

## Summary

- **The Academy welcomes the recognition of the vital role of research in patient care and population health in the proposed changes to *Good Medical Practice*, and emphasises the critical importance of Section 39 remaining in the final version.**
- Research active hospitals have better patient outcomes, including lower mortality rates, with the benefits of research extending beyond those directly participating in research. Research active healthcare settings also deliver better care, as reflected by the higher Care Quality Commission (CQC) ratings they receive.
- Maintaining Section 39 in this version of *Good Medical Practice* would be particularly impactful as GMC's *Normalising research – Promoting research for all doctors* position statement, the 2022 Health and Care Act and the 2021 CQC strategy have all recognised research as essential to improving the care of patients. Reinforcing this in *Good Medical Practice* would further support medical professionals to engage in and promote research to improve patient outcomes.
- The Academy recognises that working with patients, carers and the public is vital to improving health through research, and is fully supportive of changes to *Good Medical Practice* to encourage sharing of opportunities for patients to be involved in decision-making and research.
- The Academy is supportive of guidance for the implementation of technology and artificial intelligence in *Good Medical Practice*, however, it is essential that the use of data-driven technologies is supported by robust evidence of their efficacy across all populations, and continually evaluated.
- The UK Health Alliance on Climate Change (UKHACC), of which the Academy is a member, has highlighted the review of *Good Medical Practice* as an opportunity to promote sustainable medical practice as a priority in patient care, to help to mitigate against the impact of climate change on human health.
- Antimicrobial resistance is an urgent threat to public health and *Good Medical Practice* could provide guidance to medical professionals regarding use of antibiotics to promote good practice in antibiotic stewardship.

## Introduction (Question 20)

The Academy of Medical Sciences ('the Academy') is the independent body in the UK representing the breadth of medical science. Our mission is to make medical science work for everyone. The Academy's elected Fellows are the United Kingdom's leading biomedical, clinical and health researchers from hospitals, academia, industry and the public service. We work with them to promote excellence, influence policy to improve health and wealth, nurture the next generation of medical researchers, link academia, industry, and the NHS, seize international opportunities and encourage dialogue about the medical sciences.

The Academy's vision, as published in our new 10-year strategy<sup>1</sup>, is good health for all, supported by the best research and evidence. Changes to *Good Medical Practice* represent a critical opportunity to achieve the shared view of the Academy and General Medical Council (GMC) that research should be promoted and normalised for medical professionals, to ensure that patient care is informed by the best research and evidence.<sup>2</sup> Expression of this in *Good Medical Practice* would send an important signal to other organisations across the sector, from Royal Colleges to newly established Integrated Care Boards (ICBs), about the importance of promoting and valuing research in medical education, training and practice.

## Research directly benefits patient care and outcomes (Question 20)

Clinical research is a vital contributor to patient and public health. The Academy welcomes GMC's timely and impactful recognition of the essential role of research in improving the health and care of patients, both in the *Normalising research – Promoting research for all doctors*<sup>3</sup> position statement and in the proposed changes to *Good Medical Practice*. The Academy emphasises the critical importance of Section 39 being maintained in the final version of *Good Medical Practice* and provides evidence to support this throughout our response.

The integral role of clinical research in health has been clearly demonstrated during the COVID-19 pandemic, with clinical trials such as the RECOVERY trial recruiting over 47,000 participants to identify a number of successful treatments, including Dexamethasone and Tocilizumab.<sup>4</sup> Dexamethasone alone has been estimated to have saved the lives of around 22,000 COVID-19 patients in the UK.<sup>5</sup>

There is a growing body of evidence outlining the benefits of research to patients. Research active healthcare settings deliver better care, as reflected by the higher Care Quality Commission (CQC) ratings they receive.<sup>6</sup> Research active hospitals also have better patient outcomes, including lower mortality rates, with the benefits of research extending beyond those directly participating in research.<sup>7,8,9</sup> For example, in a study of patients with colorectal cancer, the mortality rate in the first 30 days after major surgery

---

<sup>1</sup> <https://acmedsci.ac.uk/more/news/making-medical-science-work-for-everyone-a-new-academy-strategy>

<sup>2</sup> <https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/normalising-research---promoting-research-for-all-doctors>

<sup>3</sup> <https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/normalising-research---promoting-research-for-all-doctors>

<sup>4</sup> RECOVERY (2020). *Randomised Evaluation of COVID-19 Therapy*. <https://www.recoverytrial.net/>

<sup>5</sup> <https://www.england.nhs.uk/2021/03/covid-treatment-developed-in-the-nhs-saves-a-million-lives/>

<sup>6</sup> Jonker L & Fisher SJ (2018). *The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study*. *Public Health* 187,1-6. <https://www.sciencedirect.com/science/article/pii/S0033350618300015>

<sup>7</sup> Ozdemir BA, et al. (2015). *Research Activity and the Association with Mortality*. *PLoS One* 10, e0118253.

<sup>8</sup> Boaz A, et al. (2015). *Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review*. *BMJ Open* 5, e009415.

<sup>9</sup> McManus RJ, et al. (2008). *How representative of primary care are research active practices? Cross-sectional survey*. *Family Practice* 25, 56-62.

was 5% in hospitals with high research participation, but 6.5% in hospitals that did not achieve high participation, a difference of 30%.<sup>10</sup>

Patients also value participating in research. 90% of clinical research participants have a good experience of participating in studies. They report being motivated by altruism, as they feel that participating in research improves care for others in the future, and they often have better understanding and monitoring of their own conditions.<sup>11</sup>

Promoting and valuing research in *Good Medical Practice* has the potential to directly benefit the health and care of patients and the population more widely, by contributing to making research more routine for medical professionals.

### **Research benefits the health and care workforce** (Question 20)

A thriving and resilient workforce is key to the provision of good healthcare. Evidence suggests that engaging in research may improve clinicians' job satisfaction, can boost morale, and can reduce burnout.<sup>12,13,14,15,16</sup> Almost two thirds (64%) of doctors surveyed by the Royal College of Physicians (RCP) said they would like to spend more time on research.<sup>17</sup> When asked to rank potential measures to improve job satisfaction, consultants valued support to spend their time on leadership, education, training, and research.<sup>18</sup>

Pressures on the health and care workforce have been immense during the COVID-19 pandemic which has had, and continues to have, detrimental impacts on medical professionals' physical and mental health.<sup>19</sup> Workforce recovery would be supported by more opportunities for medical professionals to undertake research. Recognition of the importance of research in Section 39 of *Good Medical Practice* is critical in contributing to a working environment in which medical professionals are recognised and rewarded for engaging in research, for the ultimate benefit of patient and public health.

### **Risks to the clinical academic profession** (Question 20)

Clinical academics are fully integrated across the NHS and academia, undertaking vital academic research, teaching and training, alongside treating patients on the front line. They provide a unique perspective on clinical research and make vital contributions to all medical specialities. Despite their major contributions to both universities and the NHS, the number of clinical academics is declining as a proportion of total number of consultants.<sup>20</sup>

---

<sup>10</sup> Downing A, Morris E JA, Corrigan N, *et al.* High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89-96.

<sup>11</sup> NIHR (2019). *Research Participant Experience Survey Report*. <https://www.nihr.ac.uk/documents/research-participant-experience-survey-report-2018-19/12109>

<sup>12</sup> Lambert TW, Smith F, Goldacre MJ. *Making clinical academic careers more attractive: views from questionnaire surveys of senior UK doctors*. *JRSM Open*. 6(8): 2054270415602644, 2015.

<sup>13</sup> Dale J, Potter R, Owen K, Parsons N, Realpe A, Leach J. *Retaining the general practitioner workforce in England: what matters to GPs? A cross-sectional study*. *BMC Family Practice*. 16:140, 2015.

<sup>14</sup> Watson C, King A, Mitra S, Shaaban AF, Goldstein AM, Morowitz MJ, Warner BW, Crombleholme TM, Keswani SG. *What does it take to be a successful pediatric surgeon-scientist?* *Journal of Pediatric Surgery*. 50(6): 1049-52, 2015.

<sup>15</sup> Community Research (2018). *Adapting, Coping, Compromising research*. <https://www.gmc-uk.org/-/media/documents/adapting-coping-compromising-research-report-79702793.pdf>

<sup>16</sup> Shanafelt TD, *et al.* (2009). Career Fit and Burnout Among Academic Faculty. *Archives of Internal Medicine* 169(10), 990-995.

<sup>17</sup> Royal College of Physicians (2016). *Research for All: Building a research-active medical workforce*.

<sup>18</sup> Royal College of Physicians (2020). *Research for All: Developing, delivering and driving better research*. <https://www.rcplondon.ac.uk/file/24291/download>

<sup>19</sup> <https://www.bma.org.uk/media/5645/bma-covid-review-2nd-report-19-may-2022.pdf>

<sup>20</sup> <https://www.medschools.ac.uk/clinical-academic-survey>

In January 2020, the Academy published the report 'Transforming health through innovation: integrating the NHS and academia' outlining the necessary actions to strengthen the interface between the NHS and academia to accelerate the translation of research into patient benefit and population health.<sup>21</sup> The report acknowledges the pressures faced by medical professionals, as recognised in the proposed changes to *Good Medical Practice*, and provides recommendations for the implementation of research to strengthen the healthcare system.

The report indicated that the absolute number of clinical academics at consultant level had declined over time, and this trend has continued to be observed since the report was published. This decline is even more pronounced when considered relative to the growth of the overall number of consultants in the NHS. In England this has risen from 27,500 in 2004 to over 52,000 in 2022. Therefore, the proportion of clinical academic NHS medical consultants and clinical academic general practitioners in England has declined from 7.2% in 2004 to 3.8% in 2020. Similarly, the proportion of clinical academic GPs in England has fluctuated between 0.3% and 0.4% of total numbers of GPs in England over the same period.<sup>22</sup> In addition to this, the COVID-19 pandemic placed further pressures on clinical academic trainees. Estimates suggested that over 1,500 academic trainees in England were deployed to clinical duties during the height of the COVID-19 pandemic in 2020, representing over 90% of all trainees on the Integrated Academic Training (IAT) pathway.<sup>23</sup>

Recognition of the vital role of research for clinical care in GMC's professional standards would support the position outlined in *Normalising research – Promoting research for all doctors*, by providing an important signal that promotes and values a working culture in which medical professionals are recognised and rewarded for engaging in and promoting research. The Academy also suggests that the principles defined in *Normalising research – Promoting research for all doctors* should be extended to the elements of undergraduate experience that are regulated by GMC; these core principles apply across all stages of a medical professional's career and are integral to ensuring that we develop a future workforce that is engaged in research.

### **Recognition of research across the health and care sector (Question 20)**

Recognition of the importance of research in *Good Medical Practice* now would be particularly impactful for patient care, as it aligns with the direction of travel for the NHS more widely.

The Health and Care Act, brought into law in April 2022, recognises research as essential to improving the care of patients in the NHS; leaders within the NHS are now required to 'facilitate or otherwise promote' research, and ICBs and NHS England will now have to set out how they plan to promote research, and report on their efforts.<sup>24</sup> Alongside this, the 2021 CQC strategy also recognised the benefits of research to quality of care, and CQC have committed to encourage active participation in research across health and care services.<sup>25</sup> Critically, GMC's *Normalising research – Promoting research for all doctors* position statement outlines the aim to enable a working culture where doctors are encouraged to be research-aware and research-active.<sup>26</sup>

---

<sup>21</sup> <https://acmedsci.ac.uk/file-download/23932583>

<sup>22</sup> <https://www.medschools.ac.uk/clinical-academic-survey>

<sup>23</sup> <https://acmedsci.ac.uk/file-download/50182747>

<sup>24</sup> <https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>

<sup>25</sup> [https://www.cqc.org.uk/sites/default/files/Our\\_strategy\\_from\\_2021.pdf](https://www.cqc.org.uk/sites/default/files/Our_strategy_from_2021.pdf)

<sup>26</sup> <https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/normalising-research---promoting-research-for-all-doctors>

By embedding research, NHS Trusts can continue to improve patient care and outcomes by implementing interventions that have shown to be effective, decommissioning those that have proven to be ineffective, and better tailoring services to meet the needs of patients. Maintaining Section 39 in the final version of *Good Medical Practice* would further support the delivery of high-quality care in the NHS, bolstered by recognition of the importance of research across the sector.

### **Working with patients, carers and the public** (Question 11)

The Academy recognises that working with patients, carers and the public is vital to improving health through research,<sup>27</sup> and is fully supportive of wording in the proposed changes that encourages sharing of opportunities for patients to be involved in decision-making and research. In 2017, the Academy published the report 'Enhancing the use of scientific evidence to judge the potential benefits and harms of medicines' which highlighted the importance of openness, honesty and clarity as the basis for communicating evidence about medicines to support informed choice.<sup>28</sup> The report also provides recommendations to support involving patients, carers and the public in research, and joint decision-making between healthcare professionals and patients.

The Academy supports the inclusion of patients and the public in reviewing *Good Medical Practice*, however we are not well placed to offer specific feedback on the proposed changes.

### **Technology and Artificial intelligence** (Question 18)

In 2018, the Academy published the report 'Our data-driven future in healthcare' which explored the use of new and emerging data-driven technologies with the public, patients and healthcare professionals, to develop a set of principles designed to maximise the potential health benefits.<sup>29</sup>

The report highlighted that new technologies provide a significant opportunity to harness valuable data to deliver benefits for patients, the NHS and society, and the Academy is supportive of guidance for the implementation of technology and artificial intelligence (AI) in *Good Medical Practice*. However, discrimination or bias may arise if technologies are developed or deployed using incorrect, biased or skewed population data or assumptions, and therefore it is essential that the use of data-driven technologies is supported by robust evidence of their efficacy across all populations, and continually evaluated.<sup>30</sup>

### **Climate change and health** (Question 19)

The UK Health Alliance on Climate Change (UKHACC),<sup>31</sup> of which the Academy is a member, has highlighted the review of *Good Medical Practice* as an opportunity to position sustainability as a core focus of practice. UKHACC have recommended that a fifth domain, entitled 'Sustainability', is included in *Good Medical Practice*. This proposed domain would promote sustainable medical practice as a priority in patient care to help to mitigate against the impacts of climate change on human health. The UKHACC's full response to the consultation has been submitted separately, which details this recommendation in full.

---

<sup>27</sup> <https://acmedsci.ac.uk/file-download/91936147>

<sup>28</sup> <https://acmedsci.ac.uk/file-download/44970096>

<sup>29</sup> <https://acmedsci.ac.uk/file-download/74634438>

<sup>30</sup> <https://acmedsci.ac.uk/file-download/74634438>

<sup>31</sup> <http://www.ukhealthalliance.org/>

### **Antimicrobial resistance** (Question 22)

Antimicrobial resistance (AMR) is an urgent threat to public health; a recent study estimated that 1.3 million people globally died as a direct result of an antibiotic-resistant bacterial infection in 2019, and that bacterial AMR was a contributing factor in an additional 3.7 million deaths.<sup>32</sup> Antibiotic stewardship by medical professionals is seen as vital to preserving the effectiveness of existing and newly developed drugs,<sup>33</sup> and *Good Medical Practice* could provide guidance to medical professionals regarding use of antibiotics.

### **Equality, Diversity and Inclusion** (Question 4)

The Academy supports the inclusion of Equality, Diversity and Inclusion (EDI) considerations throughout *Good Medical Practice* and recognises that these signify progress, however we are not well placed to offer specific feedback on the proposed changes.

---

<sup>32</sup> Murray CJL, et al. (2022). Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *The Lancet* 399, 629-655. [https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0)

<sup>33</sup> <https://acmedsci.ac.uk/file-download/93861903>