FAQs

We've included responses to some questions and queries asked at the beginning of the project below. You can click on the question to view the original source.

Who funds you? Have you taken any money from pharma?

A large part of our work is funded by voluntary donations that augment funds we receive from a Grant-in-aid from the Department of Health and the Department for Business, Innovation & Skills and subscriptions from our Fellowship.

The Academy receives funding from the pharmaceutical industry. In 2013/14 industry funding contributed 2% of our total funding. Most of the industry funding the Academy receives is from organisations that make an annual donation to the FORUM, which is a major component of the Academy's work to deliver the strategic objective of 'linking academia, industry and the NHS'. We will be publishing our 2014/15 annual report and full financial statements shortly.

Click here to see more about how the Academy is funded.

Click here to view our policy on accepting donations.

Why are you taking funding from British Heart Foundation to do this?

The Academy does not benefit from a permanent endowment or significant sources of unrestricted income, so must seek external funding for all major pieces of policy work, typically medical research funders, government or charitable trusts.

BHF has kindly agreed to contribute towards this independent piece of work (through a Strategic Funding Award). We have also received support from Arthritis Research UK, the British Pharmacological Society, the British Society for Immunology, the Medical Research Council, the Naji Foundation and the National Institute of Health Research Health Technology Assessment Programme. Funding from a core grant from the Department for Business, Energy and Industrial Strategy to the Academy was also used to support this project.

The conduct and scope of the study will be decided by us. The Academy will decide the Terms of Reference and working group members following the scoping meeting on 17 June 2015. These will be discussed by our Council on 24 June 2015.

The Fellows on our Council, including the Officers of the Academy, provide robust governance of the process to ensure that our outputs are thorough and considered. Our major policy reports are peer reviewed by a committee, chaired by a Fellow, before they are submitted for approval by Council.

Funders do not approve the conclusions and recommendations and are not sent a draft of the report for approval.

How many practising GPs are involved?

We are still at the scoping stage so cannot confirm how many GPs will be involved. However, we will be sure to include input and perspectives from this important sector on both the working group and through a call for evidence. General Practice is represented at the scoping meeting.

What is the selection process?

We seek to achieve a balance of relevant expertise when we tackle any policy issue, drawing from our Fellowship and external experts. However, it is never possible to represent all constituencies on a working group, which is why seeking wider input and consultation is important. Members participate in our working groups as individuals, not as representatives of their affiliated institutions or organisations.

We will consult widely about members of this working group, and it is a question put to scoping meeting participants on 17 June 2015.

We try to balance competing interests on all working groups. Members must declare any relevant interests that they have at the start of the project.

We welcome suggestions of individuals and organisations that could be involved in the project in some way.

Why hasn't the Academy signed up to #AllTrials?

The Academy supports the principles underpinning the AllTrials petition. Our long-standing policy, affirmed by Council, is that as a Fellowship organisation, we cannot sign up to campaigns or petitions on behalf of all Fellows. We wrote to Sense About Science to highlight this position when we were asked to sign the petition.

Given the importance of transparency of clinical research we have drawn our Fellowship's attention to the petition via our newsletter and on our website and encouraged them to sign up in a personal capacity. We have not monitored who signed the petition.

We believe the occurrence, methods and results of clinical and health research involving patients - whether positive or negative - should be made swiftly available for patient, social and scientific benefit.

The Academy's position on clinical trials and data disclosure can be found in our written evidence to the House of Commons Science and Technology Committee's inquiry on this subject. A statement from our previous President is also available.

Will you be concluding on the benefits (efficacy and effectiveness) or risks (adverse events) of specific drugs such as Alteplase, Xanax and Valium?

We are not carrying out a detailed review of any specific medicines. Information on specific drugs or interventions is available from NICE and the MHRA.

Our working group aims to develop a set of broadly applicable principles to enable different stakeholders, such as patients, healthcare professionals or journalists, to help individuals make more informed judgements about medicines based on the underlying evidence. The study will not re-evaluate underlying data for specific medicines.

We will use case studies to help illustrate the principles we develop. This will include the use of the cholesterol-lowering drug statin, and will draw on other examples to be defined as the project develops.

Will you be including surgical interventions, medical devices and screening procedures as part of the report's case studies?

We are still deciding the remit of the project, but we anticipate that the focus of the study will be on medicinal products.* We intend to examine a small number of case studies, such as the use of the cholesterol-lowering drug statin, but it is unlikely that we will consider case studies of surgical interventions, medical devices and screening procedures. We will update our website with further details in due course.

* By medicinal product we mean '*any substance or combination of substances presented as having properties for treating or preventing disease in human beings*' or '*any substance or combination of substances which may be used in, or administered to, human beings, either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis*'. Please see the MHRA's Guidance Note No. 8 for further information.
