

## **EXECUTIVE SUMMARY OF THE MEETING OF THE ACADEMY OF MEDICAL ROYAL COLLEGES ON 11 APRIL 2005**

### **Directors of Continuing Professional Development**

Dr Shooter reported that DoCPD had indicated that it wished to nominate Dr Mike Watson as Chairman to succeed him. This was endorsed and it was agreed that a member of the Academy should be invited to become Vice Chairman in order to maintain good channels of communication.

### **Liverpool City Council (Prohibition of Smoking in Places of Work) Bill**

The Chairman reported that whilst the Academy's letter to support the above Bill was published in *The Times* on Friday 11 March 2005, this Bill was not heard in the House of Lords due to pressure to agree the Bill on terrorism.

It was expected that the Bill would be brought back to the House of Lords in the autumn.

### **Meeting with Foundation Trust Chief Executives to discuss a proposed Concordat and Code of Conduct**

The Chairman reported that the above meeting had taken place on 24 March 2005 and that it had arisen following the realisation that Foundation Trusts were not required to adhere to National Health Service (Appointment of Consultants) Regulations.

There was agreement that it was vital to maintain the highest possible standards in the appointment of Consultants to Foundation Trusts and it was important to obtain external professional advice in the appointments process.

The Chairman had tabled a draft Concordat of broad principles for possible agreement as follows:

- This Concordat signifies the intent to work together on the appointment of medically qualified Consultants to Foundation Trusts and to maintain the highest standards
- The Foundation Trusts recognise the important contribution that Colleges and Faculties can make to this process
- The Colleges and faculties recognise that they are acting in an advisory capacity
- The Colleges and Faculties are aware of the need for a timely response for requests from Foundation Trusts and that occasionally there will be considerable urgency for advice.

The Chairman reported that it was agreed that Colleges and Faculties should each produce a dossier or prospectus setting out the services they could provide to the Trusts. For their part, the Trusts would undertake to make clear what kind of involvement and participation they were requesting, together with the time-table for the appointment process itself that the College or Faculty nominee would be expected to meet.

### **Meeting with Mr John Hutton on 5 April 2005**

The Chairman reported that he, and a number of members of the Academy, had met Mr Hutton to discuss *Modernising Medical Careers*, Independent Sector Treatment Centres, MRI Procurement, Payment by Results and an expanded Memorandum of Understanding between the Department of Health and the Academy.

Since the Government was to be dissolved the following day, Mr Hutton indicated that these issues would be taken forward following the Election on 5 May.

## **Statement on MRI Procurement**

The Academy considered the response from Mr John Hutton to its letter regarding MRI Procurement and the impact new initiatives were having on the efficiency and effectiveness of the service.

Professor Husband indicated that Mr Hutton had appreciated the concerns expressed in the Academy's letter and was actively working with the Royal College of Radiologists to ensure that full integration of this service was achieved.

## **The Academy's Specialty Training Subcommittee**

Professor Douglas referred to the tabled Minutes of the most recent meeting of the Academy's Specialty Training Subcommittee on 5 April 2005. The meeting had debated selection into ST1 and on the development of transferable competencies in ST1. The Colleges/Faculties were being asked to work creatively with other Colleges/Faculties to develop curricula for the suggested streams, which would allow trainees to enter a specialty from all relevant streams with relevant competencies. These streams were still being developed and Dr Andrew Havers from the *Modernising Medical Careers* team had tabled some suggested 'groupings' for the suggested ST1 streams to stimulate debate.

Professor Douglas also referred to a questionnaire that had been sent to all SACs asking a series of questions regarding selection into ST1. Since not all members of the Academy's Specialty Training Subcommittee had seen this questionnaire it was agreed that the secretariat should circulate it.

It was agreed that there was still a measure of confusion surrounding the new arrangements for training doctors and that collaborative working with all those with a vested interest was vital to ensure a smooth transition. Central co-ordination would be necessary to ensure such a transition.

It was agreed that there should be a meeting between some members of the Academy and the Conference of Postgraduate Medical Deans once the questionnaires had been returned to MMC – probably in late May or early June.

## **Training of Cancer Specialists**

It was agreed that Professor Black should lead a meeting to consider the above. Professor Mike Richards, the Cancer Tsar, as well as other interested parties, would be invited.

## **Insuring Clinical Trials for Children**

The Chairman indicated that insurance for clinical trials by universities was a low priority because of the indemnity provided by staff having clinical contracts (accessing NHS indemnity and personal medico-legal cover) and the product liability provided by pharmaceutical companies. One of the most common exclusions was trials involving children. This was a major obstacle to research on medicines for children and might contravene children's rights.

The Academy agreed that this matter should be raised at the Academy of Medical Sciences and the Chairman agreed to ensure this matter was referred to them.

## **British International Doctors' Association**

The Chairman referred to his recent meeting with Dr Pande, National Chairman of the British International Doctors' Association, during which concerns were expressed that doctors from overseas should be utilised to their full potential and that there should be no discrimination against them.

The Chairman went on to say that all Colleges were obliged to review their systems for ethnic monitoring and report on a regular basis to the Specialist Training Authority and that he would query if copies of the reports to STA could be shared with BIDA.

Attention was drawn to the large numbers of doctors taking the Professional Linguistic Assessment Board test who come to the UK with unrealistic expectations. The Chairman referred to the statement that the Academy had produced jointly with the Department of Health and the General Medical Council and indicated that this statement should be added to each College/Faculty website. The secretariat agreed to ensure that the appropriate links were in place to facilitate this.

Dr Pande also suggested that taking on a PLAB trainee, as a clinical attachment could be positive criteria when considering discretionary points or clinical excellence awards and the Chairman agreed to discuss this matter with Sir Netar Mallick at ACCEA.

### **The Academy's Patient/Lay Group**

Dr Wilkie indicated that the Academy's Patient/Lay Group was holding its annual Seminar (open to all members of College/Faculty PLGs) on 21 June 2005. She asked members of the Academy to encourage their PLGs to attend and indicated that medical members were also very welcome to attend.

### **Medical Professionalism**

Professor Black referred to work being undertaken by the Medical Professionalism Working Party and indicated that there would be a June seminar, to which all members of the Academy had been invited. Professor Black indicated that if Presidents were unable to attend this seminar they were welcome to nominate a deputy to attend on their behalf.

### **Independent Sector Treatment Centres – National Steering Group Meeting**

The Academy received a copy of a report from Mr David Bowman, Training and Examinations Director at the Royal College of Anaesthetists, who represents the Academy on the above.

Mr Astbury, who introduced this topic, indicated that the National Implementation Team wished to devolve responsibility for training to local deaneries and that a close watch should be kept on case-mix and available experience for trainees in order to recognise any deficiencies. If deficiencies occurred it was important to ensure that training opportunities were utilised in the ISTCs where necessary.

Several Colleges and Faculties were conducting surveys of the situation and Mr Astbury agreed to collate data from individual Colleges, which could be considered at a future meeting of the Academy.

### **The Academy's Health Inequalities Forum**

Members of the Academy considered the Minutes of the most recent meeting of AHIF as well as a tabled document outlining the remit and priorities of the Forum.

Mr Astbury indicated that the Remit of the Forum aimed to ensure that health inequality issues were:

- Recognised as being relevant to every specialty
  - Given priority on all College/Faculty agendas
  - Incorporated into postgraduate curricula and training programmes
  - Disseminated by sharing good practice
  - Supported with accurate and accessible information
- And, in addition,
- Seen in the context of a service based on needs priorities
  - Brought to the attention of government and the public

Mr Astbury went on to indicate that it was the intention of AHIF to update the College/Faculty Survey. Other current areas of work included refining College core curricula, primary healthcare for people with learning disabilities and mental health problems and inequalities in respiratory health.

### **Supporting Professional Activities – Re-charging by NHS Trusts for College Activities**

Professor Husband introduced this topic and indicated that the Royal College of Radiologists had recently received a bill from a Trust to cover the absence of a consultant who was a College Officer and enquired if other Colleges had had similar difficulties.

A number of members of the Academy drew attention to the existence of an Executive Letter, and other Department of Health advice, to Trusts that work for the wider NHS was important. It was also stated that Mr Nigel Crisp had asked for specific difficulties to be brought to his attention.

Dr Simpson indicated that obtaining the support of his College Patient/Lay Group for such work had produced a successful outcome in his College and that attention should be drawn to the amount of money the Colleges and Faculties spend on educational activities that were not charged back to Trusts. He agreed to share this information with the Academy.

Professor Griffiths suggested that Mr Nigel Crisp should be asked to mention the importance of work for Colleges and Faculties in his bulletin and the Chairman agreed to pursue this matter.

### **The Local Organisation of Postgraduate Education**

The Academy considered a letter from Professor Winyard suggesting it was timely to take a joint and joined-up look at how the planning and management of postgraduate medical education was organised.

The aim would be to develop a single basic model, with clear governance arrangements linked to Colleges and Deaneries, which could be applied to all specialties, whether they were organised locally or at national level. The key individuals would all be joint appointments and there would be a pooling of resources to manage and support the implementation of new training arrangements and curricula.

Professor Winyard suggested that there should be a short-life ad-hoc working group to consider the matter further. The Academy endorsed this suggestion and Professor Winyard agreed to lead on this issue.

Professor Templeton drew attention to the confusion regarding deanery boundaries and agreed to write to Professor Winyard with his concerns so that the ad-hoc group could consider these.

### **The Postgraduate Medical Education Board (PMETB)**

Dr Simpson reported that the Chief Executive, Mr Paul Streets, had been charged with enhancing communication in respect of the work of PMETB. A monthly update was now being produced and the Academy received, for information, the February update.

Dr Simpson drew attention to the work being undertaken on Service Level Agreements, which were discussed at a recent meeting with College Chief Executives.

Quality Assurance was also being reviewed and Dr Simpson reiterated that Colleges and Faculties should not undertake visits except in cases where an initial visit identified concerns that could not be satisfied without another visit and posts where approval would expire and could not be extended without a visit.

PMETB would extend approvals of all posts coming up for approval between 30 September 2005 and 31 March 2006 where a visit had not been judged necessary for safety, educational or service reasons.

PMETB would shortly publish, for consultation, draft rules setting fees to be charged for services provided by PMETB between September 2005 and April 2006. PMETB was also considering the charges it would make from April 2006 onwards and would be the subject of further consultation later in 2005.

The Chairman asked for names for the vacancy on PMETB that had been created by the resignation of Professor Sian Griffiths, one of the Academy's nominees, who was due to take up a post in Hong Kong.

The Chairman asked those who wished to be considered for this vacancy to inform the Academy secretariat by Friday 29 April 2005 (they did not have to be College Presidents). The names would then be forwarded to Mr Foster.

### **The European Working Time Directive**

Professor Black gave a presentation on a survey by the Federation of Royal Colleges of Physicians on the impact of the European Working Time Directive on health service provision.

Of the responses received from SpRs 84% of trainees felt it decreased continuity of care and 70% felt it made training in their specialty worse. Of those on night shift, 81% reported suffering excessive fatigue. Approximately half the trainees felt it decreased the quality of care, increased workload and decreased their quality of life.

Attendance at specialty clinics had worsened and SpR training in the specialty area of geriatric medicine was not deliverable under the new arrangements.

During the ensuing discussions, it became clear that a similar situation existed in other specialties although such findings were, to some extent, anecdotal.

Professor Griffiths indicated that further thought should be given to administrative support and what was appropriate work for SpRs. Professor Winyard indicated that any work on finding solutions to these difficulties should include employers.

Professor Black indicated that she would discuss this issue at her next meeting with the Chief Medical Officer and report back to the next meeting of the Academy. She would also discuss the matter with Professor Winyard, reminded the Academy that they had agreed, at a previous meeting to establish a joint working group with CoPMED to look at some of these issues. He indicated that any work on final solutions to these difficulties should include employers. Professor Black and Professor Winyard agreed to liaise on this matter.

### **The UK Clinical Research Collaboration**

Professor Black reported that she represented the Academy on the above Collaboration, which was a new partnership of organisations with the shared aim of establishing the position of the UK as a world leader in clinical research by harnessing the power of the NHS.

The membership of the Collaboration included the main clinical research funding bodies, industry, the NHS, Academic Medicine, Government departments and patients. The UKCRC had just produced a booklet *Igniting our Potential – An Introduction to the UK Clinical Research Collaboration* and the secretariat agreed to obtain copies and circulate them to each member of the Academy.

Concern was expressed that this Collaboration might not be truly UK-wide and Professor Black agreed to raise this issue with the Collaboration.

Each member organisation was to be asked for financial support and the Academy of Medical Royal Colleges would be asked to pay £10,000. Since this amount could not be accommodated within the Academy's budget, it was agreed that each member of the Academy should be invoiced for a proportion

of this amount. Once the money had been received from all members of the Academy, a cheque would then be sent to the UKCRC.

## **Iraq**

Professor Templeton tabled a letter he had received from Professor Wafa Al-Omari, Chairman of the Iraqi RCOG Representative Committee. Professor Al-Omari drew attention to the loss of security, following the invasion of Iraq in April 2003, and the increase in kidnapping, stealing and killing. Iraqi doctors had been targeted many of whom were Members and Fellows of Royal Colleges in the United Kingdom. Professor Al-Omari urged the Colleges to exert their influence in bringing this matter to public attention.

The Chairman agreed to write to Dr Ed Borman at the British Medical Association and Professor Templeton agreed to draft a letter from the Academy that could be sent to *The Times*. Professor Dunlop suggested that the Foreign and Commonwealth Office and the Chief Medical Officer's initiative should also be made aware of the situation.

## **Items from the Joint Consultants Committee**

Professor Dunlop reported that the Independent Healthcare Advisory Group met on 15 March 2005. Dr Bruce Websdale, Clinical Director of the Department of Health National Implementation Team responsible for overseeing independent sector treatment centres, attended the meeting. The Group heard that the current position of the ISTC procurement scheme was such that Wave 1 was now at the halfway stage with approximately 50% of the contracts financially agreed. There had been some slippage with regard to the number of procedures it had initially been projected would be carried out.

Wave 2 of the procurement process was being split into two areas, diagnostics and elective capacity. The diagnostics scheme was moving rapidly and was being led by SHAs and PCTs.

The Group was assured that ISTCs would be subject to clinical audits and that the Healthcare Commission would also be carrying out inspections.

The Group also outlined its concerns in respect of provision of training and education in ISTCs. It was recognised that due to the volume of activity it was proposed should be transferred to ISTCs, training and education would have to form part of the contracted responsibilities.

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