce, and generate innovative discoveries that meet current and future healthcare needs. The new GMC/PMETB structure provides a fresh opportunity to ensure clinicians are offered the flexibility and support to pursue diverse careers. The rules and regulations of the new organisational structure should reflect this by explicitly recognising the need to allow for the specific requirements of clinical academic staff at all stages of their career - from undertaking blocks of academic work whilst in clinical training, to pursuing the dual role of researcher and clinician post CCT. A particularly important issue is that clinical training requirements should be 'competency based', and that clinical academic trainees should not have to spend additional time in clinical training solely to 'compensate' for time spent in research training.

Some clinical academic trainees will seek specialist registration through the 'Article 14' route. There have been some concerns about the time PMETB has taken to process requests via this route. Similarly, the time taken for clinical academic appointees recruited internationally to gain specialist accreditation in the UK has reportedly been excessive in some cases. Clearly the requisite standards must be met, but the key point here is that the processes should not be a deterrent to recruiting the highest quality international academic staff: it is important that the UK continue to exert influence on the international healthcare scene, and does not risk becoming isolated by unduly complex or lengthy regulatory requirements. It is thus important that the merger is used as a positive opportunity to minimise such problems.

Representation of clinical academic staff on appropriate committees such as the Training Committee within the new GMC/PMETB structure will be important to ensure understanding of the issues connected with clinical academic training. We are aware that problems have arisen due to differences in interpretation of rules and guidelines by the Medical Royal Colleges and their Specialist Advisory Committees (SACs). The Academy would welcome a strengthening of the interface between the new GMC/PMETB structure and the appropriate committees of the Medical Royal Colleges: as highlighted in our recent position paper on revalidation, the Academy also recommends that every specialty advisory committee (SAC) has an academic member.

There has been some debate about the best way to record clinicians on the specialist register. It is important that the register does not become unduly restrictive, for example to clinical academic staff who work in both a service delivery and research role. For example, if the register were to restrict a clinical academic to a narrow area of clinical work, an NHS employer might feel they were less 'good value' or did not fit well in a clinical team.

I hope these comments are helpful. If you would like to discuss the Academy's response further, please do get in touch with me through the Academy office: Dr Suzanne Candy, Director of Biomedical Grants and Policy, suzanne.candy@acmedsci.ac.uk tel: 020 7969 5226 would be happy to assist.

With kind regards,

Yours sincerely,

A handwritten signature in black ink that reads "Patrick Sines". The signature is written in a cursive style with a large initial 'P' and a small 's' at the end.